Patient Particpation in Hemodialysis Units: Practices and Policies

CHAVA KURTZ, RN, MA, 1,2; PROF. EFRAT SHADMI, RN, PHD. 3; DR SIVAN SPITZER, PHD, 1

1. Azrieli School of Medicine, Bar Ilan University
2. Hemodialysis Unit, Galilee Medical Center
3. Cheryl Spencer Department of Nursing, Haifa University

ACKNOWLEDGEMENTS

This study is part of my PhD studies, partially supported by a research grant from the Galilee Medical Center and a scholarship for advanced studies from the Azrieli School of Medicine, Bar Ilan University

BACKGROUND

Despite the complexity of many treatments, patients are increasingly expected to self-administer their care outside of clinical settings. However, within hospitals and other ambulatory care settings, patients often remain passive recipients of care. This is particularly evident in **hemodialysis units**, where patients may feel a sense of **dependency** and lack of control. Research shows that when patients take an active role in **self-management**, both subjective and objective **outcomes improve**. Therefore, it is essential to explore ways to empower patients in hemodialysis units to become active participants in their care.

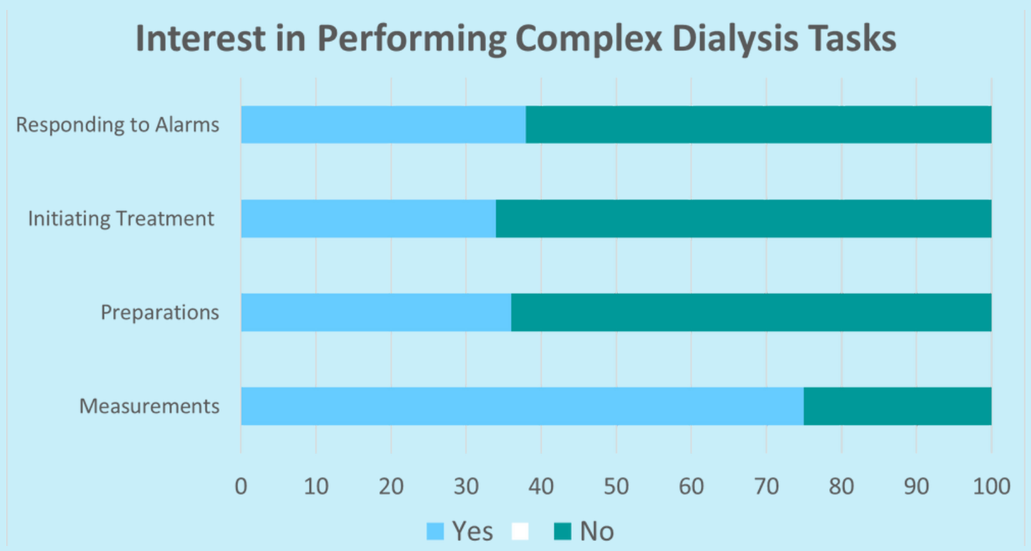
AIMS

1. Explore organizational factors that are related to patient participation in hemodialysis units.
2. Investigate knowledge, perceptions, and experiences regarding patient participation in hemodialysis units

METHODOLOGY

- **Design**: Mixed method qualitative & quantitative
- **Setting**: Two hospital and two community based hemodialysis units
- **Participants**: 331 patients completed a self-assessment survey; 33 participants (patients, doctors, nurses, administrators) participated in semi-structured interviews
- **Analysis**: Quantitative: Multilinear regression; Qualitative: Coded according to the **Exploration Preparation Implementation Sustainment (EPIS)** framework.

RESULTS



Interest in performing complex dialysis tasks

	Bivariate analysis*		Multivariate linear regressions	
	Correlation Coef	p-value	Beta	p-value
Age	-0.305	<0.001	-0.236	<0.001
Religon (Jews vs non-Jews)	1.324	0.959		
Health Literacy (high vs.low)	39.79	<0.001	0.01	0.002
Disease Severity (high vs. low)	45.92	<0.001	0.107	0.134
Sex (female vs. male)	0.687	0.361		
Family Status (In relationship vs not)	0.136	0.691		

*Bivariate analysis included t-tests for dichotomous variables and ANOVA for categorical variables

THEMES

Responsibility over treatment: Staff felt a strong sense of responsibility for ensuring the safety and efficiency of patient care, which made them hesitant to encourage patient participation in care tasks.

"Ultimately, the responsibility lies with the nurse and not with the patient. When he is connected to dialysis, he is under my responsibility, not his." (nurse 4)

Providing service: Staff viewed their role as not just providing medical and nursing care, but also as delivering a service, which led them to overlook the potential benefits of patient participation in care.

"I think they come to the hospital to have dialysis done and don't do dialysis at home because they want someone to take care of them" (doctor 1)

Passivity: Patients were perceived as passive and uninterested in participating in their care, which may have contributed to the lack of encouragement from staff.

"The population I see here, 45, 50+ [years old], they generally do not want to deal with it. For them, it is just more work. They want to sit, be connected, have the designated nurse be responsible, and not interfere in any activity" (doctor 3)

CONCLUSIONS

- Many patients are interested in participating in at least some parts of their treatment
- Age and health literacy are related to interest in performing complex tasks
- Barriers include staff perceptions and organizational readiness for change
- Interventions such as developing protocols and teaching skills to both patients and staff may be necessary to increase patient participation in care.

RELATED LITERATURE

- Aarons GA, Hurlburt M, Horwitz SMC. Advancing a conceptual model of evidence-based practice implementation in public service sectors. Administration and Policy in Mental Health and Mental Health Services Research. 2011;38(1):4-23.
- Braithwaite J, Churruca K, Long JC, Ellis LA, Herkes J. When complexity science meets implementation science: A theoretical and empirical analysis of systems change. BMC Medicine. 2018;16(1):1-14.
- Fotheringham J, Barnes T, Dunn L, et al. Rationale and design for SHAREHD: A quality improvement collaborative to scale up Shared Haemodialysis Care for patients on centre based haemodialysis. BMC Nephrology. 2017;18(1):1-7.
- Moullin JC, Dickson KS, Stadnick NA, Rabin B, Aarons GA. Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. Published online 2019.

AVSCHAVS@MAC.COM