



## LIFE AND LIVING OUTLOOK OF PEOPLE IN HEMODIALYTIC TREATMENT

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### ABSTRACT

**Objective:** to comprehend the prospect of life and living of people on hemodialysis. **Method:** qualitative research with phenomenological basis of Martin Heidegger, conducted with 15 people on hemodialysis, in a general hospital in the south of Minas Gerais, Brazil. A script was used to characterize the participants and the recorded interview. To elucidate the phenomenon, the steps of the phenomenological trajectory were developed using existentialism. **Results:** in view of Heidegger three categories emerged from the meaning units: The person on hemodialysis treatment: confrontations; social life: limitations and challenges; sick entity: possibilities and life perspective. The Being revealed difficulty in limiting the disease and treatment, since the choices go beyond his will; the importance of families and health professionals in overcoming dependence and appreciation as a social Being; and the expectation of the future is related to kidney transplantation. Final **Considerations:** it was possible to comprehend the vivency of the person undergoing hemodialysis treatment while an Being-there, Being-in-the-world and Being-to-others, remarking the strands of man as a project, a intentionality, potentialities and feasibility before the phenomenon's disease, treatment and life.

**Keywords:** Renal dialysis. Qualitative research. Existentialism. Nursing.

### INTRODUCTION

The renal insufficiency, acute or chronic, when identified at an early stage, it is well within possibility to reduce the damage by choice with a treatment based on dietary changes, drug use and monitoring of hypertension. If there are no satisfactory results with these alternatives, there is an increase in uremic toxins, which are biologically active toxic compounds that accumulate in people's bodies, which can cause inflammatory processes, immune dysfunction, neurological damage, among others<sup>(1)</sup>.

Hemodialysis is one of the most common treatments adopted in patients with chronic renal failure (CRF), which constitutes extracorporeal blood filtration with the purpose of removing excess fluids and toxins from the body. The prescription of this treatment is, on average, three sessions per week, for a period of three to four hours per session, according to the

individual needs of each person<sup>(2)</sup>.

It is noteworthy that living with CRF and hemodialysis treatment can generate significant limitations in people's lives, resulting in a disruption of the perception of their own physical, family, social, economic and psychological. The time devoted to treatment, water and food restrictions, work and leisure deprivation, as well as living with the diagnosis itself, may contribute to the development of other diseases, among them those of psychological aspect<sup>(2)</sup>.

It is understood in view of Heidegger that the Being experiences dependence on a machine for the treatment between a process of deconstruction of what has been experienced so far in his life until the moment they are afflicted by the problems resulting from kidney disease. The fear of the unknown and the concern with what will be from that moment on can generate feelings of fear, guilt and anger, making it difficult to experience the new stage. The

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conformation with the new lifestyle is given to each person's time, and can be partially or totally achieved<sup>(3)</sup>.

This way, through Heidegger's reference to understand the essence of Being-there, rescues the German word 'Dasein' which translated means Being-there. The Being-there is of an ontological nature, it has its own essence, it cannot be explained, it is what it is, manifest and understood as a person, free from interference, a Being in itself<sup>(4-5)</sup>.

However, since the Dasein Being-there is released in in the world it then lives through vital experiences with already existing contexts, matters of social, political, environmental, cultural, economic, religious and etc. In this perspective of life and living, Being-there becomes Stay-there, living with the other, and becomes Being-in-the-world, where it is understood as Being of possibilities. In this conception, the Being-there leaves its essence and becomes Entity, subject to interference and change. The Entity by the involvement with the things and people of the world becomes massified, objectified, and begins to live an inauthentic and distressing life, distancing itself from its Being-there, its own essence<sup>(4-5)</sup>.

In this conception, Heidegger uses the expression Entity to speak of man as Being-in-the world, once as it is a being of possibilities, which have their finity with death, which imposes for the cessation of all possibility<sup>(4-5)</sup>.

In the phenomenological proposition of this study, we present the research question: How is it for the person with CRF to live with the need to do hemodialysis?

This research instigates for the reflection in relation to a given holistic care for people who are in this condition in order to understand the Being not only in biomedical sphere, but, rather, the psychological and social aspects. And it may contribute to the training of more humanized health professionals, especially those of the nursing staff. Additionally, it may also reflect the scientific community by complementing the collection with this theme. The objective of the research is to understand the perspective of life and living of the person on hemodialysis treatment.

## METHOD

It is a phenomenological investigation, in the light of Martin Heidegger's existentialism, for the understanding of existing as a person with CRF in hemodialysis treatment, of the Being in itself and its existence in the world. It was developed in the Substitutive Renal Therapy Sector of a medium-sized general hospital, located in a city of southern Minas Gerais, Brazil. The Service is regionalized, making up approximately 156 people on hemodialysis treatment.

The approach with the study participants occurred through visits to the service, making individual contact with each of the people undergoing hemodialysis treatment. The process of choosing the participants took place at random, including those who were oriented in time, space and person, aged 18 years or older and who were in HD at the time of collection. People who used the service on a temporary or sporadic basis were excluded. According to the criteria, 15 participants were selected.

The ethical and legal aspects of the research involving human subjects were obeyed, according to the resolution 466/12<sup>(6)</sup>. The project was approved by the Committee of Ethics in Research of the Federal University of Alenas under Protocol number 2.398.208.

The participants signed the Informed Consent Form and were named with the letter P (participants) followed by the Arabic number, starting at 1, sequentially until the last, thus ensuring anonymity.

It is worth mentioning that the representativeness of the participants is not based on numerical criteria, nor is it determined at prior, they must hold the attributes that the researcher wants to know and the number is considered sufficient when observing the unveiling of the phenomenon and reaching the proposed objective<sup>(7)</sup>.

The research was conducted in the period of January-March 2018. It was used for data collection a road map with sociodemographic and clinical variables for characterization of the participants, which were personal identification, such as age, sex, occupation, education, state number of children and religious belief. And yet, specific clinical information regarding other associated diseases, how many years ago that

chronic renal failure manifested and for how many years they did HD.

The interview was held during the HD session, recorded in MP4 and guided by a guiding question: Talk about how it is for you and your life to have to live with the need for hemodialysis. Care was taken to maintain a harmonious environment between interviewer and interviewee, free of interference, ensuring, thus, privacy.

After data collection, the researchers analyzed the structure of the phenomenon. To better understand the experiences and their meanings, the steps of phenomenological trajectory were used. First were fully transcribed the testimony of the persons and their reading wholly in order to form a sense for the set of propositions, without objectifying interpretation in search of meanings. In the following step were done again reading of the descriptions, identifying elements contained therein in order to seek an approach and define the units of meaning. This was followed with the moment of reflections to identify the categories, in view to elucidate the phenomenon presented. And, finally, the interpretative analysis, using existentialism, unveiling the world-life of people with CRF undergoing hemodialysis<sup>(8)</sup>.

## RESULTS AND DISCUSSION

Looking at the socio-demographic data, it was found that eight of the participants are male and seven female, with age varying from 30 to 80 years old and the predominant age group 51-60 years old, totaling nine; 11 are married or have a partner. In relation to number of children, ranged from 0 to 4, being six participants, with two children. As for occupation, ten are linked to some kind of paid work. With regard to education, five had incomplete primary level and six had superior education, completed or not. All participants had a religious belief, with a predominance of the Catholic religion.

It was identified by clinical data that the time of diagnosis of chronic renal failure and the time of initiating hemodialysis treatment ranged from 1 to 11 years or more, seven with less than one year of treatment. Of the participants, 11 displayed associated diseases, being seven of them afflicted with Diabetes Mellitus.

It is natural that the body from a certain age, due to functional changes, is more susceptible to the disease and people of male sex above middle age, are more vulnerable to non-transmissible chronic diseases, maybe still presenting a higher number of complications, which directly affects their quality of life<sup>(9)</sup>.

On the other hand, it is stated that the marriage relationship, presence of children and higher education are protective factors to the disease, since the person feels safer and determined, having as reference the family and community support, which facilitates the comprehension of proposals of treatment because of education<sup>(9)</sup>.

In view of Heidegger, one can grasp from the accounts the three categories that emerged from the units of meaning: The person undergoing hemodialysis: coping; social life: limitations and challenges; sick entity: possibilities and life perspective, presented below:

### **The person on hemodialysis treatment: confrontations**

In this category, the statements expressed the time of treatment and dependence on the machine, the difficulty in accepting the food restriction, which leads the person on hemodialysis treatment to experience new habits and to live with anxiety and stress:

The time you spend at the machine is four hours [...] it's stressful, you just get nervous, a lot of anxiety (P3).

I do nothing, I do everything wrong [...] I eat everything I want. I tell my son - let me, if I die, I die happy! No diet! (P6).

The main difficulty is that you can't travel, you can't go to a beach! (P3).

The literature shows that the dependence of life for a machine can generate lifestyle alterations, also striking the person in the biopsychosocial sphere, since it is required time and disposition, which leads to stress and the anxiety, since there are more than 40 hours a month of dialysis<sup>(10)</sup>.

Thus, the person undergoing hemodialysis treatment showed resistance in accepting the restricted diet. It adds that ingesting some food provides energy relevance, satisfaction and

social interaction, from rational choices and external influences predetermined in biopsychosocial conceptions of the individual, having as the main point their food culture<sup>(11)</sup>. However, when dietary restriction is required by routine treatment, adherence turns out not to be as effective due to the imposition received.

Lifestyle changes, whether due to the time of treatment, or restrictions caused by the disease's situation, are determining factors in the mental health of people undergoing hemodialysis, as well as changing the experience of the disease.

Corroborates that the materialization of the body, the locus of the biographical experiences in a time and space, can express the suffering and the awareness of the human limitation and finity. And expresses the Being-there before its physicality and which co-determines the Being-in-the-world, a fundamental constitution of Dasein<sup>(12)</sup>.

To live with the CRF and HD, the Being immerses in an routine which they did not belong before the disease, imposing into the Being and its meaning to remain overshadowed by a difficulty in dealing with the Entity.

Therefore, it is essential to widely understand this Being-there auxiliating so that the Entity develops better capabilities to accept the restrictions and persevere in the treatment<sup>(13)</sup>, as well as may get new meanings and experience the situation, dis-obstructing the Being in Entity, in order to resignify itself.

Regarding travel/leisure, the comments presented limitations on the short space between days of treatment, making it a hindrance to enjoy any recreation with a longer time:

Stuck! We feel trapped here. You can do nothing, can't you? This is a prison !! We can't travel, we can't leave (P7).

When it comes to feeling trapped, one observes the relationship of space and time, the loss of freedom to come and go, and the notion of the body as matter. In Heidegger, the body is not simply a material body (Körper), but the body of a Dasein, with the whole being<sup>(14)</sup>. The notion of temporality and intentionality is also observed here, since the notion of intentionality has the transcendent character whose transcendence derives from the original temporality<sup>(15)</sup>.

Others realize the hemodialysis treatment as a means of sustaining life :

We must thank God to have hemodialysis, at least for helping to live (P2).

It is a necessary evil [...] We are here to prolong life (P10).

My kidney stays here, I have to go back. Sometimes comes down a little depression! I do not want to come, but he is here, and if I am here it is because I want to live (P6).

The possibility of living the Being-in, in other words, the Entity in contact with a machine, which for some is the proper way to continue the life phenomenon, which is understood as good or bad, existential dualities. What differs is the ontic and ontological experience of the same<sup>(16)</sup>.

There are people on hemodialysis who resignifies the dialysis machine as trapping and dependence and others attributed to it a positive view, which can be significant to prolongation and maintenance of life.

So confirms to the existential duality as "existence to the being itself with which the presence can behave this or that way, its essence lies in the fact of having to take one's own being as his"<sup>(16:39)</sup>.

In the context of the Heideggerian philosophical thinking, personal choices directly interfere with the Being who experiences a given situation. The property of making choices assures the Being of legitimate authenticity, yet the choice of the impersonal side of Being arises, which eventually accepts the condition proposed to it. The impersonality in the choice leads one to an inauthentic, in some cases, anguished Being, who leaves his real desire not to accept the situation to be able to see in him a way of survival<sup>(17)</sup>.

### **Social life: limitations and challenges**

It was evidenced in the reports the importance of the influence of the family, the health team and even other people who carry out the treatment with the patient, which may interfere positively or negatively in the struggle for life:

After I saw here in hemodialysis people of age (seniors) and happy, this gives us a life lesson [...]

The team that takes care of us is very good, so it all helps (P5).

My wife! My daughters support me! Family giving support and patience is an important thing. We feel a kindness (P11).

I used to do things indoors, but now that I've started hemodialysis, my daughters won't let me do anything else (P2).

The literature reinforces that the interaction of the family member and the humanistic posture of health professionals can provide an improvement in coping with the disease and treatment, leading the person to better manage thoughts and emotions<sup>(18)</sup>.

Moreover, the exchange of experiences of existential phenomenons leads to reduction anxiety and highlights the human condition of protruding. Anxiety is not the fear of death, but it is the deeper insight to our finity. It is considered that the man is project and the need to live is also of projecting itself in the future, so the yearning to be what we are not and continue to be. Thus, the man can transcend if it is able to project themselves<sup>(19)</sup>.

The family cycle should be instructed to assist the person in treatment, and not to impose restrictions as to take the autonomy, which turns out to be harmful, as evidenced in the speech of P2. It is noteworthy that when the family unites with the health team, it becomes a fundamental instrument to help the person in the process of coping with hemodialysis treatment<sup>(20)</sup>.

The Being-with-others is existential, because man is not without the world and others. In this context, as the Being-in-the-world of man announces itself when taking care of things, just as your Being-with-other is expressed by caring for others. On the other hand, for Heidegger, the "freedom in the face of what is revealed within the breast of the open lets each Entity to be what Entity it is. Freedom is then revealed as leaving to be the Entity"<sup>(21:27)</sup>.

Corroborating the limitation that treatment can bring to social and professional life of people, two of them showed the difficulty of continuing to study/work:

I had to stop studying, my service was stopped! It's a radical life change, my life has flipped upside down, changed !! (P4).

It's difficult! Because for you who have been used to working your whole life, and coming to a moment you have to stop it, it's hard !! (P2).

Being in the world involves the possibilities that the entity finds in the act of work, study and others. In these experiences, the Being-in-the-world projects and builds itself, so Dasein is the man that exists in everyday reality<sup>(19)</sup>.

Faced with the restriction to work, the person starts to experience feelings of worthlessness, frustration and helplessness, since in the popular culture the work dignifies man and makes him feel socially active<sup>(22)</sup>.

According to Heidegger, the Being-there presents its essence in existence, it is also Being of relationship, called Being-in, that is, Being that deals with surrounding things and with others around them. However, in order to exist any kind of relationship with the other, the Being must be open to the world, in relation to and with him<sup>(4)</sup>.

It is complemented, in view of Heidegger, the entity requires to be socially related to something for its construction and reconstruction as being<sup>(23)</sup>. Therefore, the professionals from the health team have the task of monitoring and guiding the person in hemodialysis, as well their family about how to help to develop the potential of being in the world<sup>(13)</sup>. In this way, interpersonal relationships are fundamental, since humans instinctively depends, mirrors and search for another.

### Being sick: possibilities and life perspective

In this study, the duality between improvement and worsening of the disease phenomenon was apprehended:

I'm realistic, I know it's getting worse. Got to be realistic! (P6).

Within possible you can lead a normal life. There are limitations, but you can have a good quality of life [...] you know it is a degenerative disease. To say that will be healed, only by God himself, for Him everything is possible !! (P3).

The future notion is uncertain by the comments, some with the realism of the phenomenon and others even realistics, knowing of the progress of the phenomenon, projects themselves in the belief of a higher deity as a mediator between healing and worse.

For Heidegger, the human being is yet to come, which means that his individuality is constituted by a way of being in possibilities<sup>(15)</sup>.

The hemodialysis treatment is a intermediate condition of maintenance of quality of life, but the transplant is idealized as the possibility of cure. In this sense, we perceive the existence of great expectation and resilience by wait with support on the spirituality:

I'm waiting in the transplant line. I will accept, God willing, it will be alright! (P2).

I think being in that desperation of having to transplant [...] It will only change the treatment, it will only improve some situations (P10).

I just hope God will bless me and help me get a transplant soon. My desire is to get out of this, but until there is a kidney that dwells in me, I'm going on (P11).

Heidegger says that the Being-in-the-world is a being open to the possibilities, since they are the Being-there's determinations, however it is the can-be, since the human phenomenon is marked by the possible that is proclaimed in its own existence<sup>(24)</sup>.

In Heidegger's, people on hemodialysis are a being in possibilities, remarks what would be a Being-to-death, which consists in suffocating with something undetermined, close, and not indicable. However, he remarks that to know one dies does not mean assuming Being-toward-death, but the Being in this moment assumes what it is closer, more familiar, because of so it ends up being the most agonizing for him<sup>(23)</sup>.

It was revealed that the ambiguity of Being-in-the-world, the optimism and pessimism go together. In this sense, Heidegger brings the factuality, which means, the fact with which the person is dealing at that time causes the Being to

have two ways of coping to be in the world. In this case, either having a perspective in the future of at least keeping alive or simply deliver itself to depletion<sup>(25)</sup>.

## FINAL CONSIDERATIONS

It was possible to understand the vivency of the person undergoing hemodialysis treatment while one Being-there, Being-in-the-world and Being-to-others, reflecting the strands of man as project, its intentions, potentialities and feasibility before the phenomenon disease, treatment and life. It is understood that there is always dynamic with endless possibilities and intentions that are not reduced to the theorization of life, reducing the object, but it itself is a phenomenon to be built. Thus, life is a possibility in the formal sense of its existential constitution.

This research presented contributions to the scientific community to bring knowledge related to perception of Being and of living in hemodialysis treatment enjoying the understanding of the human person in its existing possibility. This contribution is essential to nurses who are before the phenomenon of taking care of these people in hemodialysis, since that the health professionals, specifically nursing, must recognize the Entity and care in their amplified ways - Holistic, human and ethical - , since the phenomena here comprehended should not be limited to the object of human, of chronic disease and of the therapeutic possibilities.

As limitations, the phenomenological study refers to the vivency of a specific group, not signifying it cannot be extended, but carefully, since the experiences are unique and unfinished.

## PERSPECTIVAS DE VIDA E DE VIVER DE PESSOAS EM TRATAMENTO HEMODIALÍTICO

### RESUMO

**Objetivo:** compreender a perspectiva de vida e de viver de pessoas em tratamento hemodialítico. **Método:** pesquisa qualitativa com embasamento fenomenológico de Martin Heidegger, realizada com 15 pessoas em tratamento hemodialítico, em um hospital geral do Sul de Minas Gerais. Utilizou-se um roteiro para caracterização dos participantes e a entrevista gravada. Para elucidar o fenômeno, desenvolveram-se as etapas da trajetória fenomenológica utilizando-se o existencialismo. **Resultado:** à luz de Heidegger foram apreendidas três categorias que emergiram das unidades de significado: A pessoa em tratamento hemodialítico: enfrentamentos; o convívio social: limitações e desafios; Ente doente: possibilidades e perspectiva de vida. O Ser desvelou dificuldade em relação à limitação da doença e do tratamento, uma vez que as escolhas transpassam a sua vontade; a importância dos familiares e profissionais de saúde na superação da dependência e na valorização como Ser social; e a expectativa de futuro está relacionada à realização do transplante renal. **Considerações finais:** foi possível compreender a vivência da pessoa em tratamento

hemodialítico enquanto um Ser-aí, Ser-no-mundo e Ser-para-os-outros, assinalando as vertentes do homem como projeto, sua intencionalidade, potencialidades e factibilidade perante os fenômenos doença, tratamento e vida.

**Palavras-chave:** Diálise Renal. Pesquisa Qualitativa. Existencialismo. Enfermagem.

## PERSPECTIVAS DE VIDA Y DE VIVIR DE PERSONAS EN TRATAMIENTO HEMODIALÍTICO

### RESUMEN

**Objetivo:** comprender la perspectiva de vida y de vivir de personas en tratamiento hemodialítico. **Métodos:** investigación cualitativa con base fenomenológica de Martin Heidegger realizada con 15 personas en tratamiento hemodialítico, en un hospital general del Sur de Minas Gerais-Brasil. Se utilizó unguión para la caracterización de los participantes y la entrevista grabada. Para aclarar el fenómeno fueron desarrolladas las etapas de la trayectoria fenomenológica utilizándose el existencialismo. **Resultados:** a la luz de Heidegger fueron planteadas tres categorías que surgieron de las unidades de significado: la persona en tratamiento hemodialítico: enfrentamientos; el convivio social: limitaciones y retos; Ente enfermo: posibilidades y perspectiva de vida. El Ser reveló dificultad con relación a la limitación de la enfermedad y del tratamiento, una vez que la selecciones traspasan su voluntad; la importancia de los familiares y profesionales de salud, en la superación de la dependencia y en la valorización como Ser social y, la expectativa de futuro están relacionadas a la realización del trasplante renal. **Consideraciones finales:** fue posible comprender la vivencia de la persona en tratamiento hemodialítico como un Ser-ahí, Ser-en-el-mundo y Ser-para-los-outros. Señalando las vertientes del hombre como proyecto, su intencionalidad, potencialidades y factibilidad ante los fenómenos enfermedad, tratamiento y vida.

**Palabras clave:** Diálisis renal. Investigación cualitativa. Existencialismo. Enfermería.

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