

Knowledge and practices of conservative treatment of chronic kidney disease in the perception of elderly women

Saberes e práticas do tratamento conservador da doença renal crônica na percepção de mulheres idosas

Conocimientos y prácticas del tratamiento conservador de la enfermedad renal crónica en la percepción de mujeres mayores

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ABSTRACT:

Objective: to understand the knowledge and practices of conservative treatment of chronic kidney disease from the perspective of elderly women.

Method: descriptive, qualitative study, carried out in a Nephrology outpatient clinic of a public referral hospital in the city of Recife (PE), Brazil, with 21 elderly women. Data collection took place between January and July 2023, through semi-structured interviews and composed of two guiding questions: "What do you understand about chronic kidney disease?" and "What care do you take in your treatment?". The interviews were recorded and analyzed with the help of the Iramuteq® software. Manifest Content Analysis was used to analyze the data and presented through Descending Hierarchical Classification and Similarity Analysis.

Results: five thematic categories were identified: difficulties in understanding and communicating about the health condition; superficial knowledge and insecurity about the severity of kidney disease; eating practices and dietary restrictions; self-care practices and health management; and monitoring of laboratory tests.

Conclusion: the study identified that elderly women have limited knowledge about the conservative treatment of chronic kidney disease, influenced by social, economic and educational barriers. The need for accessible public policies and educational strategies to support this care is highlighted.

Descriptors: knowledge; attitude and practice in health; chronic kidney disease; women; elderly people.

RESUMO

Objetivo: conhecer os saberes e as práticas do tratamento conservador da doença renal crônica na percepção de mulheres idosas.

Método: estudo descritivo, qualitativo, realizado em um ambulatório de Nefrologia de um hospital público de referência na cidade do Recife (PE), Brasil, com 21 mulheres idosas. A coleta de dados ocorreu entre janeiro e julho de 2023, por meio de entrevistas semiestruturadas e composta por duas perguntas norteadoras: "O que você entende sobre a doença renal crônica?" e "Quais os cuidados realizados por você em seu tratamento?". As entrevistas foram gravadas e analisadas com o auxílio do software Iramuteq®. Para análise dos dados utilizou-se a Análise de Conteúdo manifesto e apresentados por meio da Classificação Hierárquica Descendente e Análise de Similitude.

Resultados: identificaram-se cinco categorias temáticas: dificuldades na compreensão e na comunicação sobre a condição de saúde; conhecimento superficial e insegurança sobre a gravidade da doença renal; práticas alimentares e restrições dietéticas; práticas de autocuidado e gestão de saúde; e monitoramento de exames laboratoriais.

Conclusão: o estudo identificou que as mulheres idosas têm conhecimento limitado sobre o tratamento conservador da doença renal crônica, influenciado por barreiras sociais, econômicas e educacionais. Destaca-se a necessidade de políticas públicas e estratégias educativas acessíveis para apoiar esses cuidados.

Descritores: conhecimento; atitude e prática em saúde; doença renal crônica; mulheres; pessoas idosas.

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RESUMEN

Objetivo: comprender los conocimientos y prácticas del tratamiento conservador de la enfermedad renal crónica desde la perspectiva de mujeres mayores.

Método: estudio descriptivo, cualitativo, realizado en un ambulatorio de Nefrología de un hospital público de referencia de la ciudad de Recife (PE), Brasil, con 21 mujeres mayores. La recolección de datos se realizó entre enero y julio de 2023, a través de entrevistas semiestructuradas y comprendió dos preguntas orientadoras: "¿Qué entiende usted sobre la enfermedad renal crónica?" y "¿Qué cuidados tuvo durante su tratamiento?" Las entrevistas fueron grabadas y analizadas con la ayuda del *software* Iramuteq®. Para el análisis de datos se utilizó el Análisis de Contenido y se presentó a través de Clasificación Jerárquica Descendente y Análisis de Similitud.

Resultados: Se identificaron cinco categorías temáticas: Dificultades en la comprensión y comunicación sobre la condición de salud; Conocimiento superficial e incertidumbre sobre la gravedad de la enfermedad renal; Prácticas alimentarias y restricciones dietéticas; Prácticas de autocuidado y gestión de la salud; y Seguimiento de pruebas de laboratorio.

Conclusión: El estudio identificó que las mujeres mayores tienen un conocimiento limitado sobre el tratamiento conservador de la ERC, influenciado por barreras sociales, económicas y educativas. Se destaca la necesidad de políticas públicas accesibles y estrategias educativas para apoyar esta atención.

Descriptores: conocimiento; actitud y práctica en salud; enfermedad renal crónica; mujer; personas mayores.

■ INTRODUCTION

Chronic Noncommunicable Diseases (NCDs) are responsible for more than 70% of deaths among the population, with the elderly being the most affected^(1,2). Among the chronic conditions with increasing prevalence, and at a rate parallel to the increase in life expectancy, is Chronic Kidney Disease (CKD). In Brazil, it is estimated that 13 million adults have some degree of CKD, most of which are undiagnosed⁽³⁾.

The definition of CKD according to the guidelines of the Kidney Disease: Improving Global Outcomes (KDIGO) is characterized by the presence of a Glomerular Filtration Rate (GFR) lower than 60 mL/min/1.73m² or by the presence of markers of renal damage, such as albuminuria, for a period of at least three months. The disease is classified into five stages: I, II, IIIa, IIIb, IV and V, based on GFR and Albumin-Creatinine Ratio (ACR), which are important for personalized patient management⁽⁴⁾.

After the diagnosis of CKD, conservative treatment is implemented. This treatment involves clinical management of the patient, promoting lifestyle changes, use of medications to control the most serious comorbidities and regular monitoring of biochemical markers through tests. However, the difficulty in accessing health services and late diagnosis corroborate the high number of patients undergoing dialysis⁽⁵⁾.

The identification of CKD marks the beginning of a challenging journey for the patient, with significant

impacts on lifestyle and future health⁽⁴⁾. Although CKD is common and serious, it is preventable and treatable. It is estimated that 195 million women worldwide have some degree of CKD, with it being more frequent in women after childbearing age. However, there is inequality in access to treatment^(6,7).

Elderly women with CKD face significant challenges, including the difficulty in obtaining an early diagnosis, especially in the early stages of the disease. There is a weakness in the systematic screening of CKD in primary health care, where users with high blood pressure and *Diabetes Mellitus*, the main underlying conditions for the development of CKD, should be monitored continuously. Since 2014, Ordinance No. 389 of the Ministry of Health has established guidelines for comprehensive care for people with CKD within the scope of the Unified Health System (SUS), covering prevention, early detection and longitudinal monitoring actions⁽⁸⁾. In this scenario, the strategic role of nurses in Basic Health Units (UBS) stands out, as they must be attentive to the early identification of cases and the organization of qualified care, contributing to the strengthening of conservative treatment and the reduction of disease progression^(9,10).

In conservative treatment of CKD, it is common for patients to receive information about their condition, often using unfamiliar medical terminology, such as laboratory results and clinical guidelines to which they will be subjected. This information requires basic

comprehension skills so that the person can truly understand its meaning. Lack of adequate knowledge about CKD and conservative treatment can contribute to the progression of the disease and lead this population to dialysis treatment^(11,12).

The association between lack of knowledge about the disease and the senescence process, which reduces functional reserve in several organs and systems, can interfere with the understanding of the guidelines provided by health professionals, and thus contribute to low adherence to treatment^(10,11). In this context, nurses influence the development of self-care by providing explanations about the disease and guidance on treatment, favoring the autonomy and active participation of elderly women in the conservative management of CKD, which can result in better clinical outcomes^(13,14). To achieve this goal, it is essential to understand the knowledge and practices of these women regarding the conservative treatment of CKD, through attentive and qualified listening, in order to support actions aimed at health promotion.

Given the aspects presented, the following concern emerged: what are the knowledge and practices of elderly women undergoing conservative treatment for CKD? Based on this question, the objective of this study was outlined, namely: to understand the knowledge and practices of conservative treatment of CKD from the perspective of elderly women.

■ METHOD

Descriptive study with a qualitative approach considered suitable for exploring the universe of meanings, motives, beliefs, values and attitudes, especially in contexts in which the aim is to understand the subjective experience of the subjects⁽¹⁵⁾.

The research was conducted according to the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁽¹⁶⁾ and developed in a Nephrology outpatient clinic of a public hospital that is a reference in conservative treatment, dialysis and kidney transplantation in the city of Recife (PE), Brazil. The outpatient care is entirely provided by the SUS and the hospital offers outpatient services, hospitalization in the Nephrology ward and dialysis unit.

The research was conducted from January to July 2023. At first, the researcher was immersed in the field through prior contact with the coordination and team of the Nephrology outpatient clinic to present the research, request support and invite participants. Soon after, the researcher carried out a pilot test with nine elderly women, in order to understand the scenario, experience the outpatient routine and make adjustments to the data collection instrument.

The outpatient clinic is attended by referrals from the Health Department or by interconsultation within the service itself, and has an average of 30 appointments per day, operating from Monday to Friday. The team that works at the outpatient clinic is composed of nephrologists, nurses and nursing assistants, with the support of a nutritionist and social worker on demand. In addition to these professionals, there is a rotation of multidisciplinary residents, such as: physiotherapists, pharmacists, occupational therapists and nurses. Appointments are held quarterly, and depending on the stage of CKD, this period can be reduced or extended.

Elderly women who were undergoing conservative treatment for CKD were included, while those with a diagnosis of dementia recorded in their medical records were excluded. Data collection took place through individual semi-structured interviews, in person before the routine consultation, in a private room, based on an interview guide consisting of three sections. The first consisted of sociodemographic and clinical data, such as age, self-declared ethnicity, marital status, children, education, income, length of outpatient treatment for CKD and the stage of CKD, and these data were analyzed descriptively. The second section focused on the participants' knowledge about CKD, based on the following guiding question: "What do you understand about CKD?" The third section addressed the care practices adopted by elderly women, based on the question: "What care practices are performed in your treatment?"

The interviews were conducted by a researcher, a master's degree holder in Gerontology and a PhD student in Nursing, specializing in Nephrology, who had no previous relationship with the respondents or the research site. Only after the initial contact was the reason for the research explained. The interviews

were recorded in audio using a cell phone, and using an mp4 voice recorder with an average duration of 20 minutes each, and were then transcribed in full, with double checking of the content to ensure accuracy. To ensure the anonymity of the participants, they were identified as "Elderly person" following an increasing number (Elderly person 01, Elderly person 02,..., Elderly person 21). In addition to the interviews, the Field Diary (DC) was used to record details or situations that could contribute to the reflections of the statements, favoring the quality and depth of the analyses⁽¹⁵⁾.

Twenty-one elderly women undergoing conservative treatment for CKD were interviewed. Data collection was interrupted when data saturation was reached, which occurs when no new content was identified in the interviews, eliminating the need to include more participants. To determine saturation, two researchers jointly performed the initial analysis of the statements, identifying the emerging core meanings. Data collection was terminated when convergence was reached between the two researchers, when redundancy in the statements and the absence of new significant elements were verified⁽¹⁷⁾.

The interviews were transcribed verbatim, organized into textual *corpus*es and exported to Iramuteq® software - R Interface *pour les Analyses Multidimensionnelles de Textes et de Questionnaires*, which provides subsidies to assist a textual analysis, with free access, anchored in the R software and the Python language to develop diverse textual statistical analyses. Analyses such as: Descending Hierarchical Classification (DHC), also known as the "Reinert Method" and Similarity Analysis were performed. The textual *corpora* analyzed had retention rates greater than 75%⁽¹⁸⁾.

The texts were organized into two distinct *corpus*es according to the responses from the second and third sections of the interviews. The first *corpus*, corresponding to the responses about the participants' knowledge about CKD, was analyzed using Similarity Analysis. Similarity Analysis consisted of identifying the most frequent words and their connections with other words in the elderly women's speeches, using the lemmatization technique to group words with the

same root⁽¹⁸⁾. The graphic representation of similarity generated a hierarchical tree that highlighted the core meanings present in the reports.

The second *corpus*, referring to the care practices adopted by elderly women in the conservative treatment of CKD, was analyzed with the use of DHC. The DHC, also known as the Reinert Method, segmented the texts into Elementary Context Units (ECU), grouping them into classes based on the co-occurrence of words, which resulted in a dendrogram that illustrated the distribution and lexical proximity between the themes. Words with a p-value <0.05 in the chi-square test (χ^2) were considered for inclusion in the classes, indicating a statistically significant association with the textual set⁽¹⁸⁾.

An interpretative Content Analysis was performed by the researcher based on the procedures performed. The theoretical methodological framework of Manifest Content Analysis was used to analyze the statements, which aims to provide a more critical description at a deeper level of the information, taking into account the frequency with which certain characteristics of the content appear and the manifest meanings of the statements analyzed⁽¹⁵⁾. In this type of analysis, the researcher reviews the content of the narrative data, searching for particular words or themes that have been previously typified^(15, 19).

The classes generated in the DHC were subjected to exhaustive reading of the statements related to each class, with the identification of recurring themes and keywords. Then, the texts were segmented into UCE and, finally, the statements were categorized based on the context in which they were inserted⁽¹⁵⁾. The thematic categories were defined by two researchers jointly and consensually, considering objective criteria, such as the frequency of words with p-value <0.05, the similarity between the statements and coherence with the emerging content.

For the data obtained through Similarity Analysis, a Content Analysis was performed focusing on the word groups and the semantic connections evidenced. The interpretation of these groupings was anchored in the original statements of the interviews, respecting the manifest content of the speeches. This analysis

made it possible to deepen the understanding of the semantic associations expressed by the participants and to elaborate the thematic categories. The significant excerpts were selected and inserted in the respective thematic categories, preserving the literalness of the transcriptions.

The research began after approval by the Ethics Committee under number 6,045,739 and CAAE: 68980223.6.0000.8807, respecting the principles of autonomy and confidentiality in accordance with Resolutions No. 466/12 and No. 510/16 of the National Health Council (CNS).

■ RESULTS

The 21 elderly women interviewed had an average age of 69.3 years and standard deviation of 4.9. Most were non-white (71.4%), had children (95.2%), had no partners (71.4%), had an income lower than one minimum wage (71.4%) and less than four years of schooling (66.7%). The length of outpatient treatment in the Nephrology service was heterogeneous: 52.4% had less than five years of treatment and the CKD stage varied between stages III and IV, with 100% being less than or equal to stage IV (Table 1).

Table 1. Characteristics of elderly women with CKD undergoing conservative treatment. Recife (PE), Brazil. 2024.

Characteristics	n (21)	%
Self-declared race		
Not white	15	71.4
White	06	28.6
Children		
Yes	20	95.2
No	1	4.8
Marital status		
With partner	6	28.6
No partner	15	71.4
Income (MW)		
< 1MW	15	71.4
>1MW	6	28.6
Education		
≤4 years	14	66.7
>4 years	7	33.3

Table 1. Cont.

Characteristics	n (21)	%
Length of outpatient treatment		
>5 years	10	47.6
<5 years	11	52.4
CKD Stage		
≤4	21	100
>4	0	0

The guiding question “What do you understand about CKD?” gave rise to the category “Knowledge of elderly women about CKD”.

Thematic category 1: Knowledge of elderly women about CKD

The interviews generated the textual *corpus* that was analyzed through Similitude Analysis. The Similitude Analysis (Figure 1) highlighted the connection between the words kidney and no, which resulted in two large groups of words. In the right-hand branch, the use of the word “no” was linked to two groups of words represented by “know” and “bad”, in addition to other words with a close connection such as “nothing” and “understand”. In the left-hand branch, the word “kidney” was connected to the words: “problems”, “doctor”, “hemodialysis”, resulting in the following subcategories: difficulties in understanding and communicating about the health condition; and superficial knowledge and insecurity about the severity of kidney disease.

Subcategory 1: Difficulties in understanding and communicating about the health condition

According to this subcategory, the elderly women’s statements revealed difficulties in understanding the explanations provided by health professionals, reporting that, even when they received some information, they were unable to assimilate it. Others indicated that they were never properly guided and demonstrated

misinformation. There was also a perception that the knowledge acquired about the disease came mostly from third parties, such as family members or acquaintances, and not directly from reliable professional sources. These reports revealed important gaps in communication between the health team and patients, in addition to the absence of educational actions aimed at understanding the condition experienced.

“I don’t know, I don’t know how to explain, they explain, but I don’t understand these things.” (Elderly person 4)

“If he explained it, I didn’t understand anything.” (Elderly person 20)

“It doesn’t work, that’s it, that’s all I understand, that no one has ever explained anything to me.” (Elderly woman 11)

“What they told me is that I have a cyst and a stone, what I heard was not told by the doctor, but by other people.” (Elderly person 01)

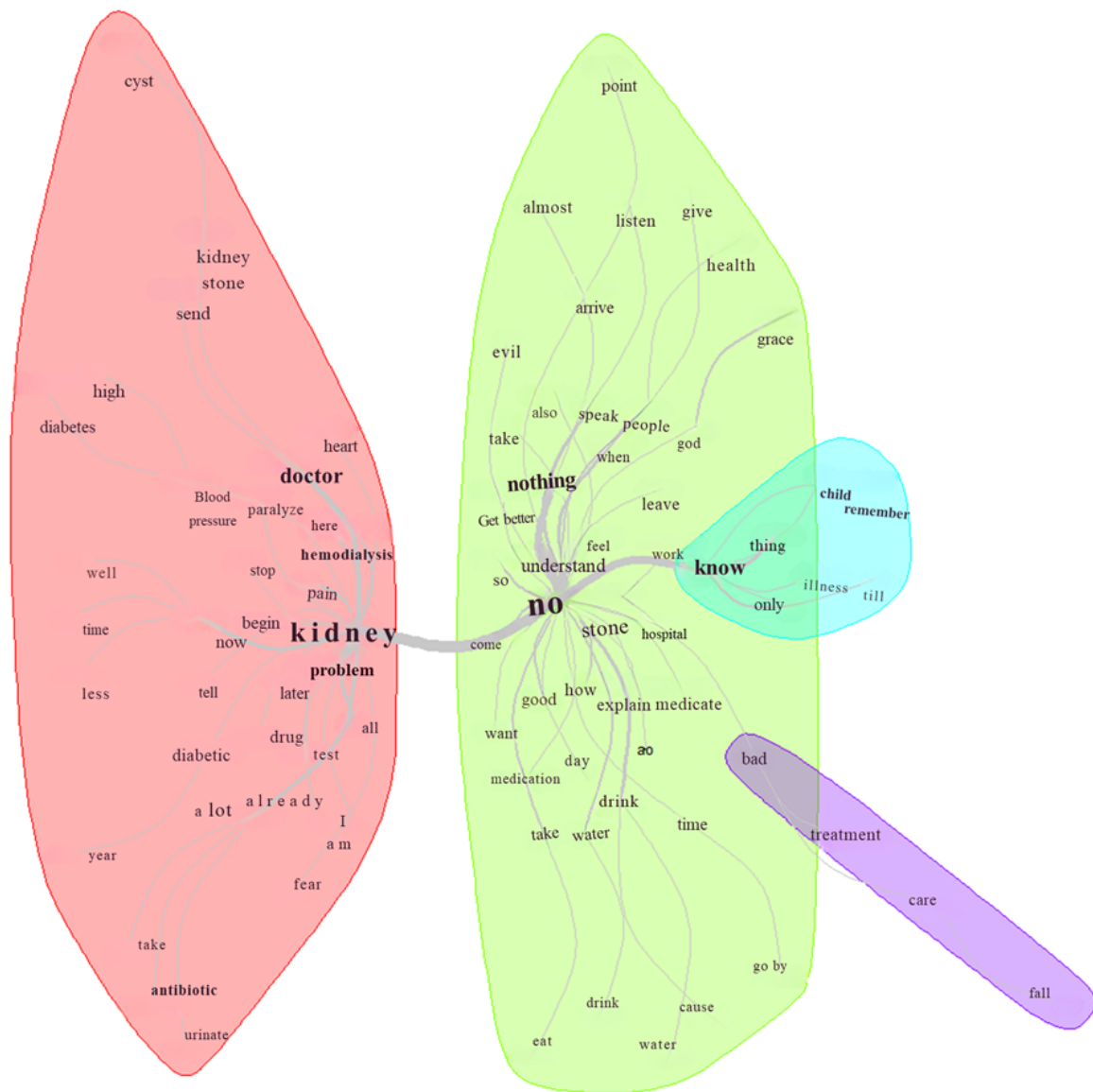
“[...] he said that my kidneys were rotten and that I had no chance of living, and because of the rotten kidney I had a bacterial infection.” (Elderly person 13)

“To tell you the truth, dear, I don’t understand [...]” (Elderly person 03)

“I don’t understand, I’m not going to lie, say things without knowing, I don’t know anything.” (Elderly person 19)

“I don’t understand anything.” (Elderly person 01)

Figure 1. Similarity analysis regarding elderly women's knowledge about CKD. Recife (PE), Brazil. 2024.



Source: Prepared via IRAMUTEQ Software (2024).

Subcategory 2: Superficial knowledge and uncertainty about the severity of kidney disease

This category addressed the limited understanding of CKD, revealing that, although there is still a superficial understanding of CKD, some elderly women showed that they only recognize the general aspects of the severity of the condition. There is knowledge that the disease compromises kidney function and can evolve to the need for hemodialysis, which indicated insecurity and a basic perception about its progressive nature and

severity. This suggests the need for more accessible, clear and continuous educational strategies that allow patients to have greater autonomy and participation in their health care.

"I know that the disease gets worse and this leads to hemodialysis... that's what I know." (Elderly person 17)

"I still don't understand much, but I know it's a serious illness because if the kidney is compromised, one can't be well, right?" (Elderly person 05)

"I don't understand, I know it's a serious disease. I know my kidney isn't good, but I can't tell you in detail what's wrong, I won't say it because I don't understand anything." (Elderly person 20)

"I know that it is harmful to health, that it is a disease that can paralyze the kidneys and that I may even need to undergo hemodialysis... that is all I understand." (Elderly person 10)

"I don't understand almost anything, I know that if I don't get better, if I get a little worse, I'll have to do hemodialysis." (Elderly person 15)

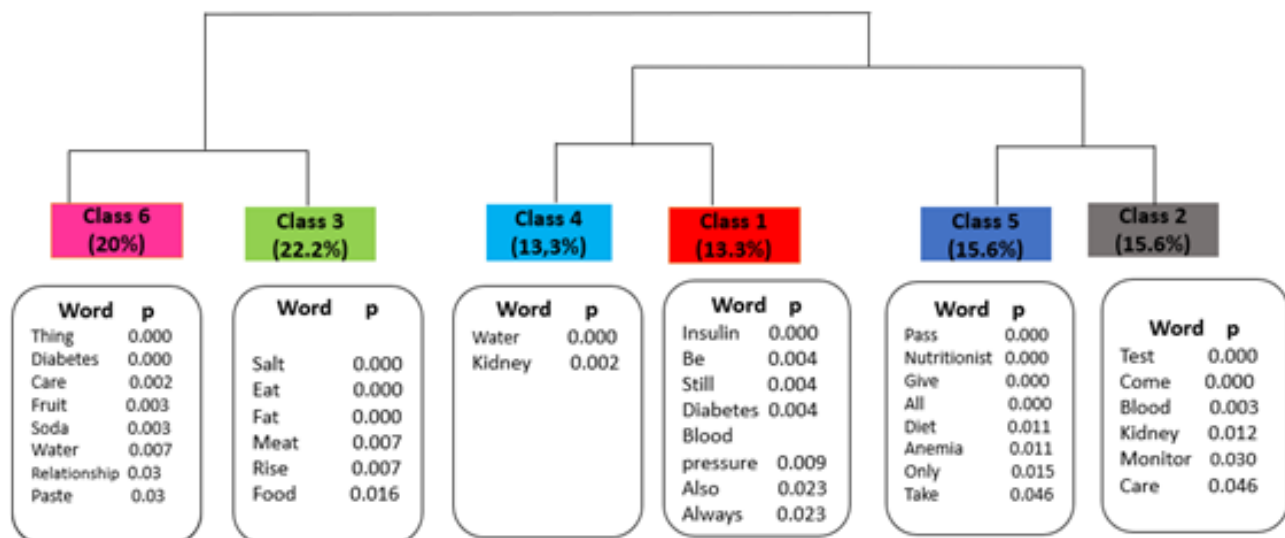
The guiding question: "What care was taken during your treatment?" gave rise to the category - "Care for CKD"

Thematic category 2: Care for CKD

The analysis generated the textual *corpus* that was examined through DHC. In DHC, 522 words were found, which occurred 1,969 times, and were divided into 61 ST, total use of the *corpus* of 78.69%, satisfying the criteria suggested by the literature, generating six classes. As shown in Figure 2, the *corpus* was first divided into two *subcorpora*, the left and the right. The left *subcorpus* gave rise to class 6 and class 3, and the right *subcorpus* underwent another subdivision, giving rise to class 4 and class 1, as opposed to class 5 and class 2.

After analyzing the dendrogram and reading the STs for each of the classes, a similarity was observed in the reports between the following classes: 6 and 3, 4

Figure 2. Dendrogram related to CKD care. Recife (PE), Brazil. 2024.



Source: Prepared via IRAMUTEQ Software (2024).

and 1, and 2 and 5, so these were grouped into three thematic subcategories.

Subcategory 1: Eating practices and dietary restrictions

This subcategory was composed of classes 6 and 3, which represented 42.2% of the ST. The statements of the elderly revealed concerns about food and health, especially in the control of chronic diseases such as *Diabetes Mellitus*. The adoption of restrictive eating practices was observed, such as avoiding fat, soft drinks, processed foods and, in some cases, even meat. These reports indicated efforts at self-care and dietary

adaptation, but also pointed out possible excesses in restrictions, which can compromise adequate nutrition. The statements reinforced the importance of professional monitoring and health education to ensure a balanced and safe diet in old age.

"I have to go on a diet, I cut out fat, I cut out everything, I don't even want to eat meat anymore [...]" (Elderly person 03)

"You know, diabetics eat almost nothing, but I eat beans, I eat rice, I don't eat salt, soda, or canned food." (Elderly person 05)

"I don't eat fat, I avoid certain things, soda, things like that [...]" (Elderly person 12)

Subcategory 2: Self-care practices and health management

Composed of classes 4 and 1, this subcategory represented 26.6% of the ST and formed a set of common general care, such as care related to *Diabetes Mellitus*, hypertension and water intake. The reports reflected an effort at self-care and an attempt to follow healthy habits, even when faced with the challenges of aging and living with chronic diseases.

"I take a lot of medicine, I take insulin, I eat little sugar because of diabetes [...]" (Elderly person 09)

"The precautions are to drink plenty of water, not to add too much salt, to take care of diabetes, not to add sugar either, and to eat things that are suitable for me to eat, not to eat things that I can't eat [...]" (Elderly person 13)

"The doctors tell me to drink plenty of water and eat well [...]" (Elderly person 06)

"So, I try to drink a lot of water [...]" (Elderly person 10)

Subcategory 3: Monitoring of laboratory tests

Classes 2 and 5 comprise segments of texts that refer to care in monitoring laboratory tests, reflecting a limited perception of health monitoring, focused almost exclusively on laboratory tests, and represented 31.2% of the ST, evidenced in the following reports:

"Only tests, so when I come they see my tests to monitor my health, that's all." (Elderly person 15)

"Just a blood test, the results, they monitor the tests [...]" (Elderly person 14)

■ DISCUSSION

Regarding the knowledge of elderly women about CKD, the participants of the study had difficulties in understanding and communicating their health condition and revealed superficial knowledge, as well as insecurity about the severity of kidney disease. Regarding the practices carried out for CKD care, they were focused on eating habits and dietary restrictions,

self-care practices and health management, and monitoring of laboratory tests.

The lack of knowledge about conservative treatment of CKD poses a challenge, as it affects adherence to nutritional guidelines, medication use and adaptation to restrictions necessary for disease control. There is a barrier in communication between patients and health professionals, especially in elderly populations, which can compromise the understanding of the severity of CKD and its appropriate management⁽¹⁰⁾.

People with CKD, even in non-dialysis stages, often have difficulty obtaining information about their health and following the recommendations of specialists. This highlights a weakness in communication during care, which does not favor the development of essential skills for promoting the health of this population^(3,10).

Poor communication between healthcare professionals and patients creates gaps in patients' knowledge and understanding of their illness and treatment. It is necessary to strengthen the bond between users and healthcare professionals to ensure continuity of care and facilitate the development of individualized strategies. Information must be clear and accessible to promote understanding and encourage self-management of their health condition⁽²⁰⁾.

The findings of this study are consistent with international studies that report similar challenges regarding the conservative treatment of CKD in older adults, with regard to limited knowledge about treatment and difficulty in communicating with health professionals. Although it is understood that clinical communication has a major impact on patients' treatment decision-making, little is discussed about how this occurs in practice⁽²¹⁾. Furthermore, a review study indicated that one of the main barriers in the management of conservative treatment is improved communication between patients and all health professionals involved in the care of patients with CKD⁽²²⁾, reinforcing the need for personalized health education.

Effective communication should enable the problematization of reality and the overcoming of contradictions related to CKD, empowering people with knowledge and guidance. This contributes to the development of autonomy and protagonism of patients, essential tools for the construction of knowledge about the disease^(23,24).

Regarding CKD care, the Brazilian Society of Nephrology recommends that CKD treatment includes clinical measures such as medications, changes in diet and lifestyle, monitoring of kidney function through laboratory tests, regular practice of physical activities and abstention from tobacco and alcohol⁽²⁵⁾. However, it was found that although elderly women follow most of the recommended care, the practice of physical activity was not mentioned as part of the lifestyle changes.

Personalized exercise programs have been shown to be effective in helping older adults maintain their functional capacities, prolonging their life expectancy and improving their quality of life⁽²⁵⁾. Some studies have indicated that patients with CKD undergoing outpatient treatment have low levels of physical activity and a high prevalence of overweight/obesity, factors that contribute to worsening kidney damage and decreased glomerular filtration rate. In addition, socioeconomic and educational issues also impact knowledge and the ability to adhere to physical activity^(25,26).

Educational actions aimed at helping patients adopt a healthy lifestyle should be carried out horizontally, respecting their individuality, beliefs and values, so that they can take control of the therapeutic scheme. In this sense, thinking about education for and with elderly women has become a challenge, and in addition to this problem, there is the proposal to think about educational practices that are, at the same time, problematizing, permanent and transformative, and that are capable of providing the necessary tools for elderly people, including their participation and intervention in decision-making regarding their own lives and their life in the collectivity⁽²⁷⁾.

In the context of care for elderly women undergoing conservative treatment for CKD, nurses play a fundamental role as health educators, facilitators of autonomy and promoters of self-care. Their role should go beyond technical assistance, promoting effective and accessible communication that takes into account the cognitive and sociocultural limitations of patients. Their competencies include recognizing the specificities of aging, accepting the unique demands of this group and developing accessible educational strategies that are sensitive to the sociocultural context of patients, in addition to coordinating interprofessional actions that promote more humanized, continuous and effective care. By recognizing and valuing the

prior knowledge of these women, nurses contribute to the construction of humanized, reflective and participatory care, coordinating interdisciplinary actions and proposing innovative educational strategies that enhance adherence to treatment and quality of life^(10,28).

The results of this study can be analyzed in light of the Nursing Process, a systematizing care tool. Data collection revealed knowledge deficits and weakened self-care practices, which allows the formulation of Nursing diagnoses such as “deficient knowledge” and “inadequate adherence to treatment”, in addition to other diagnoses developed and validated by a study developed for this purpose⁽²⁹⁾.

Based on this, nurses can plan and implement personalized educational actions, promoting autonomy and self-care. Continuous evaluation of these actions allows strategies to be adjusted and the effectiveness of conservative treatment to be strengthened, reaffirming the central role of nursing in the comprehensive care of elderly women with CKD. Therefore, knowing the knowledge and care provided by people undergoing conservative treatment for CKD contributes positively to guiding individual care and implementing more effective and better quality care^(28, 29).

Data collection for this study, carried out through interviews, may have been influenced by factors such as memory or embarrassment in exposing self-care and understanding of the disease, which can be considered a limitation of the study. Nonetheless, the study made significant contributions by gaining knowledge on the experiences of the target public and can contribute to the development of educational tools to be applied. In addition, it can support the strengthening of the Sustainable Development Goals (SDGs) of the United Nations (UN) – 03 – Good health and well-being: ensure healthy lives and promote well-being for all at all ages and 04 – Quality education: ensure inclusive, equitable and quality education, and promote lifelong learning opportunities for all; to achieve the target of reducing premature mortality from non-communicable diseases by one third by 2030.

This study contributes to teaching and research by providing information to nursing professionals so that they can develop educational strategies for self-care for elderly women with CKD, providing the basis for the development of educational interventions that promote adherence to treatment. In nursing management and

care, it guides policies and programs that ensure equity and accessibility in the care of this population, in addition to training multidisciplinary teams and reinforcing the importance of humanized care, promoting effective communication, individualized plans and strategies that slow the progression of the disease, strengthening patients' autonomy and self-care.

■ FINAL CONSIDERATIONS

The present study found that elderly women's knowledge about conservative treatment for CKD is limited and, furthermore, this population do not understand the information that is transmitted to them. It was found that the care reported by elderly women was mainly focused on restrictive dietary practices, control of comorbidities such as *Diabetes Mellitus* and hypertension, water intake and monitoring of laboratory tests. However, it is necessary to understand that these practices are inserted in a broader context, marked by social, economic, educational and communicational barriers, which can directly interfere in the ability of these women to access, understand and apply the health guidance received. The care reported by the elderly women reflected what they were able to achieve given the information they received and their concrete living conditions. These findings reinforce the need to shift the focus from individual responsibility to a critical analysis of the limitations imposed due to weaknesses in public policies and accessible and continuous educational strategies.

By learning about the knowledge and practices of these women regarding conservative treatment of CKD, the study revealed the perceptions, meanings and experiences that directly influence their own health care. As professionals who work directly on the front line of care, nurses play a strategic role in health education, strengthening the bond with the patient and providing qualified listening, contributing to the empowerment of

elderly women, adherence to treatment and prevention of disease progression.

The need for further studies related to the knowledge and practices of elderly women with CKD is highlighted, since the problem requires interventions, mainly because many patients continue treatment for many years. Therefore, a holistic and individualized view of this population and specialized multidisciplinary monitoring, based on attentive and qualified listening, are considered essential.

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■ Availability of data and material

Access to the dataset may be granted upon request to the corresponding author.

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