#597

HUMANISTIC CARE IN PEOPLE WITH VOIDING DYSFUNCTION: TEACHING-LEARNING CLEAN INTERMITTENT CATHETERISM

Cipriano M[1], Alexandre S[1], Ferreira Junior A[2], Alencar R[1], Regadas R[3], Silva F[1], Alcântara Neto L[1], Leitão Junior A[1], Aguiar A[1], Oliveira R[3]

1. Walter Cantídio University Hospital/HUWC, 2. Ceara State University/UECE, 3. Federal University of Ceará/UFC

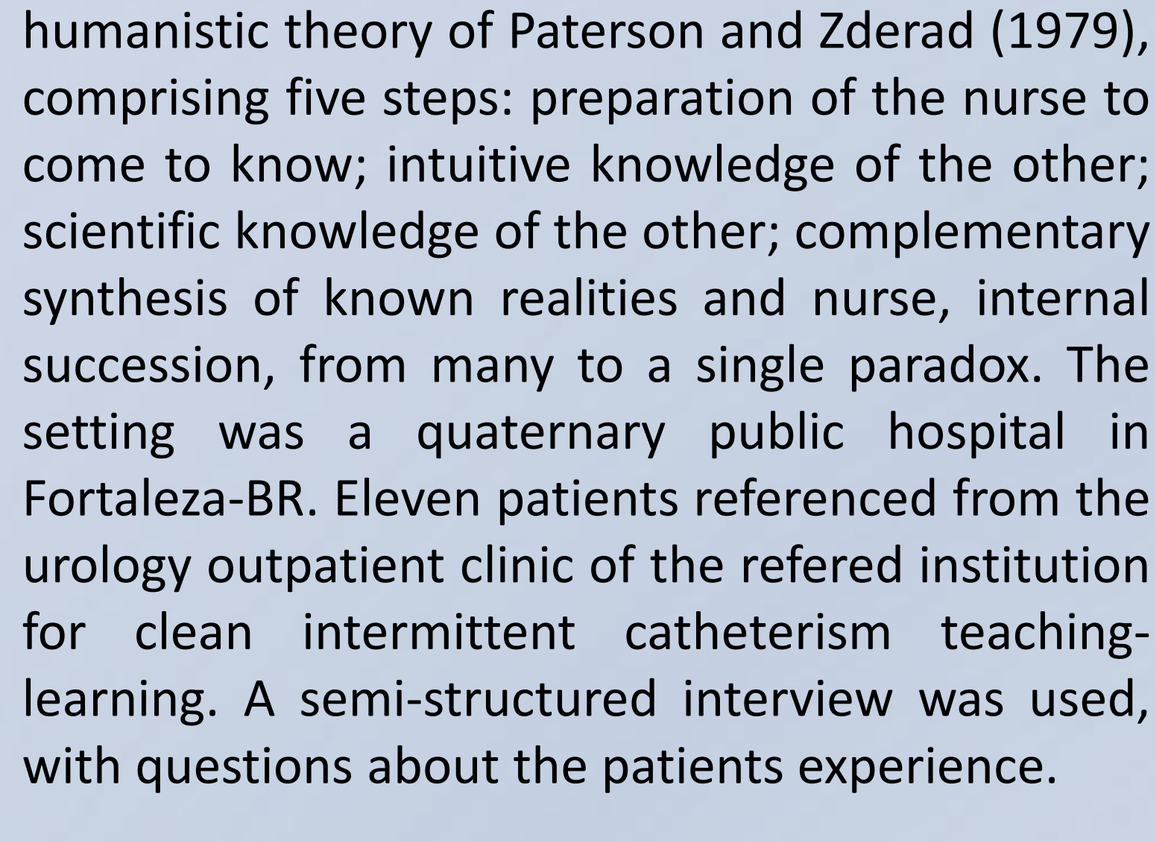
ABSTRACT

Voiding dysfunction is a diagnosis of urodynamic symptoms and investigations defined by the International Continence Society, slow and/or incomplete urination, characterized as failure of bladder storage and emptying and has clean intermitent catheterism (CIL) as the most common therapy.

The objective was to understand the experience of people with voiding dysfunction in teaching and learning of clean intermitent catheterism in humanistic precepts.

METHOD

Descriptive, qualitative study based on the humanistic theory of Paterson and Zderad (1979), comprising five steps: preparation of the nurse to come to know; intuitive knowledge of the other; scientific knowledge of the other; complementary synthesis of known realities and nurse, internal succession, from many to a single paradox. The setting was a quaternary public hospital in Fortaleza-BR. Eleven patients referenced from the urology outpatient clinic of the refered institution for clean intermittent catheterism teaching-learning. A semi-structured interview was used, with questions about the patients experience.



RESULTS

From the speeches emerged the categories: Being-better – the nurse can help the patient feel as well as possible, respecting the physical conditions and their clinical condition; Care competence and learning - the nurse must value the capabilities and of patients, promoting your maximum participation in your recovery program, and offer alternatives supporting the process he experienced. We felt touched and moved by some reports sometimes demonstrated emotions through their voice and physiognomy, especially when they were full of suffering when they see themselves in that health condition.

Application of the humanistic theory and folder used in CIL instruction were interlinked clinical practices, happened in two moments: 1st (training) and 2nd (interview); Comprising the theory: presence, encounter, relationship, lived dialogue, shared choices and possibilities of being-better, seeking to describe and understand the experienced, promoting well-being aware of the needs of others. Humanized care as a strategy of teaching the procedure was a role and challenge in adhering to the CIL.

CONCLUSIONS

Difficulties related to socioeconomic issues were present and the lack of material to perform the procedure contributed to non-adherence to treatment. The multiple realities experienced and effective actions of the nurse through dialogue, authentic presence, the act of caring with a humanistic eye enabled better understanding of the intermittent catheterism process.

REFERENCES

AZEVEDO, R.V; OLIVEIRA, E.A; VASCONCELOS, M.M; CASTRO, B.A, PEREIRA, F.R, DUARTE, N.F, et al., Impact of an interdisciplinary approach in children and adolescents with lower urinary tract dysfunction (LUTD). J Bras Nefrol. 2014;36:451-9.

BENÍCIO CDAV, ROCHA DM, DOURADO GOL, BEZERRA SMG, ANDRADE EMLR, NOGUEIRA LT. Fatores associados ao conhecimento de pacientes e cuidadores acerca do cateterismo vesical intermitente limpo: revisão integrativa. REV ESC ENFERM USP · 2018;52:E03362

PATERSON, J. E; ZDERAD, L.Humanistic nursing. National League for Nursing, New York, 2.ed. 1988.

TRUZZI, J.C., et al. Recomendações SBU 2016: Cateterismo Vesical Intermitente. Sociedade Brasileira de Urologia, 2016.