



## EXISTENTIAL CONCEPTS AND ASSUMPTIONS IN THE CONTEXT OF CHRONIC KIDNEY DISEASE IN THE LIGHT OF HUMANISTIC THEORY<sup>1</sup>

Carolina Giordani da Silva\*  
Maria da Graça Oliveira Crossetti\*\*  
Maravilla Giménez Fernández\*\*\*  
Janaína dos Santos Prates\*\*\*\*

### ABSTRACT

**Objectives:** To identify the existential concepts and assumptions present in the context of chronic kidney disease in the light of humanistic theory of nursing. **Method:** Qualitative study, Data-Grounded Theory type. The field of study was the Nephrology Service of a university hospital in southern Brazil. The sample consisted of 7 nurses, 3 nursing technicians and 10 patients in Renal Replacement Therapy. Data were collected between January 2020 and January 2021, through a semi-structured interview, conducted in a virtual way through the Zoom application. Data analysis was based on existentialist philosophy and the great nursing theory, the Humanistic Nursing Theory. **Results:** One category was unveiled - Unveiling the beings-in-the-world of chronic kidney disease, four subcategories, which gave rise to two concepts, "being patient" and "being nursing", and two assumptions, "finding" and "worrying". **Final Thoughts:** The present study allowed to understand the context of the CKD world from the perspective of the humanistic theory of Paterson and Zderad, identifying, based on the data, existential concepts and assumptions in the context of CKD, thus valuing the uniqueness of the being in this context, contributing to excellent care.

**Keywords:** Nursing Theories. Existentialism. Nursing. Grounded Theory. Chronic Kidney Disease.

### INTRODUCTION

Nursing knowledge has evolved in eras with specific characteristics and inclinations, being the 21<sup>st</sup> century the "era of using theory"<sup>(1)</sup>. The theories are structured by concepts and assumptions that guide the nurse in clinical practice for decision making in relation to care planning.

Concept is a word or phrase that summarizes a phenomenon, such as an idea, observation or experience<sup>(2)</sup>. Generally, it becomes variables used in hypotheses that are tested in research and in the production of knowledge. As the conceptual meanings are dynamic, they must be defined for a specific context in which the researcher wants to determine for the term<sup>(3)</sup>. Assumptions are understood as preconceived beliefs accepted as truths, not being tested empirically, but usually confirmed. They can be

based on accepted knowledge or personal beliefs and values, as well as being questioned philosophically<sup>(3)</sup>.

In this context, researchers in the health area have sought to develop studies, building a technical-scientific knowledge base to support the practice of care, subsidizing the decision-making of professionals based on scientific evidence, a movement known as evidence-based practice (EBP)<sup>(4,5)</sup>. This emerged in the 1970s, aiming at the conscientious, explicit and judicious use of the best available evidence in clinical decision-making on patient care<sup>(6)</sup>.

The principles for nursing care based on scientific evidence emerge together in this scenario<sup>(5)</sup>. However, it is recognized that EBP has a tendency to disregard the complexities present in the care environment, such as feelings and emotions, emphasizing measurable data by statistical tests, to the detriment of circumstances

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\*Nurse. Nurse. PhD in Nursing. Adjunct Professor of the Graduate Course of the Federal University of Mato Grosso, Mato Grosso, Brazil. E-mail: carol.giordani@gmail.com ORCID ID: 0000-0001-6035-7704. <http://lattes.cnpq.br/6780398853841781>

\*\*Nurse. Nurse. PhD in Nursing. Full Professor of the Nursing Graduate and Postgraduate Course of the Federal University of Rio Grande do Sul, Rio Grande do Sul, Brazil. Coordinator of the NECE - Nursing Care Studies Nucleus. Email: mgcrossetti@gmail.com ORCID ID: 0000-0002-9748-4077. <http://lattes.cnpq.br/1415931077583040>

\*\*\*Nurse. Nurse. PhD in Nursing. Professor of the Nursing Graduate and Postgraduate Course of the Catholic University San Antonio de Murcia, Murcia, Spain. E-mail: mgimenez@ucam.edu ORCID ID: 0000-0002-6315-0087

\*\*\*\*Nursing student at the Federal University of Rio Grande do Sul, Rio Grande do Sul, Brazil. E-mail: janainaprates1997@outlook.com ORCID ID: 0000-0003-3257-9988. <http://lattes.cnpq.br/9577595932327900>.

that occur at the individual level<sup>(7)</sup>, inherent to the existential condition of each being, understood as qualitative evidence.

The existential condition of the individual is related to the singular being, who is and who shows him/herself in everyday life and who has the ability to see, mean and appropriate the things of the world from his/her own perspective<sup>(8)</sup>.

In this context, feelings are inserted in the aesthetic dimension of the human being, where the existence and development of sensations and perceptions of the other and care are recognized as an opportunity to be, to become and build new ways of living, being this personalized care, intersubjective, based on intuition<sup>(9)</sup>.

In the world of chronic kidney disease (CKD), hemodialysis is the prevalent renal replacement therapy (RRT), performed by 92% of chronic renal patients, being a treatment that completely changes the routine and way of life of patients. Such changes require a new way of living, not understood by many. In this sense, in addition to measurable clinical symptoms such as uremia, hyperkalemia, oliguria, congestion, among others, patients experience feelings of impotence, fear, uncertainty, sadness, depression, disability, anger, anger, aggression, violence, isolation and hopelessness, among others<sup>(10,11)</sup>. On the other hand, patients also recognize that the treatment allows to wait for a kidney transplant, emerging hope<sup>(11)</sup>.

Despite identifying these feelings present in patients with CKD, there is still a tendency, although not total, to neglect them, prioritizing the resolution of measurable signs and symptoms. In this sense, a gap in clinical practice is identified in relation to theoretical references that value qualitative evidence<sup>(4)</sup>.

It is justified, therefore, the need to identify concepts and assumptions that guide nurses in recognizing the existential condition of patients with CKD in RRT, to guide the implementation of a singular care, and that it is believed to be possible through a nursing theory, such as the great humanistic theory of nursing<sup>(12)</sup>.

The humanistic theory of Nursing<sup>(12)</sup>, when concretely proposes that nurses approach nursing consciously and deliberately as an existential experience, meets this way of looking at the "human being" in its singularity, in its existential

condition. The same presupposes that nursing science develops from the experiences lived between nurses and patients, constituting the meaning of this experience as the starting point for the establishment of an intersubjective relationship, necessary for care to happen<sup>(12)</sup>.

In this sense, humanistic nursing is more than a unilateral subject-object relationship, technically competent and charitable, guided for the benefit of the other. It is a transactional relationship that is responsible for investigating, and whose expression demands conceptualization based on the existential consciousness that nurses have of their being and the other<sup>(12)</sup>.

From this perspective, the care provided by nursing seeks well-being and being-more, that is, the human potential, establishing a meeting between unique people, I-YOU, guided by a call of the assisted being and an intentional response of the being who assists. It is, in itself, a particular form of human dialogue, or living dialogue, understood as a conversation between two or more people, which is characterized by knowing, relating and being present, and, from this, nursing will reconcile reason, sensitivity and subjectivity in care, recognizing the subject as existential being<sup>(12)</sup>.

Thus, the following question emerged in this study: what theoretical relationships can be established between clinical practice in the context of CKD and the concepts of humanistic theory of nursing? This study aimed to identify the concepts and existential assumptions present in the context of CKD in the light of the great humanistic theory of nursing<sup>(12)</sup>.

## METODOLOGY

This is a qualitative study, with the methodological framework of Data-Grounded Theory (DGT)<sup>(13)</sup>.

The study took place in the Nephrology Service of a university hospital in Rio Grande do Sul, composed of the Hemodialysis unit, which assists patients with acute or chronic renal failure in RRT (hemodialysis, peritoneal dialysis and renal transplantation).

The study population consisted of nurses and nursing technicians who work in the Nephrology Unit and patients who were in some form of

RRT in the same service, defined by convenience, by invitation to participate in the study. The initial sample consisted of 5 nurses, 3 nursing technicians and 9 patients.

However, according to the theoretical sampling, in attention to the methodological reference<sup>(13)</sup>, as the data were collected and the theoretical concepts gained density, from constant comparison, use of memos and inductive-deductive thinking, the hypotheses were appearing, guiding the increase of participants, resulting in a final sample of 7 nurses, 3 nursing technicians and 10 patients. This quantitative was defined from the moment the participants' information did not provide relevant data towards new categorizations and formulation of new theoretical concepts.

The inclusion criteria were nurses and nursing technicians with at least one year of experience in the field institution of the study, present in the data collection period, and patients who were in some type of RRT, able to answer the interview. The exclusion criteria were nurses and nursing technicians who were not working in the care during the research period, as well as patients who had cognitive or neurological deficits that did not allow them to answer the research and presented difficulties with the use of technologies, such as mobile and/or computer applications for virtual interviews.

The collection and analysis of data occurred concurrently, emphasizing the elaboration of the analysis of the action and the process; thus, simultaneous, they help to continue in search of this emphasis as the data collection adapts to inform the emerging analyses<sup>(13)</sup>. The collection period was January 2020 to January 2021, after the signing of the Informed Consent Form (ICF). Semi-structured interviews were conducted, in a virtual way, by the Zoom application and by video call through WhatsApp, whose guiding question with the professionals was: How does the nursing team in Nephrology work? What is it like to care for patients with CKD? The guiding question for patients was: How do you feel performing a RRT?

The interviews lasted 25 minutes to 2 hours, all of which were recorded. In view of the methodological framework adopted in this study<sup>(13)</sup>, the memoranda were constructed, which are similar to the field diaries, which hold

the thoughts of the researcher, record the comparisons and connections made, and indicate the questions and directions to be followed.

For data analysis, the NVivo 12 software was used to perform the encodings<sup>(13)</sup>. Thus, the three types of coding were performed: initial, focused and axial, towards the identification of concepts and assumptions inherent to the existential dimension of being in this context of CKD, based on the theoretical framework adopted<sup>(12)</sup>.

This study was approved, first, by the Ethics Committee of the Federal University of Rio Grande do Sul, under the Certificate of Evaluation and Ethical Approval (CAAE) 23534719.7.0000.5347, and then by the Ethics Committee of the Clinical Hospital of Porto Alegre under CAAE 23534719.7.3001.5327.

## RESULTS AND DISCUSSION

The sample of nursing professionals was composed of seven nurses and three nursing technicians, in which there was a predominance of females, with only two male professionals, one nurse and one nursing technician. The age of the professionals ranged between 35 and 59 years, with time of graduation between 13 and 30 years, demonstrating that it is a mature team. Regarding time in the institution, it varied from 5 to 25 years, which reflects the experience of the nursing team in the Nephrology service. Regarding the RRTs, the sample consisted of two hemodialysis nurses, two from peritoneal dialysis and three from renal transplantation. The nursing technicians all worked in the hemodialysis RRT.

The sample of patients consisted of 10 participants, predominantly female, being only three male patients. The age ranged from 26 to 66 years, predominantly patients aged 30 years, with five patients aged 32 to 39 years, demonstrating the involvement of CKD in young adults. The prevalent RRT was hemodialysis, performed by four patients, followed by three peritoneal dialysis patients and three renal transplant patients. However, even patients who, at the time of the interview, were doing another RRT modality, all at some point underwent hemodialysis.

The categories and subcategories that enabled the identification of existential concepts and

assumptions present in the world of CKD in the light of the great Humanistic Nursing Theory<sup>(12)</sup>,

are presented below, as follows in Chart 1.

**Quadro 1.** Categoria Desvelando os Seres no Mundo da DRC

Category	Subcategory	Concepts and Assumptions
Unveiling the Beings in the World of CKD	"Being Patient"	Concept
	"Being Nursing"	Concept
	Finding	Assumption
	Worrying	Assumption

Source: author, 2021.

### Concept – "Being Patient"

Existentially, the "Being" is seen as a concrete and lived experience towards "come-to-be" through their choices. Lived experiences have man as an object of study seen as an experience, in which man does not end up being for himself, becoming a reality to be constantly discovered<sup>(12, 14)</sup>.

In the world of CKD, two subjects coexist, "being patient" and "being nursing", through interrelationships, towards their possibilities of projecting themselves beyond this world towards their being-more.

In this sense, the "being patient", when faced with a RRT, is surrounded by uncertainties, since this presents itself as a sudden, unexpected event, generating suffering<sup>(15,16)</sup>, in addition to bringing complications inherent to its underlying disease and kidney failure itself, requiring limitations that provoke a feeling of revolt, fear, sadness, hopelessness and even social isolation:

When I looked for a doctor, they said it was a virus. Then, I stayed there for a month or so, until I went for tests and then they gave me the diagnosis that I had chronic kidney disease. (P3)

And of course, sometimes I am afraid, [...]. I am very afraid that I will have low blood pressure, low glucose, and dye there. (P6)

They don't find a perspective, [...] the younger ones, they put a lot of perspective on life when they go on dialysis, with hopelessness. [...] the oldest on dialysis, I haven't seen them say: that's enough for me, it's over, I don't want to live anymore, but I used to hear that a lot. (NUR5)

This feeling of fear and desire to die, related to the changes imposed by the RRT, is associated with the fact that "being patient" is released into this world without any option. Existentially, this results in a feeling of

abandonment and loneliness that adheres to their existence as the deepest expression of their nature and will always accompany them<sup>(8,12)</sup>.

In addition, hemodialysis and peritoneal dialysis entail the emotional burden of "being patient" to give up their freedom while they spend their days connected to a machine. Therefore, regardless of the choice of "being patient", their life passes into dependence on a machine, leading to the loss of autonomy, causing significant changes and suffering:

After the transplant, I just thought I was free of the machines, I wouldn't suffer anymore. (P8)

I think the freedom from the machine, of being able to travel, of being able to go out, [...], is what I miss the most, being able to go out to my friends' house, spend a night out, a weekend. (P10)

Experiencing the world of CKD is a challenge that "being patient" faces permeated by the uncertainty of the future. Despite all this context, "being patient" can express gratitude for the possibility of receiving dialysis<sup>(11,17)</sup>, and throughout the treatment, in the relationship with other beings in this world of CKD; when the feeling of belonging arises, they have a perspective of the future, in the hope of performing a transplant and moving on:

My graduation is now at the end of the year, I'm just waiting for the grades in fact, tonight, today, I present the CCW and I'm already enrolled in the post-graduation [...] (P4)

Now with the transplant, I think about going out sometimes, traveling, going to the beach, these things that I couldn't go before because I had to undergo hemodialysis. (P8)

Thus, the concept of "Being Patient" arises, defined as: "being-in-the-world of CKD", complex, which experiences the anguish of this

world, in front of so many uncertainties imposed by RRTs, which hinder a glimpse of their potential. This being has fear, sadness, hopelessness, moments of anger, mourning and suffering for the loss of autonomy and insecurity for constantly living the proximity to death. However, in the relationship with other beings, they perceive possibilities to continue being, which gives hope and joy in achieving their "being-more".

### Concept – “Being Nursing”

The other being that was unveiled in the world of CKD is "being nursing", understood here by nurses and nursing technicians, who are related to "being patient", coexisting in this context.

Nursing, under an existential look, is materialized, as a science, from the experiences lived between "being patient" and "being nursing", in the "being with", constituting the meaning of these experiences, the starting point for establishing an intersubjective relationship for care to occur<sup>(12,18)</sup>.

"Being with", in its broadest sense, requires to fix attention on the "being patient", to be attentive to an opening here and now of the shared situation, world in which both beings - nursing and patient - are, and to communicate availability<sup>(12,18)</sup>. In the world of CKD, "being with" refers to the ability of "being nursing" to be present in the experiences of "being patient", responding to the fullness of the singularity of this "being"<sup>(18,19)</sup>.

In this context, this presence is intense because CKD is irreversible and imposes on "being patient" a RRT that will accompany them to finitude, causing a coexistence between these beings for a long period. In this sense, there is a reciprocal unveiling from one to the other, establishing an I-YOU relationship, in which the "being nursing" has the possibility of exercising their role as a caregiver, with autonomy, performing as a caregiver in the world of CKD:

I feel satisfied with what I do, I think I contribute to the patient with my knowledge. (NUR2)

I like it a lot, I've been working since I graduated, always with chronic kidney disease, [...] I feel good. The Nephrology nurse has a lot of autonomy, has a lot of responsibility and is a

professional that is more independent from the medical professional (NUR4)

In addition, through presence, the "being nursing" can tread a path not only for personal and professional development, but also for self-accomplishment and authentic use of oneself as the final instrument of human care<sup>(19)</sup> towards unveiling oneself in the "being more".

Unveiling possibilities in the world of CKD is a need that is increasingly present in "being nursing", since the complexity of CKD, linked to the advancement of technologies available to health treatments, has caused changes in the profile of "being patient", in which a global trend is observed in the progressive increase in the age group, with a significant percentage of the elderly<sup>(19)</sup>. However, the increase in the percentage of elderly people implies an increase in the burden of comorbidities among those who perform RRT, requiring a careful look of "being nursing" in this same direction, making this lived dialogue, which is nursing, to be full of challenges

The assistance changes, although it is the same patient, because the patient's profile changes and you have to update yourself, you have to study all the time, you never stop in time. So it's a daily challenge, and I really like challenges. The profile of leadership in Nephrology, from about 10 years ago, has undergone a very important change and is related to the profile of this patient, who has changed, who is living longer and becoming more vulnerable. (NUR5)

The changes in the profile of "being patient" make the "being nursing" have to seek new possibilities to offer adequate care, placing him/herself as a mediator between the beings-in-the-world of CKD<sup>(12,14)</sup>, which, often, is reflected in performing other roles, charging for certain things, assuming the reference of care, being front line in communication, in addition to having to perform his/her responsibilities, as "being nursing" in this context:

The nursing team ends up being a bit our psychologists too. (P7)

I think we have a very important role there for the patient, [...] we are a reference and I think I contribute to the patient with my knowledge to face this disease that is so complex. (NUR2)

I feel prepared, I always try to guide the patient,

to make them feel more relaxed about the treatment. I always say, you have to work with the patient, with the machine and with the machine and the patient, all together. (NURT1)

Thus, it was possible to conceptualize the "Being Nursing" as "being-in-the-world of CKD" that cares through the authentic presence, attentive look, moved by concern in response to a call of "being patient". This being has autonomy to exercise their activities, specific knowledge to create possibilities in the face of the challenges of this world, creativity, empathy to perceive and establish connection with other beings involved in this context.

#### **Assumption – Finding**

Nursing implies a special type of encounter between human beings, which takes place in response to a perceived need as relative to the quality of health-disease proper to the human condition, not being a merely fortuitous encounter, if not better, an encounter in which there is a call and a response with determined ends<sup>(12)</sup>.

In the world of CKD, the encounter of care is important so that beings can unveil themselves and continue being towards their "being-more". When starting a RRT, the "being patient" experiences this encounter constantly with the "being nursing", which, through the embracement of the "being patient", allows the beginning of the establishment of a bond with the same, becoming trust and a better acceptance of this new reality:

I was very well assisted in that hemodialysis, [...]. They welcome me well, the person is quickly assisted by them. [...], then I feel safe. I feel welcomed. (P6)

I think it's that first contact, you welcoming them when they arrive at the service, that's when the bond begins. [...], you see that there is another person there on the other side, who is scared, who is afraid and does not understand, so I think embracement is very important. (NUR6)

You create bonds with patients, with health professionals, there's no way not to create them. We get trust and end up creating a very strong bond, because we end up venting about our life, telling our problems. (P7)

The formation of the bond can often be crucial for the continuity of treatment. A relationship "being nursing- being patient" based

on trust is essential in health care where life and death are the main concerns, as in the world of CKD<sup>(11,16)</sup>.

Thus, the assumption "finding" was defined as: gathering of singular beings from the world of CKD in a movement that requires presence and openness so that they can unveil themselves to the other and thus coexist, establish bonds and continue being towards their "being-more".

#### **Assumption – "Worrying"**

Another assumption identified was "worrying". Existentially, it is understood that, in the encounter between beings, a call and an answer occur, in which concern is present, understood as an essential way of "being with", because the relationship of "being" to the world is essentially concern. The existing is not an object of a theoretical world, but essentially one whose concern imposes its presence<sup>(8,12,18)</sup> and which is related to the ability of "being nursing" to be empathic to "being patient".

Empathy, in the case of health professionals, has been described as an essential attribute of more human care and one of the central elements of professionalism in the context of patient care<sup>(20)</sup>. In humanistic nursing, empathy and understanding are two of the essences (values and beliefs) present in the clinical process, and can be defined as the ability to put oneself in the place of the other, sharing their way of being in a situation, knowledge of their perspective<sup>(12,14)</sup>.

In this sense, it is understood that, through concern, the "being nursing" goes towards "being patient", in attention to a call, and, through empathy, penetrates their world, also allowing the "being nursing" to move in their company, seeking to understand their lived experience<sup>(12,14)</sup>

So we can't understand exactly what the patient goes through, and over the years, you see different patients, you learn together with them. So it's a learning experience and, mainly, makes you think that CKD could be with you (NUR2)

What we pass on to them and you have to have that empathy, [...], I try to have empathy in the sense of putting myself in their shoes, to be able to treat them right, treat them well and try to adapt to reality, [...] (NUR3)

In this sense, the assumption "Worrying" was

defined as: the essential mode of "being with", which moves the being towards the encounter of care in which there is a call and an answer. In this, the "being nursing" responds to the "being patient" with empathy, being attentive and unveiling small signs and thus creating a transactional relationship.

Given the above, unveiling the beings-in-the-world of CKD presupposes an encounter, in which the presence of "being nursing" allows it to go to "being patient" with an empathic posture, in response to a call that is implicated in concern. In this trajectory, when unveiled, the beings-in-the-world of the CKD share experiences that bring them together, and these begin to coexist, creating bonds, becoming a family, and thus follow together, projecting towards their "Being-More".

### FINAL THOUGHTS

This study allowed to understand the context of the world of CKD from the perspective of the humanistic theory of Paterson and Zderad, identifying, from the data, the category "unveiling the being-in-the-world of CKD",

consisting of four subcategories, concepts and assumptions, which were concepts "being patient" and "being nursing", and assumptions "finding" and "worrying".

Nursing, as a theoretical-practical science, based on a humanistic referential, which seeks to value the singularity of each being in the context of CKD, contributes to the consolidation of nursing as art and science, whose differential from other professions is an excellence health care.

That said, a limitation of this study concerns the non-use of a practical instrument of care with these existential concepts and assumptions in the world of CKD. In this sense, further studies should be carried out in order to identify new existential concepts and assumptions present in this context, and thus establish a theoretical/practical model of care, as well as develop a medium-range theory in this existential perspective to guide the care of patients in RRT.

This study intends to serve as a reference for the construction of a medium-range theory under a humanistic look in the context of nephrology, valuing a singular and integral care.

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## CONCEITOS E PRESSUPOSTOS EXISTENCIAIS NO CONTEXTO DA DOENÇA RENAL CRÔNICA À LUZ DA TEORIA HUMANÍSTICA

### RESUMO

**Objetivos:** identificar os conceitos e pressupostos existenciais presentes no contexto da doença renal crônica à luz da teoria humanística de enfermagem. **Método:** estudo qualitativo, do tipo Teoria Fundamentada em Dados. O campo do estudo foi o Serviço de Nefrologia de um hospital universitário no sul do Brasil. A amostra foi de 7 enfermeiros, 3 técnicos de enfermagem e 10 pacientes em Terapia Renal Substitutiva. Os dados foram coletados entre janeiro de 2020 e janeiro de 2021, por meio de entrevista semiestruturada, realizada de forma virtual por meio do aplicativo Zoom. A análise de dados foi embasada na filosofia existencialista e na grande teoria de enfermagem, a Teoria Humanística de Enfermagem. **Resultados:** Desvelou-se uma categoria – Desvelando os seres-no-mundo da doença renal crônica, quatro subcategorias, que deram origem a dois conceitos, “ser paciente” e “ser enfermagem”, e dois pressupostos, “encontrando-se” e “preocupando-se”. **Considerações Finais:** O presente estudo possibilitou compreender o contexto do mundo da DRC sob o olhar da teoria humanística de Paterson e Zderad, identificando, a partir dos dados, conceitos e pressupostos existenciais no contexto da DRC, valorizando, assim, a singularidade do ser neste contexto, contribuindo para um cuidado de excelência.

**Palavras-chave:** Teorias de Enfermagem. Existencialismo. Enfermagem. Teoria Fundamentada. Doença Renal Crônica.

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## CONCEPTOS Y SUPUESTOS EXISTENCIALES EN EL CONTEXTO DE LA ENFERMEDAD RENAL CRÓNICA A LA LUZ DE LA TEORÍA HUMANÍSTICA

### RESUMEN

**Objetivos:** identificar los conceptos y supuestos existenciales presentes en el contexto de la enfermedad renal crónica (ERC) a la luz de la teoría humanística de enfermería. **Método:** estudio cualitativo, del tipo Teoría Fundamentada en Datos. El campo del estudio fue el Servicio de Nefrología de un hospital universitario en el sur de Brasil. La muestra fue de 7 enfermeros, 3 técnicos de enfermería y 10 pacientes en Terapia Renal Sustitutiva. Los datos fueron recogidos entre enero de 2020 y enero de 2021, a través de entrevista semiestruturada,

realizada de forma virtual utilizando la aplicación Zoom. El análisis de datos se basó en la filosofía existencialista y en la gran teoría de enfermería, la Teoría Humanística de Enfermería. **Resultados:** surgió una categoría - Desvelando los seres-en-mundo de la enfermedad renal crónica, cuatro subcategorías, que dieron origen a dos conceptos, "ser paciente" y "ser enfermería", y dos supuestos, "encontrándose" y "preocupándose". **Consideraciones finales:** el presente estudio posibilitó comprender el contexto del mundo de la ERC bajo la mirada de la teoría humanística de Paterson y Zderad, identificando, a partir de los datos, conceptos y supuestos existenciales en el contexto de la ERC, valorando así la singularidad del ser en este contexto, contribuyendo a un cuidado de excelencia.

**Palabras clave:** Teorías de Enfermería. Existencialismo. Enfermería. Teoría Fundamentada. Enfermedad Renal Crónica.

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**Corresponding author:** Carolina Giordani da Silva. Av. Archimedes Pereira Lima n.688, Torre 2 ap 2406. CEP: 78060-581, Cuiabá, Mato Grosso, Brazil. Phone: 65 99271-9779, E-mail: carol.giordani@gmail.com

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