

SHARED EDUCATIONAL CARE: NURSING ACTION STRATEGY FOR USERS WITH CHRONIC RENAL INSUFFICIENCY

CUIDADO EDUCATIVO COMPARTILHADO: ESTRATÉGIA DE AÇÃO DA ENFERMAGEM JUNTO A USUÁRIOS COM INSUFICIÊNCIA RENAL CRÔNICA

CUIDADO EDUCATIVO COMPARTIDO: ESTRATEGIA DE ACCIÓN DE LA ENFERMERÍA JUNTO A USUARIOS CON INSUFICIENCIA RENAL CRÓNICA

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Objectives: to describe the knowledge and practices of users with chronic renal insufficiency on the care of venous catheter for hemodialysis and to discuss the contributions of these knowledge and practices in nursing educational care. Method: convergent-care research carried out with twelve patients with chronic renal disease experiencing renal replacement therapy of the hemodialysis type, using a short or long-term venous catheter. Individual interviews were conducted. The analysis was of thematic content. Results: the results bring to the discussion the impact of the catheter on the life of its user, with influences on the basic and instrumental activities of daily life. Conclusion: dialogue made possible the reflection on the construction and reconstruction of knowledge and practices aimed at the care of the venous catheter for hemodialysis and also, through health education, the articulation between practical life experience and scientific knowledge, providing the user the possibility of being the protagonist of their own care.

Descriptors: Nursing. Health education. Chronic renal insufficiency. Nursing care.

Objetivos: descrever os saberes e as práticas dos usuários com insuficiência renal crônica sobre o cuidado do cateter venoso para hemodiálise e discutir as contribuições desses saberes e práticas nos cuidados educativos de enfermagem. Método: pesquisa convergente-assistencial. Participaram 12 usuários com doença renal crônica submetidos à terapia renal substitutiva do tipo hemodiálise, por meio de cateter venoso de curta ou de longa permanência. Realizaram-se entrevistas individuais. A análise foi de conteúdo temático. Resultados: os resultados trazem à discussão o impacto do cateter na vida do usuário, com influências nas atividades básicas e instrumentais de vida diária. Conclusão: o diálogo possibilitou a reflexão sobre a construção e reconstrução de saberes e práticas voltados aos cuidados com o cateter venoso para hemodiálise e também, por meio da educação em saúde, a articulação entre a experiência da vida prática e conhecimentos científicos, proporcionando ao usuário a possibilidade de ser sujeito protagonista do cuidado.

Descritores: Enfermagem. Educação em Saúde. Insuficiência Renal Crônica. Cuidados de Enfermagem.

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Objetivos: describir los saberes y las prácticas de los usuarios con insuficiencia renal crónica sobre el cuidado del catéter venoso para hemodiálisis y discutir las contribuciones de esos saberes y prácticas en los cuidados educativos de enfermería. Método: investigación convergente-asistencial. Participaron 12 usuarios con enfermedad renal crónica sometidos a terapia renal substitutiva del tipo hemodiálisis, a través de catéter venoso de corta o larga permanencia. Se realizaron entrevistas individuales. El análisis fue de contenido temático. Resultados: los resultados discuten el impacto del catéter en la vida del usuario, con influencias en sus actividades básicas e instrumentales de la vida diaria. Conclusión: el diálogo permitió reflexionar sobre la construcción y reconstrucción de los saberes y prácticas orientadas para los cuidados con el catéter venoso para hemodiálisis y, también, a través de la educación en salud, la articulación entre la experiencia de la vida práctica y los conocimientos científicos, proporcionando al usuario la posibilidad de ser sujeto protagonista del cuidado.

Descriptores: Enfermería. Educación en salud. Insuficiencia renal crónica. Cuidados en enfermería.

Introduction

Currently, Chronic Kidney Disease (CKD) is an important public health problem. The prevalence of users maintained in care programs aimed at the treatment of Chronic Renal Failure (CRF) increases every year⁽¹⁾.

In the United States, CRF affected more than 593,000 people in 2012, and 92% of the affected people were undergoing hemodialysis⁽²⁾. In Brazil, this reality does not differ from the international scenario. In 2010, the Brazilian Society of Nephrology (Sociedade Brasileira de Nefrologia – SBN) conducted a census that identified about 92,091 users on dialysis; 90.6% were on hemodialysis⁽³⁾.

At the time, this estimate could be higher, since approximately 55% of the total number of dialysis centers registered in the SBN participated in the census and the information of the dialysis units obtained were voluntary. According to the census, 13.6% of patients with CRF on hemodialysis used central venous catheters of short or long-term duration. Therefore, maintaining them in the right conditions is the biggest challenge for professionals dealing with this clientele⁽³⁾.

Regarding adverse events, the inadequate functioning of the central venous catheter, either by the position of the catheter tip or by the increase of venous pressure in the hemodialysis system, is the most frequent local complication. Device-related infection proved to be the most important systemic complication. Associated factors are the variables of catheter permanence

time and intercurrents during the hemodialysis session⁽⁴⁾. Such events deserve the attention of the health team, especially nursing, since the catheter is one of the links that the user maintains with life. If there is loss of access, it tends to lose this connection element.

Among the risk factors, the period of permanence with the device appears as a predictor for complications. Temporary access with the hemodialysis catheter varies from a few hours to 45 days. This is the estimated time for Arteriovenous Fistula (AVF), a procedure that allows permanent access, offers a lower risk of thrombosis and infection, and improves the quality of life of patients undergoing hemodialysis⁽⁵⁾. It should be pointed out that national and international protocols guide the maintenance of the catheter for a limited time and aim the reducing of these adverse events⁽⁶⁾.

For the user performing hemodialysis on an outpatient basis, returning home means sharing the responsibility of keeping the device viable for the next session. This situation refers to the need to effectively integrate the hospital care process with home care, in order to develop confidence and autonomy, as well as to increase knowledge / information for care.

However, what usually occurs is that the user receives a “package” of directive information and sometimes difficult to understand. In this sense, one must reflect on the transformation of the prescriptive orientation into educational care, considering the real scenario where the users

live. Inclusive health education actions make learning meaningful to the subject.

Therefore, knowledge provides responsibility and autonomy to the person to live in a more dignified and human way; that is, it helps the user to make decisions and develop skills to care for oneself, emancipating them⁽⁷⁾. Thus, the comprehension of the reality lived by the users and their daily experiences in articulation with scientific knowledge are essential aspects for the prevention of complications and improvement of the quality of life.

In this study, the articulation of common-sense knowledge with the knowledge of science for care occurs through health education based on the dialogical relationship and the problematization of users' subjective and cultural needs. This proposal is inserted in the emerging discourse, in which the dialogue between the professional and the user is the instrument that must be present in the routine of care in nursing. The intention is not to inform health, but to transform existing knowledge⁽⁸⁾ and strengthen therapeutic links.

In this context, the role of nurses goes beyond guiding or imposing, and incorporates the awareness and empowerment of people about the situation in which they live or the implications of their choices for health, which contributes to the autonomy of the subject in the caring relationship. It is understood that empowerment is the process that involves mobilizing and valuing individuals with their own resources, allowing them to feel in control of their own lives, to know their needs and to solve their problems⁽⁹⁾. However, the nurse cannot stop acting on the biological changes that these users present. For this to occur, it is necessary to access the knowledge and practices of users with CRF on hemodialysis venous catheter care, which is the object of study. In this way, an educative care was developed with the clientele that considered their needs and the reality in which they are inserted.

The objectives of this study were to describe the knowledge and practices of users with chronic renal failure on the care of venous

catheter for hemodialysis and to discuss the contributions of these knowledge and practices in nursing educational care.

Method

Qualitative research of a convergent-care approach, since it privileged the involvement and inclusion of the subjects in the research process articulated to the care⁽¹⁰⁾. The main characteristic of the Convergent Care Research (CCR) is the articulation of research with care practice. It can be used as a strategy for the practice of health education, especially during the collection of information, since the subjects' testimonies add new topics for discussion and add more subsidies for nursing care with the focus on the object of the research.

Thus, as the data were obtained, nursing care was shared with the health education resource. The subjects were problematized with the user through a dialogical relationship, and this enabled them to have a critical perception of his reality.

The study was conducted in the hemodialysis sector of a University Hospital in the city of Rio de Janeiro, Brazil. The Hemodialysis Program is divided into two groups, with approximately 20 users each, comprising: a group on Mondays, Wednesdays and Fridays; and the second, on Tuesdays, Thursdays and Saturdays.

Users of both sexes with a diagnosis of CKD who underwent hemodialysis renal replacement therapy using a short or long-term venous catheter were participants in the study. The study included users over 18 years of age with a level of awareness and guidance able to respond to research questions through dialogue; patients who underwent ambulatory hemodialysis, or those who, for clinical reasons, were hospitalized or transitioning from the type of venous access ("CDL" to arteriovenous fistula).

Users who were on hemodialysis urgency were excluded from the study; as much as those who, for any reason (cognitive or clinical), were not responsible for their own care regarding the catheter.

In view of this, 16 users were considered eligible to participate in the survey. After applying the inclusion and exclusion criteria, 14 users were invited to participate. During the data collection, two participants were excluded because they went into conservative treatment and did not attend the hemodialysis sector anymore. Thus, 12 users participated in the study, being eight women and four men; prevalence in the age group between 40 and 59 years and with time of hemodialysis between 1 and 4 years.

Participants were identified by the letter "C" of client, plus the numbering corresponding to the order of the interviews (C1, C2, for example). The speeches were recorded in digital media (MP3) and transcribed integrally, keeping the original speeches, with orthographic signs that signaled the pauses, the silences, the intonations among other characteristics of the verbal discourse. Particular emotions inherent to spontaneous discourses, such as laughter, cry, and others, were also recorded. Such care had as purpose the constitution of the qualitative corpus of the research⁽¹¹⁾.

The CCR methodology allows to be developed individually with the subjects. In this way, the individual interview with a semi-structured script and a sociocultural identification form of the users were chosen. The data production occurred in the months of January to March 2013, in the hemodialysis sector according to the time chosen by the user. Recorded interviews were validated by participants after full transcription.

For analysis, the thematic content analysis technique was applied, and the categorization phase was performed by thematic analysis. In this technique, the categories are not previously determined, emerging from the speeches of the participants⁽¹¹⁾. Firstly, a floating reading of the material was carried out, in the search for the empirical design of the research. The second procedure was that of the pre-analysis, with a view to capturing the major themes of greater significance present in the speeches of the participants. After this phase, the thematic classification occurred, with a view to the selection of the themes of higher incidence. Their

confluence was still sought in the discourses, that is, those who had the highest frequency of appearance in the set of statements were selected⁽¹¹⁾.

To the data corpus was applied the thematic analysis of content, in order to search for the registration and context units that conformed the empirical categories for analysis and later discussion. The most significant contents were grouped around a great theme: the knowledge and practices of the users with CRF on the care of the hemodialysis venous catheter.

The project was submitted to the "Plataforma Brasil" and approved under the protocol CAAE 068.10912.1.0000.5238. The subjects received information on the ethical aspects of the research, voluntary participation, anonymity, the possibility of withdrawal without any loss, risks and benefits and also a copy of the Informed Consent Form after the signature.

Results and Discussion

As a technology of care, health education must consider the subjectivity and knowledge of each subject, in order to enable the exchange between technical-scientific or professional knowledge and popular knowledge coming from common sense, building a shared knowledge⁽¹²⁾.

The shared knowledge and the dialogical practice of the nurse motivate the user to be autonomous. This way of educating-caring is possible when carried out horizontally, reciprocally, and in line with the new paradigm of health. Wherefore, the user must be respected as the subject bearer of stories, beliefs, and values. Without it, there is no reason for the nursing existence, since it is a profession of human nature whose object of work is care centered on the other.

The human being, as a being who receives care and is an agent of social changes, must be critical and active in society, in the exercise of autonomy and in the struggle for their rights. In relation with the world and with society, it is characterized as a social being and has different

behaviors and ways of acting in the face of new knowledge⁽⁷⁾.

Compared to the biologicist model, marked by the objectification of the other and fragmentation of the human body, current educational practices tend to consider the social and political implications in the elaboration of strategies for the promotion of the quality of life of the subject. It is identified, in the health area, the rise of a practice of ethical nature, committed to respecting and valuing the participation of subjects in the choices related to their own health.

Therefore, the dialogue with the participants to access their knowledge and practices on venous catheter care for hemodialysis began with the issues that generated debate. These issues, in a *problematizing* space, had enabled dialogue. From the concrete existential situations of the subjects, the codified themes emerge, which are decoded in the deepening of the discussion⁽¹³⁾.

The initial question dealt with the perception of what the catheter is for the user on hemodialysis. It is fundamental for nursing care planning to know what the user feels and the impact that this device causes on the social and family life of the subject. The staff has to be sensitive to the peculiarities of this clientele, since the catheter is not an option or choice, but a necessity for the maintenance of life.

The dialysis therapy user experiences a daily conflict between love and hate of the machine and is aware that without the catheter, and consequently without dialysis, he does not live. On the other hand, the treatment constantly reminds them that their life is by a thread⁽¹⁴⁾.

Renal failure, dependence on the hemodialysis machine, and the catheter are destabilizing factors for the individual. Feelings of difference, inferiority towards healthy people, and low self-esteem can cause disruptions in the user's life dynamics, as much as adaptations to new habits and behaviors require some sacrifice and resignation.

The following statements denote difficulty in accepting catheter use, disturbance of body image, and various biological and psychosocial changes. Moreover, they identify negative meanings, such

as imprisonment, anguish, social isolation, daily limitations, and emotional exhaustion.

Oh, because I cannot do a lot of things. Even taking a shower is complicated! I cannot exercise, I cannot walk much when it's too hot. A prison! (C1).

Horrible! [Laughs] I feel like jail. I stopped going out, I stopped ... when I got depressed, I even left the house. I only lived inside the house, see? Because of that. I go out, but not that much. Sometimes people call me out, I'm ashamed. People want to meet me, I'm ashamed to meet, because of this, right? That's how I feel. (C5).

I want to wear a pair of shorts. It shows up, or it tightens, right? I want to... do things, like this: wash the bathroom and I cannot, because I have to lower my leg like that. Well, it bothers me. (C6).

Although they live in the same situation and have common characteristics in relation to the disease, each person expresses a particular vision about the meaning of the catheter, evidenced by some deponents as a way of assuring their life⁽⁷⁾. Although users report that coexistence with the catheter is a limitation, another part understands that the device is a means to satisfactorily achieve the goals of treatment. Under those circumstances, they recognize its advantages.

A way of dialyzing. Give me a better quality of life and without it I already had ... [the user gestures with his finger up, simulating the sky] passed away! [laughs]. (C7).

The way each individual experiences and faces illness is something personal, influenced by personality structure, the ability to tolerate frustrations, relationships with people, and their own life project. Some deal better with the disease, seeking information, and are motivated for treatment, seeking alternatives for adaptation. Others present greater difficulties, focusing on emotions and suffering⁽¹⁵⁾.

The AVF is also perceived as a solution for the resumption of daily habits limited by the catheter. It is evident in the speeches that the hope to return to experience pleasurable activities is deposited in the possibility of making this modality of access.

Wow! When I put the fistula, the first thing I'm going to do is get home and take a shower. Wow! Take a shower, spend hours in the shower, it's really good! (C5).

Although not the focus of the study, we highlight the C10 report, below, which refers

to verticalized orientations and fragmented information:

[...] the only problem in the whole process is that they told me: "C10, create the fistula". But they did not say why. If he said: "[subject's name] has to create the fistula, because the fistula is better. And when you finish the fistula, you have to do the exercise with the ball, it lasts a very short time. While you're doing by the catheter, you're creating the fistula." When it was passed for me that I would have to create the fistula, but they did not explain why. They talked just like our parents in the old days, that you have to do it, but not explaining why [laughs]. And if we did not, we'd be beaten up. And I was beaten up, right? Violently, because they just did not explain why I had to create the fistula.

The catheter is perceived as interfering in the interpersonal relationship in the public environment or outside the social circle of the users, and also impacts family members. The justifications passed between the impression that the catheter causes in people, and the lack of knowledge of the reality of chronic kidney disease, as explained in the speech of C3:

[...] I know people are scared of it. When people are on the street, people look with a look of curiosity and at the same time fear. Some people stopped me on the street to ask what that was [...]. So I know that the reaction of people when they see is scary [...]. The impact of the catheter in the family is huge. When I got home with this catheter the first time, my mother said she had a desire to disappear and never come back. Only she did not tell me that on the day, she just told me now, that I've had the catheter for months.

Another issue concerns the interference of the catheter in various aspects of daily life, which leads the user to seek resources to live with it in a safe and quiet manner. The activities of daily living are fundamental to live in society; they enable individuals for basic survival and well-being, such as bathing, dressing, intimate hygiene, walking, and sexual activity⁽¹⁶⁾.

On the other hand, the instrumental activities of daily life involves care for the administration and maintenance of health, the accomplishment of domestic tasks, washing clothes, preparing meals, cleaning, religiosity, and the use of means of transportation⁽¹⁵⁾. It should also be added that a great part of time of these users is dedicated to the maintenance of weekly dialysis sessions, which should lead to losses in the quality of life⁽¹⁷⁾.

In this dialogical movement, were incorporated some themes related to the activities, revealing

knowledge and practices about daily care with the catheter in particular situations. For example, speeches emerged addressing certain changes in hygiene habits, such as the type of shower and bath duration. In the dialogue with C9, it was noted the lack of guidelines on the most appropriate way to protect the catheter.

No, no. I take bath with a handheld showerhead. I do not bath under the shower, see? (C5).

You cannot take that half hour bath, which will moisten there; It's that "in a blink of eyes" bath and that's it! (C1).

Where you learned how to protect the catheter that way. Wash your head, take a shower like that. Did someone teach you? (Researcher).

No one. I had no guidance from anyone. (C9).

So it was you in the day to day that did it. (Researcher).

Yes, it was. They just said it couldn't get wet, not at all. And I: "The, how am I going to do?" I'll have to find a way, right? Then, by myself, I would put plastic, put tape on the side to hold. And I am like this until today! (C9).

The guidance on protective measures of catheter attachment during bathing is a critical nursing care. This care is in line with the principles of microbiology and the pathophysiology of infection. Thus, the presence of wet dressing on the catheter insertion site favors increased colonization and migration of microorganisms⁽¹⁸⁾. In order to avoid infection, the user is advised to protect the catheter during the bath, to change the wet, loose, or dirty dressing, and observe the catheter insertion site⁽¹⁹⁾.

However, the dialogue between the nurse-researcher and the users revealed the use of other features adapted for catheter protection in the bath. Among them, stretchable plastic film, originally intended for food packaging, was cited as an effective protector.

That's it, I have... do you know these plastic wrap's rolls, is it plastic wrap? (C4).

The one we use in the kitchen? (Researcher).

Yes, in kitchen. It's because I do not live without it! [Laughs] I'll put it on. Sometimes I put on tape, sometimes I do not even need it, because it already sticks to the skin, doesn't it? I put it even to take shower. But this place here, the doctor tells us not to mess too much to not cause the catheter to leave the place, right? They say that. But I try to be as careful as possible. (C4).

The plastic, it, it does not stick. But the plastic wrap, it attaches more to the skin, right? Then, passing over

several times, it gets more protected. On the other hand, the plastic bag does not; here in the hospital, they "put" plastic bag, but then it can let enter water, it's more complicated. Then, my husband helped me, doing this way and it was better ... (C1).

But did you think about it on your own? (Researcher).

Yes. (C1).

Plastic wraps are produced with petroleum derivatives and are considered non-toxic and impermeable. User C1 stated that the plastic film was efficient for protecting the dressing from its catheter that was inserted in the leg. According to the user, the same strategy would not be as effective if the catheter was located in the chest. In that case, the plastic bag would be used. This reflects the guidelines of daily practice, hemodialysis rooms, and the hospital, where the use of plastic bags is indicated as a protection strategy:

Here at the hospital, they put a plastic, right? (C1).

The following report shows that the need for adaptation emerges day by day and often requires a set of strategies to achieve a goal. In the case of user C3, the reflection and the adoption of measures started from the event prevention; in this case, wetting the dressing at the moment of washing the hair, ending in strategies to solve the problem.

At first, I could not do it alone. Everything is adaptation, right? So, the first few times, I couldn't. I washed my hair in the salon for about three weeks [laughs]. Then I said, "Wait, just like the girl does in the salon, I can do it at home". And I did it and it worked. My fear was to get wet. I said, "I'll wash it the day I go there, because if it gets wet, I'll go fast, right?" Then I washed it early in the morning and I came. Very dry. So, then, I got a thick towel, put it on. I threw my whole head to the side and with the showerhead, in the own shower, I left the showerhead open, I washed my hair! Smooth! I washed with shampoo and then I passed the conditioner, really, really smooth. (C3).

The way of using the resource varies according to personal experiences, that is, a knowledge that is constructed by common sense. This is understood as a set of non-systematized information that we learn through formal, informal, and sometimes inconsistent processes that includes a set of valuations. Most often, this information is fragmentary and may include true historical facts, religious doctrines, legends or

parts of them; scientific information popularized by the mass media, as well as accumulated personal experience⁽²⁰⁾.

Adaptation, understood as a vital attribute of the ontological condition of the human being, is a process by which the individual manages his relations with himself and with the environment, learns to differentiate positive and negative situations and react to them in a way that changes the environment and resources. Adaptation becomes a way of contemplating the individuality of each subject, considering it to be active in this learning process⁽²¹⁾. In this sense, the nursing team should also contribute to the evaluation of adaptations that, for any reason, are detrimental to the health of the user and to provide guidelines that contribute to the awareness of the negative aspects.

Another highlighted perspective were the alternatives used for the protection of the catheter during the commute in the means of transportation, as stated by C3 and C12:

I just sit in the corners of the buses. I even ask to change. Several times when leaving here: "Can you please exchange with me?" (C3).

On the window side, right? (Researcher).

Always on the window side. Then, sometimes when people make a frightful face that they do not want to change, then I explain: "Look, if they bump here, it will bleed!" Then the person gets scared and changes, do you understand? I do this. I'm tired of asking to sit on the window seat. (C3).

Ab, when I come here, I come by bus. As I do dialysis in the second shift, I just take the bus at less crowded times. (C12).

The simple act of going through the roulette of the bus led C8 to think about possible complications with the catheter arising from the movement.

Yesterday, it was the first time I went by bus, that I took a bus. I came by car with my brother, 'cause he went work and left me here. Then my sister would come to get me, but I went by bus. So, coming here on the roulette, I'm short, I got to get this up here (she makes a movement with her thorax). Is there anything to go through the roulette? (C8).

In concurrence with the researcher, protection strategies were suggested during the trip, such as using the hands as a guard or avoiding the

roulette, entering the bus through the exit door, for greater comfort and tranquility of the user.

Users C3 and C11 reported that the catheter located in the jugular vein interfered with the visualization when they drove, but they solved the problem by modifying the catheter attachment and switching from the normal rearview mirror to a larger one.

Oh, to drive. When you look away, you do not see it. Because if he's standing here [shows the catheter in the jugular], you see the catheter. You do not see behind, understand? So if I have to look back, I need to glue catheter right here on my face. So, I use a little tape, from that micro-pore type. I put it right here on my cheek, I squeeze it against my cheek and my lap. I make that little thing stick, then I can see. Because if he gets free, he tends to fall. Because the weight, right? And I cannot drive. I only see the front, I do not see behind, even in the rearview mirror. Because what you see is a barrier [referring to the catheter]. In that barrier, depending on where you are, it's a person there, right? So, I put it here. (C3).

The rearview mirror on my right was smaller. As I broke it in my house, then I put a bigger one and then, it got much better. I'm here like this, then look at the rearview mirror. Look here, look here [the user interprets the movements he makes during the direction], get it? (C11).

It is imperative that nurses, who are considered educators in their essence, know the reality, the world view, and the expectations of each subject, so that they can prioritize the needs of the users and not only the therapeutic requirements⁽⁷⁾. This can be exemplified through the changing of the routine of household chores due to the use of the catheter. This situation is evident in the following speeches:

I like to take care of my things. My home is clean. So, it is humble, but it's clean. Ab! Scour pan, scour pan, can I? (C8).

Yes, you can. (Researcher).

Yeab. Do the things that make you happy a little bit. No need to stop scouring your pans. (Researcher).

I want to ... do things, like that, wash the bathroom and I cannot, because I have to lower my leg like this ... well, it's uncomfortable [the user referring to the catheter in the femoral]. (C6).

The speech of C3 demonstrates the concern with the integrity of the dressing at the food's preparation time, since the steam from the cooking causes the detachment of the adhesive plaster.

Ab, when we cook, the steam that rises from the pan, softens the dressing, then it opens, understand? Then, I always need, as when I do something long on the stove, I have to protect the place, not because of the catheter, but because of the dressing. Since it's a glue, it melts. (C3).

It's because makes steam, isn't it? (Researcher).

Then it let's go! (C3).

And how do you do? (Researcher).

I avoid cooking! But those who cannot avoid cooking should put a cloth on, shouldn't they? I believe a little handkerchief. (C3).

The problem was shared with the nursing team in the hemodialysis room, in order to stimulate the critical reflection on the subject, as well as the proposal of possible solutions, considering that these activities offer opportunity of occupation of the time and the perception of the individual capacity as a productive human being.

From the above, it is observed that the catheter can interfere in the most diverse perspectives of instrumental activities of daily living. The exchange during the dialogical practice made possible the problematization of the strategies for the situations that emerged from the discourses of the users. It allowed the transformation or reconstruction of knowledge within a group that does not have knowledge coming from the academic-scientific principle, while also enabling the researcher to appropriate the knowledge that comes from the common universe⁽²²⁾.

As a care strategy, health education ratifies the nurse's role as an educator, and makes it possible to rescue the user as a participatory and aware citizen of its own life condition, aiming at the welfare of the human being.

Conclusion

The results revealed that knowledge and practices from common sense are often constructed based on the experiences of individuals and are considered valid, since we can see the interweaving between common sense and technical-scientific knowledge. They also bring to the discussion the impact of the catheter on the life of the user, with influences on

the activities of daily living and the instrumental activities of daily life.

The information shared by educational action, through dialogic practice, resulted in the creation of a space for the exchange of knowledge and practices, with emphasis on the horizontality of relationships, as opposed to verticalization, which helped the user to exercise its condition as an autonomous and independent subject. Thus, through dialogue, the experience of practical life was articulated to scientific knowledge.

In most cases, what is seen is the verticalization of the actions of Nursing directed to the users, transforming them into mere receivers of information, passive, uncritical. The change to the Nursing educational care based on the principles of problematizing education allows a more humanized and ethical approach of the user. Shared care is possible, since it is based on awareness of all involved in the construction of knowledge.

It is concluded that the dialogue enabled the reflection on the construction and reconstruction of knowledge and practices aimed at the care of the venous catheter for hemodialysis; and also, through health education, the articulation between practical life experience and scientific knowledge, providing the user with the possibility of being the protagonist of its own care.

Collaborations:

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