Transcendent Conception of the Other in Hemodialysis Treatment

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Abstract

Objective: to describe and analyze the transcendent conception of the other, in treatment of hemodialysis by the nephrology nurses in a private center in the north of Peru. Methodology: Qualitative, descriptive. Study subjects 17 nurses and 20 patients on hemodialysis to whom semi-structured interview was applied, validated by experts and pilot study; the data processed by thematic analysis under the protection of ethical principles and scientific rigor. Results: Three themes emerged: Unique vulnerable person with transcendent meaning. Person with substitute treatment connected to a machine. And Person with principles, values and history. Final Consideration: if the nurse does not strive to know in depth the time in which the sick person lives, the dynamics that go through it, the potentialities that characterize it, and the limits and injustices, sometimes serious, that afflict it. He will recognize her as the sole and center of his care.

Keywords: Person, Hemodialysis, Transcendence

Introduction

In order for nurses to transcend with the patient they care for, they have to originate it as a center of care. Nursing as a humanistic discipline, builds its own humanity to offer it to others ¹

Achievement feasible with the knowledge of the personal level of history, when we try to know it assimilate it and understand it then both the history of the patient and ours are found ², ³

To any patient according to our vision we provide a good service before, during and after his hemodialysis treatment, required by the progressive and irreversible deterioration of renal function when losing the kidneys the ability to eliminate waste from the body, concentrate urine and preserve electrolytes in the blood ⁴

Situation in which the nurses ensure correct priming of the filter, a machine with correct ultrafiltration indicators, excellent cannulation of the arteriovenous fistula and zero errors in biosecurity during the entire treatment process; However, at this level the patient is not a single being because I am providing a standardized service, we are giving all of them the same ⁴.

To transcend is required to know the patient’s history, who he is; where does it come from, what is its socioeconomic status, is it alone or lives within a family, and if it has a family because they do not pick it up at the end of the hemodialysis; he professes some religious belief, what he thinks of life, what he thinks of his illness ³

Along with the above you have to observe it to perceive their attitudes, their verbal and nonverbal expressions and most importantly the dialogical capacity that I carry out with them, with this attitude I have to approach, facilitate openness and confidence by being interested in everything that is happening ⁵, ⁶, so we can know that because of AIDS his family has left him alone or that he has skin cancer and he has little time to live or he waits for death because he has already had two legs amputated and lately the back pain has not he lets sleep or his daughter treats him well in front of others but alone at home he scolds him, he catches attention at every moment, he does not take him for a walk and only hygiene cannot be done well. There is no shortage of people who tell you that they do not have enough to eat or they do not have enough money to get a taxi to return home.

In this sense, knowing his history, observing him, dialoguing, there must also be actions to pray with him, and to get in touch with the family, in this way we enter into his phenomenal world, I am already part of his life and he is part of ours, there are two worlds, two stories, now it is a unique being for us nurses ², ⁷

However, the actions of nurses specialized in nephrology sometimes express a depersonalized attention, especially when emergencies are present ⁸, or patients are elderly ⁹, a standard attention is perceived, movements of specialists who only fulfill their duty at face value and very well, they finish their work and they retire faster than lightning because they have to go to another entity to work on the same and doing the same.

Considering this contextualization, the guiding question emerged:

How is the transcendent conception of the other in hemodialysis treatment by the specialist nephrology nurse of a private center in northern Peru?

Formulating the following objectives:

To describe and analyze the transcendent conception of the other, in hemodialysis treatment by nephrology nurses in a private center in northern Peru The study was relevant because it did not have a history related to the object of study, providing new knowledge from the participants and
from a qualitative approach. In addition, as Watson states, the study helped the researchers to recognize the sensitivity, the feelings, to what extent nephrology nurses are genuine, authentic and sensitive to people receiving hemodialysis treatment in order to strengthen them and induce them towards change of attitude, personalization and from there to the transcendence of those who care.

Likewise, what is discovered is related to theories such as anthropology, philosophical personalism, professional ethics and deontology, general history in its category of natural sequence of history: personal history.

**Methodology**

Descriptive, exploratory and qualitative research. Seventeen specialist nurses participated, all women between the ages of 27 and 38, with more than six months of work experience and voluntary acceptance to participate in the research. Their identity was protected by assigning them the code from EEN1 to EEN17. There were also 20 patients with more than one year of hemodialysis treatment, 11 women and 09 men whose ages were between 29 and 69 years, oriented in time, space and person. Most of the coast, but there were 4 patients from the sierra and 2 from the jungle, who participated voluntarily. Your identity was protected with the use of codes PH1 to PH20.

Nurses who cover shifts for one day, replacement for medical rest or maternity and patients with severe hearing loss or permanent blindness were excluded. The scenario was the center of the Peruvian north called the Kidney Institute, whose mission involves attention with humanity. For the data collection, the semi-structured interview was used, carried out by validation of experts and pilot study, carried out in the auditorium of said institution, ensuring a quiet and reserved environment without interruptions. The term of data collection was based on the criterion of information saturation, with some redundancy or repetition.

The data were analyzed and based on the technique of thematic analysis, transforming and coding them to transcribe them into real units, themes and categories that enunciated the characteristics pertinent to the content of the testimonial discourses.

The research was developed based on ethical principles and scientific rigor. Among the main limitations were the long waits to interview nurses and patients but all collaborated and none left the research.

**Results and Discussion**

Through the analysis of the data, three themes emerged:

1. **Unique Vulnerable Person with Transcendent Meaning**

It is difficult for a nurse to carry out a specific action unless she understands who is directing it, first because it involves a series of experiences, knowledge and skills acquired throughout her life and professional training. And second, because the one who cares is a systemic personal being, everything is mutually implied with everything: everything is connected to everything and to be realized as a person, it implies living an articulated, total life, coherent with a great capacity for openness and interrelation to the environment that surrounds it.

In this regard, Rogers emphasizes. "The person as an open system in continuous process with the open system, which is its environment, describes the unitary human being as an irreducible, indivisible and pan dimensional energy field that can be identified thanks to the model and the evident characteristics, which they are specific to the whole set.

A set assumed by Watson, who considers the person as "a unit of mind / body / spirit / nature", within a transforming unitary paradigm that leads to a more holistic and humanistic open system, in which harmony, interpretation and Self-transcendence reflects an epistemological change.

Change expressed in the language of the specialist nurses, which denote in the majority, maturity in the professional practice, since every nurse must seek and promote a harmonious interaction between the man and his environment, between the one who cares and the space where he receives the treatment. Trials that induce nurses to discern and recognize the person in its magnitude.

"... Each one is different ... I treat them as unique people, respecting their feelings, taking into account all their dimensions, remembering that I am also a person ..." E11

"... holisitc person who should be treated in every sense in a global way ... (Doubt, pause and decision) not only because he receives treatment ..." E3

"... He is a multidimensional being with kidney function and only he can live his illness ..." E5

"... I want and I do ... (Think a little) I treat the person in all its dimensions, as a single being, it means applying the ABC (Embrace, Kisses and Caresses) ... as they have taught us here ..." E16

"Person as such, as a human being created by God, with equity, as a unique and unrepeatable being, without equaling another ..." E17

The judgments manifested by nurses is given by their affectivity, that is, their own internal impressions and the external results also of their capacity for sensitivity, coming to see a clear truth where their rationality intervenes, for that reason they give reason that their patients are unique people but different from each other.

In addition, they reason that they are also people, capable of knowing an objective truth and although personal knowledge is complex and difficult there is a precise approach to "who cares": A unique vulnerable person, composed of many dimensions, almost all of them dynamic, extremely related outside and inside.

When the sick person does not cease to be a person, he does not lose his identity or his ability to respond to what life puts in front of him: he does not stop being "someone" to become "something" in a thing. Thus, the psychophysical unit of the
person determines that when he or she is ill, all of them suffer from being systemic or organic. The disease not only affects the body but the person as a whole and in the most intimate part of his being⁷.

In relation to vulnerability, applied to body life emphasizes fragility and finitude of life. Vulnerable is one whose autonomy, dignity or integrity can be threatened and requires protection and care⁸.

To enable them to develop their potential as people, this potential mobilizes nurses to apply ABC, an innovative personal initiative consisting of a therapeutic touch based on hugs, kisses and caresses, also prescribed by the nephrologist such as vitamin ABC, moment of the visit. This human action of the nurses is corroborated by Watson in arguing that access to the body, mind and soul of a person is possible as long as the person is perceived as a whole.

Perception also welcomed by patients as they declare it

"... I feel very good, I feel that I am myself since they consider me, they treat me with kindness, it shows their responsibility, dedication and love ..." P16

"I feel treated with affection ... with respect, .. For what I am" P19

The patients in hemodialysis treatment are intelligent therefore they discern just like the nurses about their own value as people, they experience pleasure and they are sensitive as they are valued, they feel an intersubjective relationship rich in personal nuances, in this respect Watson explains that the emotions and the mind of a person are the windows of the soul, for this reason they make external evaluative judgments of how they feel when they do not violate their dignity as persons⁷.

2. Person with substitute treatment connected to a machine

A very important aspect in a specialist nurse is the domain and centrality of your action: the person, the care and interest for your life. All participants conceive patients as people linked to a machine because of the limitation of kidney disease but with more sublime capacities such as reasoning and the feelings that give freedom of decision¹⁷.

According to Thómas, the person has two dimensions, the corporal and the spiritual. The first is matter, a composite reality, dependent on nature and other people, to be vulnerable, contingent in need of other human beings¹⁹, to be cared for during the dialysis process and throughout their lives. The second is the spiritual one, possessor of soul as its essence or substance of man, it understands its intelligence, will, freedom, expressivity, sensitivity, and transcendence. The spirit, the deepest of each being, or the soul (geist) of a person exists in him and for him⁷.

With this, the body is the anthropological knot where the mystery of man is resolved or deformed. And the person carries his soul in the body and both interconnected go to dialysis treatment, machines that are means for the person to be free of toxins that harm their overall well-being. In this sense, the goals of nursing are associated with the spiritual growth of people, which arises from interaction, the search for the meaning of each one’s experiences, the discovery of internal power, transcendence and self-healing⁷.

"... Person who needs our care in an individualized and human way, which is dependent on a machine. E13

He is a human being with a terminal chronic disease, he follows a substitute treatment, with a machine to continue living. E2,

They affect the urinary system, the kidneys, both physical and emotional, they all change their lives and those of their family, they become emotionally very susceptible, here at the clinic we want them to have no major problems, and they already have enough. E4

The reasoning of the nurses as Watson details rescue the human and spiritual transpersonal aspect in the practice of care, they reason as they are necessary because the life of the other depends on them, since by being specialists, they turn out to be the fundamental professional to provide the therapy of renal substitution, they make judgments that the people who attend are people with needs of individualized care at the height of the maximum expression of dignity: the person¹⁶,¹⁷, whose life does not end up being sick, that is to say, they understand what people they experience, they experience, they suffer and they want.

It is worth mentioning that people with alternative treatment in its different modalities: Hemodialysis, peritoneal dialysis, translucent dialysis and hepatic dialysis; they are affected in their Quality of Life (CV)²¹, and they introduce important changes in the lifestyle, without ceasing to be people. A substitute treatment is always a contingency for those who need to stay alive based on help and love; since nursing is a human science and the process of human care in nursing is a significant humanitarianism and an epistemic act that contributes to the preservation of humanity, in this way the advancement of nursing care is important because within science, just as within society, the call is to see the human being in its totality¹⁵. Inferences that patients also experience when connected to a machine.

"... Even though my life has changed enormously since I have been on dialysis treatment, I keep going because it is my only option to continue living ..." P8

"...

I think that if it were not for this treatment I could be dead ... this was a second chance to live, it's a difference like night to day ..." P7

The patients in the study emit deep emotions of faith and hope as explained by Watson’ satisfaction through which he gives an extension of the sense of oneself, because he is still alive, he is not dead, in this way the patients express positive feelings provided by their intellect before the situation they face.

To be a person connected with a machine means to experience pain and suffering before the imminence of death, to go through punctures three times a week, to have
all the corporality affected by general malaise and over the years the notoriety of limitations, visual, auditory, physical among many more.¹⁸,²³

That is why they need security and protection because they have a job to continue, a family to support, studies to complete, some children to educate, a culture, religion or worldview to which they have to give answers, there is no doubt with the help of the nurse will find, not quite, but relieved in the tension that produces being subjected to a machine, but capable of making decisions as Watson says with ability to participate in the planning and execution of their care.⁷

3. Person with Principles, Values and History

Human action affects its author, what makes a man leads to a change in it. If the action is correct, whoever does it grows as a human being; if it is incorrect, it deteriorates, something important happens in it, it is perfected or degraded. Its growth culminates in the way of increasing the time available to strengthening of the principles, of its own activity, considerations that we abstract to infer that the person in hemodialysis treatment is owner of principles, values and history with deep roots in a family. The value that a person has is immeasurable, immeasurable and unrestricted, including their dignity, life, freedom, intelligence and others that they acquire instilled by their family, the educational institutions that were part of their education and by the commitment of themselves have achieved in the course of his life as an interpersonal process, between two people, with a transpersonal dimension.⁷

"... It is a person who possesses values, own principles and a singular history ... E12

"... we are interested in their disease, that is why we study and we know this, some are examples for us, how they carry the vicissitudes of life, their strength to cope with the disease, their religiosity is admirable, there are some who like little altruistic comments, others like silence, others are more cheerful and ask for music, others like to talk about their family ... it is very personal! ... "E1

"... person who knows how to give love, has a family, children, husband, studies to conclude ... in all the sense of the person both spiritual, personal, family, because I feel responsible for what happens ... E3

"... They have their life with their family and they are affected also by the fact of being sick they suffer all that is the aspect of their life. E4

Nurses who are caring are able to affirm that people on hemodialysis treatment have principles, values and history. Principles for the very fact of being people possessing a high dignity of their own who own how to choose freely and there is a personal commitment between them and their intellect where they articulate what they are and what they know, and in that election, they are configured as same.¹⁷

Therefore, the supreme personal values are not founded primarily on the intellect but on freedom.¹⁴ Hence, he has a history, reasoning who he is, knows where he is going, and identifies his genetic roots especially when he has an inherited pathology and also remembrances and his life project.²

The relationship of transpersonal care carried out by the nurse in the kidney institute as Watson argues is a union between two beings that transcend person, time, space and life history of each one, also declared by people with this treatment.

"... Now that I have been touched by this disease, I try not to despair as at the beginning. Now I try to be strong ... "P6

"... As every person we have a plan in our life, but now that I am sick I try to achieve it, I have projects that I see detained ... “P9

"... This illness cuts my life, I feel a very dependent person as if everything affected me ... then I get back to cheer up, I read a little, I watch TV and I entertain with my grandson ... when I’m in college with my students I feel joy that my life is the same ... "P3

When the experience of values is a habit in the person, it becomes a virtue that strengthens the personality and when the disease emerges it copes with resisting all the consequences that it brings with it, such as the limitations of happiness because the elaborated life projects paralyze, life itself is at stake because of the variety of complications that the person experiences when being in hemodialysis treatment, however if it finds meaning to the disease and in this action the nurse intervenes as the protagonist of the change, the adverse conditions are bearable and helps the maturity of people.

Final Considerations

Introducing ourselves in the world of the person with hemodialysis treatment and assuming how we conceive it means that each specialist nurse with her spiritual and intellectual resources, with her professional competences or her own life experience full of limits and defects, has to strive to:

Place the person in the center of their care to organized it and also recognizing in it a unique person for having dignity; vulnerable of nature and to overlay an illness and with a transcendent destiny able to decide and to grow.

A person who, because they have inalienable rights, must be cared for according to their dignity even when connected to a dialysis machine and that person, like any other person, possesses principles, values and history that make her deserving of respect. Everything previously will not be possible if the nurse does not strive to know in depth the time in which the sick person lives, the dynamics that go through it, the potentialities that characterize it, and the limits and injustices, sometimes serious, that they afflict

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