Critical incidents of people with kidney transplants: discovered situations

Incidentes críticos das pessoas com transplante renal: situações encontradas

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Abstract

This study aimed to identify the positive and negative situations experienced by people with kidney transplantations, using the Critical Incident Technique. A study with a descriptive-type qualitative approach, using the Critical Incidents Technique. The data were collected through semi-structured interviews. After, the data were analyzed to identify the positive and negative situations. A total of 450 situations were identified, being organized according to the categories found: the intra and postoperative living period, the return to daily life, and the present health condition. When learning about the situations experienced by people with kidney transplants, for some, the therapeutic modality adopted allowed them to return to their activities. While for others, the lack of guidelines on how to proceed on certain occasions, the presence of side effects of immunosuppressive medications, and poor health care led to limitations in life as well as complications in maintaining health.

Keywords: Chronic Renal Failure. Kidney transplantation. Task performance and analysis. Nursing.

Resumo

Este estudo objetivou identificar as situações positivas e negativas vivenciadas pelas pessoas com o transplante renal, utilizando a Técnica dos Incidentes Críticos. Estudo com abordagem qualitativa do tipo descritivo, utilizando a Técnica dos Incidentes Críticos. Os dados foram coletados através de entrevista semiestruturada. Após, os dados foram analisados, identificando-se as situações positivas e negativas. Um total de 450 situações foram identificadas, sendo organizadas de acordo com as categorias encontradas: a vivência do período intra e pós-cirúrgico, o retorno à vida cotidiana e o atual estado de saúde. Ao saber as situações vivenciadas pelas pessoas com o transplante renal, constatou-se que para algumas, a modalidade terapêutica adotada permitiu o retorno às suas atividades. Enquanto para outras, a falta de orientações sobre como proceder em determinadas ocasiões, a presença de efeitos colaterais das medicações imunossupressoras e a assistência deficitária do sistema de saúde podem acarretar limitações na vida, bem como prejuízos na manutenção da saúde.

Palavras-chave: Insuficiência renal crônica. Transplante de rim. Análise e desempenho de tarefas. Enfermagem.

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INTRODUCTION

Renal transplantation is one form of kidney replacement therapy[1] and is indicated for people with chronic renal failure (CRF), who are at an advanced stage of the disease. This therapy may be the best and most recommended, since it involves a lower economic cost to public funds and it guarantees an excellent quality of life for the person.[2-3] However, it is not a curative treatment for CRF.[1]

Thus, renal transplantation has a palliative character, since it does not fully recover the health of the person with CRF. This, in turn, after being transplanted will present some limitations related to the need for constant use of medication, hygienic care, and regular monitoring in health services.[4]

The person affected by CRI undergoing dialysis therapy still has some restrictions due to hemodialysis or peritoneal dialysis sessions at fixed times, depriving them of living a life of freedom of choice, and from participating in activities such as travel, outings, and work. When transplanted, the patient regains autonomy, regains the decision-making power to come and go, to feed themselves, and to ingest liquids. This sense of independence may reflect positively on quality of life.[5]

According to data released in the first half of 2014 by the Brazilian Association of Organ Transplants, 2,750 kidney transplants were performed in Brazil, of which 2,049 were cadaver organs and 701 were live ones. The federative unit that occupied the first position, with the highest number of kidney transplants performed, was São Paulo, followed by Minas Gerais, and with Rio Grande do Sul being in the third place.[6] Then, since it is considered the best treatment, promoting the reduction of morbidity and mortality and satisfactory psychosocial functioning[7], it is observed that despite the great progress that has been made in the renal transplantation process, there is a low production of published studies.[8]

In order to demonstrate the need to know the experiences of people with kidney transplantations, together with the scarcity in the literature, it was decided to develop this study applying the Critical Incidents Technique (CIT). Such a method should be understood as a flexible procedure, which can be adapted to capture the necessary information about the situation involved.[9]

It is believed that the use of CIT allows visibility of the situations experienced by people with a kidney transplantation, identifying them as either positive or negative. It is hoped that by highlighting the positive and negative events experienced, they would help in develop effective strategies in the attention given to the transplant patients, aiming to improve the promotion of care and the assistance offered. Thus, the question that guided this study was: What are the positive and negative situations experienced by people with a kidney transplantation through the Critical Incidents Technique? Therefore, the objective was to identify the positive and negative situations experienced by people with a kidney transplantation, using the Critical Incident Technique.

METHODS

This was a descriptive type qualitative study using CIT as the method. The period of data collection was from May to July 2013, with adults of both sexes being interviewed, with: age equal to or greater than 18 years; willingness to participate in the study, permitting the recording of the interview and the dissemination of the data in scientific circles; being with their mental faculties preserved, along with not presenting difficulties to communicate verbally; being linked to the nephrology service; having at least one year pass since kidney transplantation and have previously undergone some dialysis treatment.

The first approach to the person with kidney transplantation was through telephone contact, after receiving the list of transplants given by the three nephrology services of a municipality located in the southern region of Brazil. At that moment, the interviewer, the presentation of the objectives of the study, and the operation of the data collection with the aid of a tape recorder were identified. Thus, the invitation to participate in the study was made, with only two refusals.

After the acceptance, the date, time, and

place of the interviews were agreed upon, according to the availability of each participant. Some requested that these be performed at home and in other specific places, such as in the nephrology departments themselves, with the aim of ensuring privacy during the interview.

Data were collected through a semi-structured interview, whose guiding questions were related to how life was after kidney transplantation, and the facilities and difficulties encountered. Before interviewing the people, an informed consent form (ICF) was presented in writing. Then a two-way signature was requested, one for the interviewee and the other one for the interviewer.

The content of the interviews was submitted to the content analysis recommended by the CIT, through reading and isolating the situations that occurred, these being referenced as either positive or negative. Next, categories were constructed, containing the name and definition, as operational as possible, of what it meant or represented for the person with the kidney transplant.[10]

It should be noted that CIT is a type of methodology used to identify the factors experienced by a person in a certain period of his / her life. From the testimonies, one can characterize the situations experienced, the behaviors and the consequences that have been positive or negative. Thus, in this study each incident related to the situations experienced was recorded in a form for analysis.

The project of this study was approved by the Research Ethics Committee under No. 192/2013. The principles of Resolution 196/96 of the National Health Council[11] and the ethical principles of Resolution 311/2007 of the Federal Nursing Council were respected.[12] In order to preserve the anonymity of information, each interviewee was identified by letter E, followed by and Arabic number, following the sequence of interviews, plus age (for example, E1, 43 years).

RESULTS

Twenty people with kidney transplants were included in the study; ten men and ten women. Their ages ranged from 30 to 66 years. Before kidney transplantation, 18 people underwent only hemodialysis, one person performed only peritoneal dialysis, and one person experienced the two renal modalities (hemodialysis and peritoneal dialysis). In order to accomplish the kidney transplantations, the organs came from cadaveric donors (for 16 people) and related living donors (for four people).

The reports of 450 situations experienced, involving 272 positive and 178 negative situations, by the 20 people with renal transplants who were interviewed, were classified into three categories: 1) the experience of the intra and post-surgical period, relating the first moments experienced with the transplantation; 2) the return to daily life, along with the adoption of new health care; 3) the current state of health, including their psychological and clinical condition. These were grouped according to positive and negative references.

The experience of the intra and post-surgical period

In this category, the surgical periods experienced were divided into three stages, which comprised surgery, post-surgery, and hospital discharge with the following references displayed in Table 1.

Regarding the positive reference of kidney transplant surgery, most interviewees claimed that the performance was satisfactory:

> *It was okay. I did not feel pain, or poor treatment, or anything. I only felt it when I woke up, that I had been transplanted. [...] Everything went well (E12, 45 years).*

The reason for the only negative reference toward the surgical period was the delay in its accomplishment, due to the anatomical difference found between the organ of the donor and the urinary system of the recipient.

> *My surgery took a little longer because they [the medical staff] took my brother's kidney and there was a problem there, which [...] was that my brother's kidney had two tubes [...] and mine only had one entry. Then they had to fix [...], connect these two pipes in one [...] and ended up putting his kidney on the left side, which they usually put [...] in the belly on the right side. Then they put it on the*

left side and turned it to work and my surgery ended up lasting longer than anticipated (E11, 54 years).

In the post-operative period, as positive references, the most important were the stay in the Intensive Care Unit (ICU), the professional care provided, and the post-operative recovery.

We're going to the ICU. I have to stay for three to five days [...] because the treatment is better, since the doctors have everything there [...]. Even though we are well, we stay in the ICU. [...]. Since all went very well with the transplant itself, I then left the ICU quickly (E10, 46 years).

Then, the doctors already around me, explaining everything and with medicine [...]. Then I had to do another four or five [...] hemodialyses still, to help the kidney function (E12, 45 years).

My recovery was very good. I was in the hospital for 12 days and my body reacted very well (E13, 53 years).

Some negative references related to the post-surgical period were associated with the presence of complications, leading to the risk of rejection of the transplanted organ, the delay of the kidney to function, and disrupting the psychological state along with the physical debilitation, as observed in the statements:

I stayed 30 days in the room, then I had to make a plasmapheresis. [...] It is a hemodialysis treatment, only it removes plasma from the blood. I had to do it, because it was being rejected. My body was rejecting the kidney (E10, 46 years).

Look, after the surgery [...], I stayed in the hospital for 15 days. Then I had all those things to do, I had to use a tube to urinate [...]. In the first days, the kidney did not work, then you remain in that expectation, because you do not know what will happen (E5, 30 years).

I felt weak, really weak, and it gave me all those things, constipation, then it gave me dysentery, a lot of headaches. It was like that, [...] recovery is very difficult, very difficult indeed, it is very complicated (E16, 40 years).

In relation to hospital discharge, the positive references were attributed to the rapid reception of the same and the guidelines given by health professionals, consistent with the testimonials provided:

Thank God it was fast. [...] In fact, I stayed for 15 days for everything. [...] Then, in two weeks I came home (E11, 54 years).

So, when you're going to be discharged tomorrow, today comes their group [health professionals] explaining everything. They tell you what you can eat, what you can drink, what you can do. [...] Sure, you have to know before they release you, they explain everything to you (E12, 45 years).

The negative situations experienced after receiving hospital discharge were the readmissions for various reasons. Some were after the first revision visit, with surgical reinterventions, as verified in the testimony:

TAbout 15 days after I was discharged from the hospital, one of my doctors found a lymphocele. He said it is due to the place where the transplant surgery was done, which can happen from cutting some lymphatic vessels and it begins to form [...] a few sacks of liquid. At that, they tried to solve by putting a drain. Then the drain did not resolve it, so I had to do a new surgery to correct the problem of the lymphocele (E5, 30 years).

The return to everyday life

To list the situations experienced in this category, they were grouped into two groups represented in Table 2. The first one concerns the activities performed, including the daily routine and the fulfillment of social, labor, and intellectual tasks. The second one was the requirements for health maintenance, such as dietary care, water intake, medication use, clinical and laboratory reviews, and others that emerged during the interviews.

Among the activities that were positively referenced, the ones that the interviewees returned to do after the interruption caused by the establishment of CRI and the dialysis treatment, besides being able to do new ones, were highlighted. Thus, many said that with the transplant life returned to be as it was before the disease.

My life is almost like I had it before [...]. I'm starting to work, social life has also totally

returned, even sport, gym. I can say that my life is totally normal today [...]. I went back to play ball, I went back to doing bodybuilding, [...] parties, going out. [...] Starting to work too, [...] I went back to school. Things like these, pretty much everything I had stopped, I returned to doing (E16, 40 years).

The negative references highlighted the experience of the difficulty in obtaining employment, since renal transplant care should be supervised:

Who will give work to those who have to be in [name of the health service] all the time, who are open to get an infection and soon have to step down, stay there for how much time stopped, because there is no other alternative. Something happens, I have to go there [health service] because they were the ones who transplanted it (E3, 40 years).

Another negative factor for the accomplishment of activities included the lack of guidelines after hospital discharge, which causes feelings of insecurity to fulfill certain tasks:

We did not get orientation on certain things, so I kept asking myself, gym, can I or can I not do it? What kind of exercise? Because I just know that I cannot have physical contact on my body like this, a boxing match, this I cannot do, it's the only thing I know. I do not know another type of exercise (E13, 53 years).

Most of the positive situations cited for the maintenance of health were linked to adherence to the medication, following the recommendations given, depending on the testimony given:

Take care of the medication at the right time. Eight, nine and ten in the morning, and in the evening, at eight, nine, and ten. So, this is [...] a permanent thing that comes from the day I did the transplant, [...] and it will continue being like this, that the medicine never stops. The treatment is still three types of medication that I take and this medication is precise. I take them, until today I do not usually delay more than five minutes more or less from the time (E18, 55 years).

The factors found, which could negatively interfere in the health maintenance of people with kidney transplants, involved the disorders related to delayed delivery or even to the absence of immunosuppressive medication. The presence of side effects and the difficulty in health monitoring were also mentioned.

Today, the cost of my medication is more than three thousand Reals, I would not be able to do the transplant, so the government has a legal obligation to give us this medication. But the government delays, due to the lack of management, lack of organization, lack of a greater work of the City with the State and the consequences end up falling on the user. [...] And this question of the [immunosuppressive] medication that is used, messes with your metabolism and you end up acquiring other problems that you did not have. [...] Diabetes, triglyceride, cholesterol, all those go up, so there are also those drugs you start using for them (E11, 54 years).

The current state of health

Desiring to know the current health condition that the kidney transplant provided to the people, 29 situations were identified and are presented in Table 3.

The causes that influenced the psychological state of the interviewees involved the presence of positive feelings, generating tranquility in living, and negative feelings, such as organ retention and fear:

[Changed] for the better, so, even for the psychological. Because with hemodialysis, sometimes that suffering that you go through, you end up taking away from those who are close to you [...]. And not now, now is that feeling of a breath of relief. [...] You act more naturally, [...] do those things that you feel like doing, without having to count on schedules [...] (E14, 41 years).

In fact, he [doctor] told me that now I have to let go, forget about my kidney [...]. After two years, that kidney is mine and I am going to go live a little (E7, 58 years).

I'm afraid of losing the transplant. Very scared. [...] The only fear I have in life, even today, [...] is the transplant, it is my health. Not only the transplant, you have another serious illness, because when you do the transplant, your immunity is low, you can have some

other serious problems. My fear in my life, the only fear I have today is health. There is no other fear [...] because I know what it is to be without health, I have already had it. I've never had money in my life, I've always been a very poor guy even, but I discovered that if you are not healthy, it's no use, you will not get anything in your life (E16, 40 years).

Regarding clinical status, the situations included improvement and worsening of the creatinine level.

However, one respondent stated that although his values remained at a level above that which is desired, other elements remained normal. This fact ended up being classified as positive.

I have no anemia, my hemoglobin is good, I have potassium, phosphorus, all normal tests, they are all things that depend on the kidney. It's a sign that even with creatine above normal, it works well, because I have nothing to say like: No, your creatine is high and your kidney is not working well, because your potassium is high or because your hematocrit is low, you are at risk of getting anemia. I do not have this, even though it [creatine] is at this level, always two and a little, my blood count always follows the same line, it hardly changes (E3, 40 years).

Table 1 – Situations related to the intra and post-surgical period. Pelotas / RS, 2013.

Situation Experienced	Positive Reference	Negative Reference
Surgery	10	01
Post-Surgery	12	13
Hospital Discharge	13	14

Table 2 – Situations experienced related to the return to daily life. Pelotas / RS, 2013.

Situation Experienced	Positive Reference	Negative Reference
Activities Performed	81	24
Health Maintenance	145	108

Table 3 – Situations experienced related to the current state of health. Pelotas / RS, 2013

Situation Experienced	Positive Reference	Negative Reference
Physchological State	07	08
Clinical State	04	10

DISCUSSÃO

Kidney transplantation, one of the indicated treatments for CRF, is a procedure that aims to implant a healthy kidney in a person who has lost kidney function. When the patient experiences a long-awaited moment like the surgery, they begin the first experiences with the new organ, which may possess both positive and negative factors as were observed in this study.

After kidney transplant surgery, some people are subject to complications such as rejection, infection, and problems involved in the functioning of the implanted organ. These factors are possibly related to the profile of the receivers, the environmental conditions, the assistance practices, the surgical techniques, among others. Therefore, it is important that health professionals know the main complications that affect post-transplant

recipients and seek actions to prevent and / or ameliorate them.[13]

Passing the first moments experienced with the kidney transplant during the intra and post-surgical period, the person begins a process of adaptation with the new therapeutic modality. Thus, changes in their activities occur, since the treatment makes it possible to regain the freedom that was prevented by the CRF. In this way, they again feel the sensation of being able to come and go without predetermined schedules.[14]

In this sense, the meaning of a kidney transplant in a person's life is based on the understanding that, after its accomplishment, they will be able to perform interrupted activities, as well as have more time for daily tasks.[5] Thus, it was noted in this study that this treatment allowed the person to recover their social life, to be able to return to work, to participate in leisure activities, and to return to their studies.

However, they may face some obstacles, as observed from the testimonies provided by some interviewees. Among these is the reinsertion in the job market, being a challenge to overcome, due to some limitations attributed to kidney transplantations. Although this provides independence, when compared to the routine of dialysis, the transplanted person still needs to perform clinical follow-ups through frequent health reviews, avoiding exposures that may lower their immunity. Hence, professional practice can often become unfeasible.

Another negative aspect reported after kidney transplantation was the uncertainty generated from a lack of information about certain activities. Despite major advances in health, guidelines are still a key tool in achieving good health care outcomes. When there is a lack, it can significantly compromise the quality of life of transplanted individuals.[1] From there, it can affect the maintenance of the transplanted organ and lead to the loss of its functioning.

In becoming aware of the main problems that affect people's health after a kidney transplantation, health professionals have the responsibility to perform safe and resolute practices based on consolidated knowledge, in order to guarantee the delivery of quality care.[13] So much so that the nursing care directed toward the transplantation patients contributes to the reduction of the risk of kidney rejection.[4] Nurses can be professionals capable of acting in this context, becoming one of those responsible for the maintenance of the transplanted organ.

In addition, it is emphasized that a kidney transplant frees a person from the routine imposed by dialysis and, consequently, from the negative reactions that this therapeutic modality can cause. However, new health care needs to be adopted. Among these is the use of immunosuppressive medications, being incorporated in daily activities. In this process, it is perceived that from the moment immediately after the surgery until the present, making use of the drugs in certain dosage regimens is a practice that is performed naturally.[15] In contrast, the person is susceptible to side effects[4], leading to the appearance of new problems in their health.

The success of a kidney transplantation depends on the quality of the care provided to the person. The orientation of the care team regarding the main care of this type of procedure, the improvement of surgical techniques, the search for better preventive care practices, mainly regarding infections, and the signs and symptoms of rejection, is essentially valid. Thus, the possibility of losing the transplanted organ leads to the need for training health professionals, in order to promote the acquisition of knowledge, skills and attitudes, favoring the safety of the transplanted person.[13]

Even if transplantation promotes a better quality of life by releasing the person with CRI from the hemodialysis machine, it requires the adoption of a differentiated lifestyle in relation to food, hygiene, medicine, and health care. Outpatient follow-up is important for continued care, leading to a successful surgery and minimizing the risk of rejection. In this sense, kidney transplant patients lack coordinated care of the transplant team from the pre-transplant period to the numerous post-transplant consultations.[4]

In addition, in one of the negative testimonials observed was given concerning health maintenance, that the absence of necessary medication for kidney transplants may be a factor present in the lives of transplant patients. This is a matter of concern, since in Brazil, unlike other countries, access to immunosuppressive drugs is guaranteed by the Unified Health

System (SUS) .[15] Thus, its use emphasized as the basis for successful treatment. It is necessary to strictly follow the schedule prescribed by their medical professional, since the immune system identifies the transplanted organ as something strange, and then tries to destroy it, even though it is compatible.

Another alarming factor experienced by Brazilians is the neglect of health care, regardless of what the health problem is. Surprisingly, this is also common for transplant patients, when they need to seek care in the health service to solve particular situations. It should be noted that treatment for people with CRF has significant economic implications, due to high kidney transplant costs and dialysis treatments. In this context, the health care offered is expensive for the SUS.[16] Despite high investment, people still receive poor care, often leading to health risks.

This fact was experienced by an interviewee, when mentioning his need for emergency care, which made him reflect on the existing lack in the direction of the referral and counter-referral system for the transplanted person. With this, the emergency room is mentioned as a gateway to the health system, facilitating access, which points to the existing flaw in the policy that prioritizes the primary care performance as the receiver for this demand. This situation is designated to a culture in which the Basic Health Units are seen as places of health promotion and disease prevention, and not as resolving institutions that guarantee the highly complex care, when necessary.[17]

On the other hand, the inability of the basic network also arises to identify the person's needs, in the case of this study, with kidney transplantation, which leads to overcrowding in the emergency sector. This emergency sector often targets care that could be resolved in other levels of complexity[17], such as the nephrology service in which the transplanted person was associated with when performing the dialysis.

When these cases, experienced by transplant patients, are recognized, the health system is organized for the kidney transplant. For once they are diagnosed with CRF, they begin the hemodialysis sessions and there is an incentive, guidance, and planning so that they can have the surgery. Often, it may last until the moment of hospital discharge, when one of the interviewees approached the question of receiving the necessary information for self-care. However, there is poor assistance from other health services that aim to maintain the organ that was transplanted, focusing attention only on the service where the transplantation process was performed.

In this context, the question of the referral and counter-referral system is discussed, which is considered one of the important processes to make the SUS feasible, since it is from this structuring that the regulated access of people to the different levels of attention becomes possible. The referral system is a way to facilitate the care and flow within the health system. The referral of a person from a basic unit to a hospital network is referred to as facilitating access to consultations, hospitalizations, surgeries, and complex examinations. An unidentified the counter-reference system is a cause for concern. That is, there is the person's referral to the different levels of health care, however, their return does not occur, causing a break in the flow of care. Due to its inadequate functioning, there is no guarantee in the continuation of care, making it difficult to comply with certain principles and guidelines, such as universality, completeness, equality, regionalization and hierarchy.

Access to health services and the actions provided by the SUS to the population, in which some individuals found it difficult in the past to obtain, is made available to all; especially those of tertiary care. SUS offers tertiary care patients expensive treatments that were not previously accessible to all, such as hemodialysis and transplantations.[17] Thus, kidney transplant patients need to be closely monitored at the outpatient clinic and receive guidelines on diet, medication, physical exercise, infection prevention, among others, since they are considered a group with specific needs.[4]

The problem experienced by the transplanted people, expressed by one of the interviewees, is that there is the high investment made to carry out the transplant and insufficient attention received for the maintenance of the same, leading to the concern about how the health system really is structured. This fact may reveal that the care given is not being fully effective.

Observing the existing neglect, it is necessary

to understand that people want the guarantee in the maintenance of their health, since healthy kidney function is essential for the maintenance of physiological homeostasis.[18] Previously, kidney transplantation was the major objective to be achieved by a person with CRI, to be able to provide the return to a life that was interrupted when the disease arose. Even so, the transplant patient may become susceptible to the existence of fear, due to the possibility of the rejection of the kidney, and therefore, the return to dialysis.[16]

As it was observed in this study, kidney transplantations, despite being considered the ideal treatment compared with dialysis, in that it allows for a prolonged life, but in the long term it wears out the person with CRF[19]. The existence of negative situations is common, which can place a significant impact on life.[20] For this, nursing, as a profession that maintains intense contact with people, can help in the care necessary to maintain kidney transplants, alleviating the suffering experienced.

In view of this, nursing is the link between the transplant patient and the health team. In view of the reality experienced by the person transplanted in the national health system, it is important that this profession is attentive to the assistance offered so that, in its professional practice, it can promote actions that contemplate planning, executing, coordinating, and supervising the procedures provided to transplant patients.

By knowing the whole process, from the pre-transplantation to the post-transplantation periods, they, having technical-scientific knowledge, also have the capacity to provide the necessary care for the positive outcome of the treatment, through the assistance, the guidelines, as well as the clarification of doubts, myths and falsehoods that permeate the entire transplantation process.

CONCLUSION

Kidney transplantation is a therapeutic modality for CRF, permitting a better prognosis for the disease and the experience of a few years with a higher quality of life compared to other treatments, such as hemodialysis and peritoneal dialysis. Such a statement is a reminding stimulus for people with kidney disease to enter and face the long waiting list for a kidney, with the idea that such a treatment will improve their lives. Thus, performing this study allowed for the identification of different situations experienced by kidney transplant patients, in which, through ICT, those that were classified positively and negatively could be distinguish.

Taking into account that kidney transplantation gives the person with CRF better conditions to live, and that at the same time, a series of care starts that will last while the transplanted organ is functioning, the data show experienced situations that can trigger the success or failure of the treatment. For example, allowing some people to return to their activities, while for others, the lack of guidelines on how to proceed on certain occasions gives rise to limitations in life and may compromise their health. In addition to this, they could also be exposed to the presence of side effects of immunosuppressive medications and poor health care.

When becoming aware of the situations experienced by people with kidney transplants, associated with the low production in the literature that corroborate or that confront the data found, being a limiting factor of this study, the need for further investigation is emphasized in order to promote the means for adequate attention. Thus, a health policy will be sought for that promotes attention so that the needs of transplant recipients can be met satisfactorily.

On this premise, health professionals should ensure that qualified kidney transplant recipients receive treatment and evaluate how they are facing the new challenges brought by the treatment. In this sense, because nursing is a profession that has care as its work objective, it makes nurses close to the patients and the contexts experienced, nurses need to be sensitized and to take a look at the difficulties experienced by people with kidney transplants, as well as how to support positive situations, promoting guidelines both in the pre- and post-transplantation periods.

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