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Post-living kidney transplantation: Affective dynamics between donor and receiver

Pós-transplante renal intervivos: Dinâmica afetiva entre doador e receptor

Post-trasplante renal intervivos: Dinámica afectiva entre donante y receptor

Post-transplantation rénale entre vivants: Dynamique affective entre donneur et receveur

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Abstract

Chronic kidney disease is a progressive and irreversible condition characterized by the slow loss of kidney function, which leads the patient to renal replacement therapy (RRT). Kidney transplantation is one of the available RRT modalities that can occur through a living or deceased donor and is considered the best option because it offers a better quality of life to patients. In cases of living transplants, the physical and psychological aspects of donors and recipients must be evaluated. Because it involves family relationships, it is common for expectations to arise when carrying out the procedure, some of which are focused on changes in the relationship between the donor and recipient pair after the procedure. Therefore, through a qualitative approach, this study aimed to understand the relationship dynamics between donors and recipients after undergoing kidney transplantation. Semi-structured interviews were conducted with 16 participants, eight of whom were transplant patients and their eight respective donors. Bardin's thematic content analysis was used to assess the data. The results highlighted two categories: feelings that influenced the motivation for donation and feelings that had repercussions after donation. It was found that the emotional impact of the recipient's suffering on the donor and the family, the hope of improving the quality of life of the sick relative, altruism, and the role of the donor's kinship were some of the reasons attributed to the decision to donate. Gratitude and the meaning of love given to the organ received were feelings aroused after the kidney transplant. It is concluded that feelings involved in this process had an impact on the emotional dynamics between donor and recipient in the post-transplant period in such a way as to strengthen the bond in a relationship that was already stable. The results contribute to improving the assistance provided based on comprehensive care for these subjects.

Keywords: *chronic kidney disease, kidney transplantation, living donors, Psychology.*

Resumo

A doença renal crônica é uma condição progressiva e irreversível, caracterizada pela perda lenta da função renal, que leva o paciente à terapia renal substitutiva (TRS). O transplante renal é uma das modalidades de TRS disponíveis que pode ocorrer por meio de doador vivo ou falecido, sendo considerado a melhor opção por oferecer melhor qualidade de vida aos pacientes. Nos casos de transplantes intervivos, é fundamental que sejam avaliados os aspectos físicos e psicológicos dos doadores e receptores. Por envolver relações familiares, é comum que surjam expectativas diante da realização do procedimento, algumas voltadas para mudança no relacionamento

da dupla doador e receptor após o procedimento. Sendo assim, por meio de uma abordagem qualitativa, este estudo teve como objetivo compreender a dinâmica do relacionamento entre doadores e receptores após serem submetidos ao transplante renal. As entrevistas semiestruturadas foram realizadas com 16 participantes, sendo oito pacientes transplantados e seus oito respectivos doadores. Para a apreciação dos dados foi utilizada a análise de conteúdo do tipo temática de Bardin. Os resultados evidenciaram duas categorias: sentimentos que influenciaram a motivação para a doação e sentimentos que repercutiram após a doação. Constatou-se que o impacto emocional do sofrimento do receptor no doador e na família, a esperança de melhoria da qualidade de vida do parente adoecido, o altruísmo e o papel do parentesco do doador foram algumas das razões atribuídas à decisão pela doação. Já a gratidão e o significado de amor conferido ao órgão recebido foram sentimentos suscitados após o transplante renal. Conclui-se que tais sentimentos envolvidos nesse processo repercutiram na dinâmica afetiva entre doador e receptor no pós- transplante, de forma a potencializar o vínculo num relacionamento que já apresentava estabilidade. Os resultados contribuem para a melhoria da assistência prestada baseada no cuidado integral desses sujeitos.

Palavras-chave: *doença renal crônica, transplante renal, doadores vivos, psicologia*

Resumen

La enfermedad renal crónica es una condición progresiva e irreversible, caracterizada por la pérdida lenta de la función renal, que lleva el paciente a la terapia renal sustitutiva (TRS). El trasplante renal es una de las modalidades de TRS disponibles que puede ocurrir por medio de donante vivo o fallecido, siendo considerado la mejor opción por ofrecer mejor calidad de vida a los pacientes. En el caso de trasplantes intervivos, es fundamental que sean evaluados los aspectos físicos y psicológicos de los donantes y receptores. Por implicar relaciones familiares, es común que surjan expectativas ante la realización del procedimiento. Siendo así, por medio de un enfoque cualitativo, este estudio tuvo como objetivo comprender la dinámica del relacionamiento entre donantes y receptores después del trasplante renal. Las entrevistas semiestructuradas fueron realizadas con 16 participantes, siendo ocho pacientes trasplantados y sus ocho respectivos donantes. Para la evaluación de los datos fue utilizado el análisis de contenido del tipo temática de Bardin. Los resultados evidenciaron dos categorías: sentimientos que influenciaron la motivación para la donación y sentimientos que repercutieron pasada la donación. Fue constatado que el impacto emocional del sufrimiento del receptor en el donante y en la familia, la esperanza de mejora de la calidad de vida del pariente enfermo, el altruismo y el papel del parentesco del donante fueron algunas de las razones atribuidas a la decisión por la donación. Ya la gratitud y el significado de amor conferido al órgano recibido fueron sentimientos suscitados pasado el trasplante renal. Se concluye que tales sentimientos involucrados en este proceso repercutieron en la dinámica afectiva entre donante y receptor en el post-trasplante, de forma a potenciar el vínculo en un relacionamiento que ya presentaba estabilidad. Los resultados contribuyen para la mejora de la atención dada basada en el cuidado integral de estos sujetos.

Palabras clave: *enfermedad renal crónica, trasplante renal, donantes vivos, Psicología.*

Résumé

L'insuffisance rénale chronique est une affection progressive et irréversible caractérisée par une perte lente de la fonction rénale, ce qui conduit le patient à une thérapie de remplacement rénal (TRR). La transplantation rénale est l'une des modalités de TRR disponibles, pouvant être réalisée avec un donneur vivant ou décédé. Elle est considérée comme la meilleure option pour offrir une qualité de vie améliorée aux patients. Dans les cas de greffes entre vivants, il est essentiel d'évaluer les aspects physiques et psychologiques des donneurs et des receveurs. Puisqu'il s'agit de relations familiales, il est courant que des attentes émergent par rapport à la procédure, certaines visant à modifier la relation entre le donneur et le receveur après celle-ci. Ainsi, à travers une approche qualitative, cette étude visait à comprendre la dynamique de la relation entre les donneurs et les receveurs après une transplantation rénale. Des entretiens semi-structurés ont été menés auprès de 16 participants, dont huit étaient des patients transplantés et leurs donneurs respectifs. Pour l'appréciation des données, nous avons utilisé l'analyse de contenu thématique selon la méthode de Bardin. Les résultats ont révélé deux catégories : les sentiments ayant influencé la motivation pour le don et ceux qui se sont manifestés après le don. Il a été constaté que l'impact émotionnel de la souffrance du receveur sur le donneur et sa famille, l'espoir d'améliorer la qualité de vie du parent malade, l'altruisme, ainsi que le rôle de la parenté, étaient parmi les raisons attribuées à la décision de don. La gratitude et le sentiment d'amour envers l'organe reçu étaient des émotions ressenties après la transplantation rénale. Il est conclu que les sentiments impliqués dans ce processus ont entraîné des répercussions sur la dynamique affective entre donneur et le receveur pendant la période post-transplantation, renforçant ainsi le lien dans une relation déjà stable. Les résultats contribuent à améliorer les soins en se basant sur une prise en charge globale de ces sujets.

Mots clés : *maladie rénale chronique, transplantation rénale, donneurs vivants, Psychologie.*

Chronic renal failure disease (DRC) or chronic kidney failure disease (CKD) is understood as a progressive and irreversible disease, characterized by the slow loss of function renal (Marques et al*.,* 2016; International Society of Nephrology [ISN], 2019). Node Brazil, the DRC has been taking on a growing importance because it is increasingly recurrent and associated with high rates of morbidity and mortality, in addition to generating negative impacts on the quality of life of patients (Nerbass et al., 2022). Such impacts affect the individual's biopsychosocial sphere, passing through the personal, work scope and familiar (Pereira & Rudnicki, 2022).

The severity of CKD goes through five stages, which can be identified through measuring the glomerular filtration rate (GFR), which estimates the volume of blood that the kidney is capable of filtering. Based on the identification of the stage, the type of treatment to be performed will be defined. performed. In stages 1 to 3, the type of treatment is conservative, which aims to control the risk factors for the progression of CKD. Non-dialysis stages 4 and 5 are called pre-dialysis, when the patient continues conservative treatment, but preparation is already carried out suitable for initiation of renal replacement therapy (RRT). Patients who progress to the last stage, the dialysis, they need of some type of TRS, among the modalities available: hemodialysis, dialysis peritoneal and the transplant renal (Ministry of Health, 2014).

Hemodialysis is one type of treatment in which a machine hemodialysis machine filters and purifies the patient's blood extracorporeally (Souza et al*.,* 2018); while in peritoneal dialysis the process of filtering body fluid excess in the organism occurs inside the patient's body, through a natural filter, a membrane called peritoneum (Santos & Valadares, 2013).

Kidney transplantation, the RRT modality which will be the focus of this study, is a complex surgical procedure, which consists of transferring a kidney from an individual to another, with the aim of replacing a lost function. Such a procedure can occur through a donor deceased or donor alive, having consanguinity or no (Saints and al*.,* 2018).

Living-associated kidney transplantation generally presents better results compared to those performed with a deceased donor, due to the shorter cold ischemia time and the prior certification of the donor's good renal function (Brazilian Association of Organ Transplantation [ABTO], 2021a; Dantas et al., 2020). For offer a better quality of life for patients, kidney transplantation is considered the best option for renal replacement therapy (Garcia et al., 2015). These qualitative gains encompass aspects such as regaining health, greater autonomy and freedom in your daily routine, what resonates positively in the general well-being of these patients (Santos et al., 2018).

Between 2011 and 2021, more than 59,071 transplants were performed in Brazil kidney, with 14,021 living (ABTO, 2021b). However, with the Covid-19 pandemic elective surgeries were suspended, which negatively impacted organ donation and led to a 24.5% drop in kidney transplants in the national territory: of these, 17.2% with deceased donors and 59.6% with living donors (ABTO, 2021b). However, in the year of 2022, from January to December, approximately 5,306 transplants were performed, of which 733 were living donors (ABTO, 2023).

According to Law No. 9,434 (1997), regulated by Decree No. 9,175 (2017), for in the living donor transplant, the donor must be of legal age and legally capable, and may be a relative up to the fourth degree or not. In the case of an unrelated living donor, a prior judicial authorization. The donor must have blood compatibility and histocompatibility antigens (HLA) with the recipient, for this purpose tests are performed that prove it that compatibility (ABTO, 2021a).

Furthermore, it is essential that the potential donor is healthy, has a functional normal renal function and that, during the medical evaluation, no risk of renal disease or of other vital organs that may come to bring harm to your health after the transplant (ABTO, 2021a). Because it is a complex and invasive procedure, kidney transplantation involves no only physicists and individual aspects, but also psychological, mobilizing emotions and feelings such as fear, worry, uncertainty and anxiety, both in donors as in receptors (Santos et al., 2018).

Because it does not represent a cure for CKD, kidney transplantation requires patient one routine of care continuous with health, with the food and use of medications. This care ultimately transforms the dependency on hemodialysis into a need for regular queries, medicines, and exams (Brito et al., 2015; Fernandes, 2011).

In addition, the coexistence with possible stigmas in relationships interpersonal, the pressure social to return of routine prior to illness, added to the fear from the rejection of new organ are factors that affect the emotional stability of the transplant patient and can become sources of stress, making it difficult to psychically develop this new reality (Brito et al., 2015; Chen et al., 2010). Potential donors may have fears and concerns about the surgery and the possibility of transplant failure, leading to ambivalence regarding possible losses resulting from the donation (Ferreira et al., 2009).

Thus, the emotional and psychosocial well-being of the patient, as well as their potential donor, are fundamental factors that must be considered in living donor kidney transplantation. Thus, donor candidates, as well as recipients, undergo a psychological evaluation preview, with the objective to understand subjective aspects relative to the process of kidney transplant (Kohlsdorf, 2017).

In addition, there is the crisis already experienced by the families of chronic kidney patients, in the face of concerns, changes of plans, reorganization of roles and reworking of life expectancies, arising from the impacts and repercussions caused by the presence of a familiar member seriously sick (Almeida & Rabinovich, 2018). Of that mode, when transplantation appears as a possible treatment for chronic kidney patients, some family members are willing to donate the organ.

With the donation decision, arises expectations ahead of the realization of the procedure, some aimed at changing the relationship between the donor and recipient pair in the period following the transplant (Ferreira et al., 2009). It is worth highlighting that the transplant living donor occurs in the context of relationships relatives, where the family is representative of the care that involves the affective dimension of the bond between its members (Golin & Benetti, 2010). Therefore, it is necessary a mutual psychological support between donor and recipient throughout the transplant process (Lee et al., 2020).

In front of that, some questions are raised about expectations deposited in the transplant and how they would affect the affective dynamics between the dyad donor-recipient after the realization of procedure (Ferreira et al., 2009); being that dynamics understood as the relational experience, marked by the affective connection between that who donated and who received the organ. Considering these subjective aspects involved in the kidney transplant process inter{CORRIGIR}vivos, which in the practice of monitoring patients and donors it was evident a greater investment in the process of preparing for the transplant; to the detriment of the period that follows the procedure, marked by the scarcity of interventions aimed at care integral and also involve the emotional aspects of these subjects involved.

This demonstrates the need for a deeper understanding of the issues relational between the donor and recipient pair in view of the repercussions after the procedure has been carried out procedure. Therefore, the study had as its general objective to understand the dynamics of the relationship between donors and receivers after to be submitted to the kidney transplant.

Method

This research is characterized as descriptive, exploratory and qualitative. Such approach search to understand to the motivations, the meanings and you senses that you individuals attribute to the your experiences, phenomena and human experiences(Minayo, 2014).

The research was carried out at the nephrology outpatient clinic specializing in transplantation renal of a teaching hospital in the city of Recife in Pernambuco, focused on providing care of kidney transplant patients. the sample was composed of 16 subjects, being eight transplant patients and their eight respective donors. The saturation criterion was adopted, which is defined as the moment at which the collection of new data no longer contributes to new clarifications about the object studied (Minayo, 2017).

Regarding the characterization of the participants, eight pairs were interviewed, whose degree of kinship was as follows: three pairs of spouses, three pairs of siblings and two pairs of father/mother and child, in addition the time since the transplant was performed varied from one to 25 years. It is It is worth noting that most of the participating pairs underwent psychological evaluation in process of preparation for the transplant. The other sociodemographic aspects of participants are described in the Table 1.

Table 1

Characterization of donors and interviewed receivers

Participants	Age	Sex	Education	Time of transplant	Kinship
Receiver 1 (R1)	50	F	Middle school incomplete		
Donor 1 (D1)	52	M	High school incomplete	3 years	Spouses
Receiver 2 (R2)	54	F	Complete middle school		
Donor 2 (D2)	43	M	Middle school incomplete	25 years	Brothers
Receiver 3 (R3)	56	M	Middle school incomplete		
Donor 3 (D3)	51	M	Middle school incomplete	16 years old	Brothers
Receiver 4 (R4)	47	F	High school complete		
Donor 4 (D4)	47	M	High school complete	13 years old	Spouses
Receiver 5 (R5)	19	F	High school complete		
Donor 5 (D5)	25	M	High school complete	3 years	Brothers
Receiver 6 (R6)	38	M	High school complete		
Donor 6 (D6)	55	F	Middle school incomplete	3 years	Mother and son
Receiver 7 (R7)	31	M	Higher Education Incomplete		
Donor 7 (D7)	60	M	High school complete	8 years	Father and son
Receiver 8 (R8)	34	F	High school complete		
Donor 8 (D8)	33	M	High school complete	1 year	Spouses

To select participants, the following eligibility criteria were considered: i) being over 18 years of age; ii) both sexes; iii) having undergone a kidney transplant with a blood-related alive kin, in a interval minimum of one year. It is justified the choice of period more than one year after surgery, as it is related to greater clinical stability, in addition to a better perceptive capacity regarding the repercussions of the transplant on the affective dynamics of pair. About of the criteria of exclusion, it was considered: i) to present some deficiency cognitive or psychiatric disorder that compromises the interview and interferes with the quality of the data collected.

As a data collection instrument, a sociodemographic questionnaire was first used to describe the profile of the participants. Then, a semi-structured interview, elaborated for the researcher, containing some questions guiding questions: 1) How was the donor selection process?; 2) What was the relationship between you like? before of transplant renal?; 3) As remained the relationship of you after the transplant renal?

Data collection took place in the outpatient nephrology clinic located on the third floor of the hospital, from May to August 2022. The interviews were conducted in a individual after the end of the outpatient medical consultation, in a reserved room, so as to preserve the confidentiality of the information. The interviews were recorded in audio (using a *smartphone*) and transcribed in the full.

Initially, data analysis was subjected to the thematic content analysis technique proposed by Bardin (2016), which was configured by a floating reading of the material, aiming to structure the initial data to later categorize them. The interviews were read in full by the two researchers. Subsequently, the text was reread material and defined to the categories themes what more if highlighted in the answers obtained and which were the most relevant to the study. These thematic categories were organized leave from the concentration of contents similar what they are related to the core of meaning of the participants' speeches. Thus, in the last stage of the process, the data obtained they were interpreted and became significant to the discussion presented in this article.

Council Resolutions No. 466/12 and No. 510/16. National Health (CNS) and was approved for the Ethics Committee in Search (ECS) from the Federal University of Pernambuco, under CAAE 54845821.9.0000.8807. After the approval by the ECS, data collection began, with participants formalizing their participation through the signing of the Free and Informed Consent Form (TCLE), as well as the Authorization Term for the use of image and testimony. It was guaranteed to the participant the right to withdraw their consent, discontinuing their participation in the research the any time, without prejudice to the same.

Results and Discussion

The analysis of the interviews resulted in two thematic categories that expressed the feelings that permeate the donation and the emotional repercussions of carrying out the donation kidney transplant in the couple's relationship, both from the donor's and the recipient's perspective of the organ. The categories presented the following configuration: i) feelings that influenced the motivation for the donation; and ii) feelings what resonated after the donation.

Feelings that influenced the motivation to the donation

It was possible to identify that the recipient's illness and the experience of suffering even during treatment it generated an emotional impact on the donor, which in most cases cases followed the clinical evolution of the relative and the difficulties faced throughout the renal replacement therapy. This impact favored the decision-making for donation, as can be to be observed in the following you say: "(...) When I saw her in that situation I felt the desire to donate my kidney. (...) So that she wouldn't have to go through that situation, because I saw that suffering" (D1 - husband); "Then I saw a lot of her suffering, right? Because this is a disease that a makes a person suffer a lot, right? (...) Then seeing her suffering made me want to donate my kidneys to her, right?" (D2 - brother); and "(...) I saw her suffering, which wasn't easy, you know? (...) So I didn't think twice times and I donated the kidney. THE suffering was too much big, he knows?" (D4 - husband).

The treatment for kidney disease chronic, more specifically hemodialysis, and described by donors as a difficult time, a source of suffering for patients, way that affects not only the person who does it, but also those who live with it. relative. Given this context of anguish reflected in the family members, the motivation arose for donation.

The decision to donate is often influenced by several factors that involve feelings of sadness, worry, anguish, and disgust to the witness the suffering of relative on hemodialysis and fear that the recipient will not survive the treatment. Such feelings characterize some of the reasons that influence the donation attitude and can turn into personal and/or family demands. These demands, which are often triggered by the fact that a family member needs a kidney transplant or even by no exist another compatible donor (Ferreira et al., 2009).

According to Fernandes (2011), the desire to help and free the sick family member from suffering resulting from the hemodialysis machine are frequent arguments in speeches of those who choose to donate. This emotional impact triggered by the experience of treatment of the relative, is part of a combination of impulses and motives that lead the donor to if

apply to donate the organ (Lazzaretti, 2017): "(...) I had pass several days seeing her suffering, right? With those catheters, tired from the hemodialysis. That's really annoying, isn't it? To see at home. (...) Then you see a the possibility of ending that gives you joy, right? For the person, to see their sister person well, right?" (D5 - brother).

This impact of the recipient's experience of illness and treatment affects not only only the one who was willing to donate the organ, but the family dynamics as a whole. Because, according to Pereira (2022), it affects the family group directly, in addition to causing instability and imbalance in the face of the family's need to readapt to new routines. Because it is a pathology that implies several limitations, whether physical, psychological and social, the person sick pass the to be priority for the family by become dependent and need of care in daily activities, significantly changing the routine of everyone involved (Cross and al., 2015).

In that way, the place of the family in the face of the suffering experienced by the recipient became if another aspect that motivated the kidney donation. As is evident in the speech: "Because it affects the family a lot, This thing of being in the hospital one day, the next no is horrible. (...) It affected me psychologically, emotionally, financially. Shake in the whole world at the time of hemodialysis." (D1- spouse).

Ryu et al. (2019), in their studies with potential liver donors, found that Most candidates decided to donate their organ thinking about the well-being of the whole family and for not wanting another family member to suffer. Which corroborates the speech of this participant: "(...) And there's the family aspect too, right? I thought a lot about my family, about my son too, I don't see my mother suffering and I see my wife suffering too, you know? Then I decided to donate my kidney for her." (D8 - spouse).

Quality of life is one of the aspects that suffers the most negative impacts with diagnosis of CKD. These effects affect not only the patient, but also the family members who become involved and part of this new reality full of restrictions and limitations of the most diverse types, arising from its complex treatment for maintenance of life (Jesus et al., 2019).

> We suffer together, I suffer too. I went out to places with her and she couldn't eat, couldn't drink... sometimes she had to suck on ice because she was so thirsty and couldn't could drink lots of water… Our suffering was very large. (D4 - spouse)

Therefore, it is clear that the recipient's suffering directly impacts the donor's experience, causing grief and anguish. Because, according to Matsuoka et al. (2019), when encountering the illness and fragility of another, the individual comes into contact with his/her own fragility and finitude. What, most of the time, sparks the motivation for relief of that suffering and the hope from the improvement of quality of life of all those involved.

Along with the intention of minimizing the suffering of that relative and consequently the your own anguish, is fundamental analyze a important personality characteristic evidenced in the majority of participating donors, the altruism. Defined as behavior of who has consideration for the other, if cares about others and thinks beyond himself (Ribeiro, nd), such This characteristic was present in the donors' speeches, who brought this altruistic stance as another factor important in this outlet decision.

Given these personal values, most donors highlighted this intrinsic desire to help others, regardless of kinship. This element favored the determination for the protected donation by one's own desire of benefit the another: "And if I had more kidneys I would still donate more to the people. Not just to her, but If I had more like this… I would donate even more to save those people who are in those machines suffering." (D2 - brother); "I would give it if it were possible and I could, I would give it again too" (D6 - mother); ". I would donate to any one what needed" (D7 - father).

Along with the successful transplant of kidney, some participants evidenced this intention to donate even with others organs. What reinforces that detachment and willingness to support others, often without taking into consideration your own well-being: "Why do I want to donate an eye… It's a desire that I really have to do this. (...) For those who don't have it... We have two. (...) I think it's very sad. (...)" (D3- brother).

Those feelings of compassion, love and solidarity they are understood in the touching the donation of organs, assured for the possibility of to improve the quality of life of someone and even your own well-being in the face of the feeling of saving someone's life (Ferreira & Higarashi, 2021; Melo et al., 2012).

Therefore, it is clear how much this altruistic act gives meaning to the choice of those donors for the donation of kidney and enhances your autonomy in this decision. However, the literature points out as another influential aspect in this motivation for donation, the commitment of the donor-recipient relationship and the family role played by the person who decided to donate the organ, going beyond the altruistic initiative of the same (Ferreira et al., 2009).

Of that mode, it was found what no only questions related the family, or personality characteristics, but also the role of kinship exercised by the donor in relationship with the recipient was another factor that played an important influence on the decision to donation. That family relationship crossed for the moral duty of that donor, ahead from the obligation to provide care for the sick family member, was evident in the speeches in the majority of donors when they themselves have reported on the motivation for donation: "Oh, because first what was my wife, right?" (D4 - husband); "Oh choice?… we… have no choice… we are so close that we don't I had no choice but to to be…" (D7 - father).

Given the emergence of the possibility of transplantation as a treatment for the patient chronic renal failure, the family is expected to take on the role of rescuing that patient from the painful hemodialysis, and this expectation is both social

and institutional. The place of the donor related to living donor transplantation is crossed by the role played by the same in family, which involves rights, duties, obligations, expectations and relationships with the recipient (Fernandes, 2011).

Therefore, it is common for the role of the family caregiver, responsible for care and protection of others, leads to a feeling of obligation to maintain life of that sick relative. Occupying such a position can often involve seeing only chance of improving the recipient's quality of life (Sajjad et al., 2007; Kohlsdorf, 2017). If consider one case as an imminence of death, the donation raisin the if configure as a commitment from that family member, not always representing a spontaneous act (Cruz et al., 2015). As evidenced in the you speak the follow: "Well, it's not so much a question of choice, right? But of how a brother is my duty also, right? (...) I see as an obligation of mine, right?" (D5 - brother); "(...) It is very sad to see one of our children in a situation like that, and the "Can we donate or not? I would even donate to someone else. Imagine for my child " (D6 - mother).

Specifically when we analyze the meaning of being a mother, in the context of donation, the association with sacrifice and the "natural" maternal role arises in the face of the extension of care that started since the birth, now intensified in face of her son's sickness (Fernandes, 2011). The weight of the relationship of affection established with the receiver, along with the responsibility given the position occupied by this donor in the family group exercised influence in this outlet of decision. This paper of donor lots of times leaves no space for doubts or arguments that opposes that decision, favoring the feeling of duty fulfilled before the family, the society and herself.

Thus, it is clear that there are several reasons attributed to the decision to donate: impact emotional of Suffering of receiver node donor and in the dynamics familiar as one whole, hope of improving the quality of life of the sick relative, altruism, role of kinship and duty moral from the donor before of illness of a family member. All of them crossed by the bond between donor and recipient before the transplant, which were constituted, in majority of the cases, as relations healthy, having the love and affection as basis of that relationship: "It was one relationship that I would give the my life to save her, understand?" (D2 - brother); "All of our life we were united, we didn't fight, thanks God, and the people agree one with the other." (R3 – brother); "He was always very good. (...) Since child we always got along just fine (...) We're like two peas in a pod as they say." (D3 - brother); and "We always got along well. (...) We are very friends, we always talk about everyting." (R8- wife).

Therefore, it is clear that kidney transplantation is a significant event for both the donor and the recipient. receives the organ. Triggering the emergence of feelings that have repercussions in various aspects of life of the subjects involved even after the donation.

Feelings that had repercussions after the donation

In analyzing the participants' statements, it was found that gratitude was a feeling expressed by most recipients in relation to the attitude taken by the relative what him donated the organ. It can be observed in the following you say: "Yeah, I I am grateful to him, right? First of all God, second him." (R3 - brother); "For my part I will always think. (...) He saved my life, he did it for me." (R4- wife); and "I had that feeling that he gave me a gift, you know? I was really happy. Not just because my father gave it to me, it's because not everyone does that tho…" (R7- son).

It is important to emphasize that this recognition on the part of the receiver was also described in the perception of donor while factor that resonated positively in the relationship from the pair after the transplant: "But I I think what he remained still more attached the me." (D3 - brother); "The way of taking care changed a little, right… of taking care of each other… gave a little more importance right? (...) We got closer." (D5 - brother).

It is common for recipients to show gratitude to the giver, in the context of noble act of putting oneself at risk to improve the health of another. However, this feeling can trigger a perception in the recipient that he will always be in debt, often virtually unpayable to the relative who donated the organ, which can be configured as a of the reasons for a change in the relationship of the duo after the transplant (Alencar and al., 2015).

However, it was evident that most recipients brought up the importance of this recognition towards its donor as a genuine feeling, without association with the feeling of burden attributed to the need to reciprocate such an act. Since the transplant was marked by the meaning of a bond that connects the receiver to the giver, passing through the meaning that he was given to the organ. As evidenced in the lines: "It was already like this, it was always one flesh and now it really became one flesh, because I carry a piece of him inside me, which is the kidney" (R1- wife); "It is as if one of us has other within, understand? One is within the other." (R2- sister).

Lazzaretti(2017) states what one relationship very intimate and delicate and established between the donor and the receiver ahead of the act of transplant, where the transplanted organ is becomes symbol, which corroborates the findings in the participants' speeches, where it was revealed that the receipt of this organ was configured as an act of affection. THE receiver see the love of donor to with he materialized through from the attitude from the donation, directly impacting the relationship after from the surgery: "There was a greater feeling in the sense of flesh of my flesh, and bones of my bones. Right? I was left with a great feeling, because, in addition from that, now and kidneys of my kidneys, right? that?" (D1 –husband); "Even

more intimate, because today I have one of his organs, right? (laughs) He had to share with me… life." (R3- brother); "And it an act of love to donate your organ. (...) You are giving yourself to someone else, it's significant." (R7- son).

The donation described as an act of love highlights the supposedly affective aspect present in family relationships prior to surgery, since in living donors kidney transplantation in this context involves the so-called "related donor", so the donation occurs based on a important emotional bond already existing between the duo (Fernandes, 2011).

This pre-existing link lies on a fine line in the context of transplantation. inter{CORRIGIR}vivos. It can be configured as a positive aspect that ensures certainty in the decision donor's decision, but it can also facilitate the emergence of behaviors that interfere with the recipient's autonomy in relation to the lifestyle adopted in their treatment after the surgery.

It is known that kinship consanguineous donors are technically the more desirable, due to the better early postoperative evolution and the higher rates of survival of graft (Dantas et al., 2020). However because it involves relations between family members, in this type of transplant there is a greater predisposition for the development of feelings ambivalent and complicating factors in relation to the receiver (Quintana & Muller, 2017). graft

In this context, expectations that the receiver will change behavior patterns, in consequence of the feeling of gratitude arising from the donation, can be deposited in this transplant by the donor (Kohlsdorf, 2017). In his study with kidney donors, Ferreira et al. (2009) identified that most participants expressed expectations of change in the relationship with the recipient, where after the transplant they expected that they wanted an bigger approximation from the pair and the strengthening of that bond. This ends up highlighting the responsibility placed on the receiver, who is permeated by the recognition of having his/her quality of life improved by the donation, expectations were created for the receiver to demonstrate their gratitude in attitudes to with the donor. Which corroborates the following speech: "(...) I expected him to become more attached to me, that was something that bothered me and surprised me a lot. Because I felt that he was more attached before the transplant than afterwards." (D6 - mother).

Given this, it is common for expectations to arise regarding low adherence to receiver to the treatment after the surgery trigger the context of collection and debts. Specifically node case of donor parents, the presence was identified of a sense of responsibility that they have in relation to graft care, even in adult children. This can lead to emotional strain between those involved and negatively impact the relationship of the pair after the transplant (Alencar et al., 2015): 'Instead of him being more attached to me, it's like he became distant. (...) But I don't know if it's because I'm too demanding. Like, because I want him to do everything the right way.' (D6 - mother).

Although these are not the majority of feelings described by participants of that study, It is important to highlight what, in some cases, the expectation of improvement of relationship with the receiver is also configured as one of the reasons that cross the decision for the donation. Although, the leave of moment in what that change no and perceived after the transplant, there is frustration on the part of the donor when faced with another reality: improvement in the relative's quality of life surrounded by the loss in the quality of the relationship pair.

Therefore, it is essential that this affective dynamic between donor and recipient is evaluated. previously through the psychological evaluation of those involved during preparation for the surgery, aiming to increase the chances of success and reduce the risk of psychological damage in the pair after transplantation (Sajjad et al., 2007). This assessment of subjective aspects related to transplantation is important, because for the choice of donor to be deliberate it is it is necessary that there is an emotional compatibility between this donor and recipient (Quintana & Muller, 2017).

Therefore, it is clear that the repercussions raised in the relationship between the donor and recipient after surgery are related to the performance of the prior psychological evaluation of the involved during the process of preparation to the surgery. With this, denotes what after donation, gratitude and the establishment of a affective meaning for the donated organ manifests itself in the experience of the donor and the recipient.

Furthermore, it is worth highlighting that because it involves the expectations that the donor places on this transplant, ambivalent feelings and demands can also arise in the midst of these relationships. Such feelings triggered have repercussions on relational aspects from the pair, the affective dynamics between them being a factor that changes post-transplant, as it undergoes influence of the same.

Final Considerations

With the success of the surgery, the donor he can experience the minimization of your suffering in the face of improving the recipient's quality of life, which is relates intimately with their own sense of well-being; at the same time as the receptors demonstrated recognition for the donor's attitude and attributed to the organ received the meaning of love, which strengthened the affection between the involved.

The results showed that most recipients and donors perceived a change in relationship from the pair after the transplant renal. Being like this, and possible conclude that the feelings that influenced the motivation for donation together with those raised after the transplant had repercussions on the emotional dynamics between donor and recipient in the period following

surgery. Therefore, it is clear that the change in the couple's relationship occurred in order to enhance the emotional bond in a relationship that already had stability.

The limitations that emerged in this study are related to the lack of current national references that addressed this topic, in order to further enrich the discussion of the results found. Thus, the need for further studies that can delve deeper into this issue is highlighted. thematic and expand knowledge about the relationships of the subjects involved in the process of transplant renal intervivors, encompassing no only the perspective of donor, but also who received the organ. There is, therefore, the intention to address the lack of more up-to-date research that focus the theme specifically of kidney transplant, carried out in the service public of health, from one qualitative approach.

Finally, it is worth highlighting the relevance of this study, with the aim of providing greater visibility to the period following the procedure, promoting reflection about the aspects emotional involved post-transplant, and thus providing improvement from the assistance provided based on in comprehensive care of these subjects.

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