

WHAT IS IT LIKE TO PARTICIPATE IN SHARED HAEMODIALYSIS CARE?

A qualitative study of patient and staff experience

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Background

Shared-haemodialysis-care (SHC) can improve patient safety, satisfaction and may reduce costs [1-3]. SHC aims to redefine the nursing role to emphasise patient empowerment. We do not understand why patients choose to participate or not

Objectives

To understand the personal experience, barriers and enablers to patients and staff participating in SHC.

Methods

We conducted semi-structured interviews with patients (who are participating or not) and Health Care Professionals (HCPs nurses and health care assistants) in two hospital sites. Interview data were coded to psychological theory [4] to learn how best to implement SHC.

Results

Sixteen patients and seven HCPs were interviewed. Emerging findings indicate that there are a number of barriers to implementing shared haemodialysis care. Knowledge of shared care is limited in some patients. Some patients understand shared care to equal needling, even when they are undertaking other competencies.

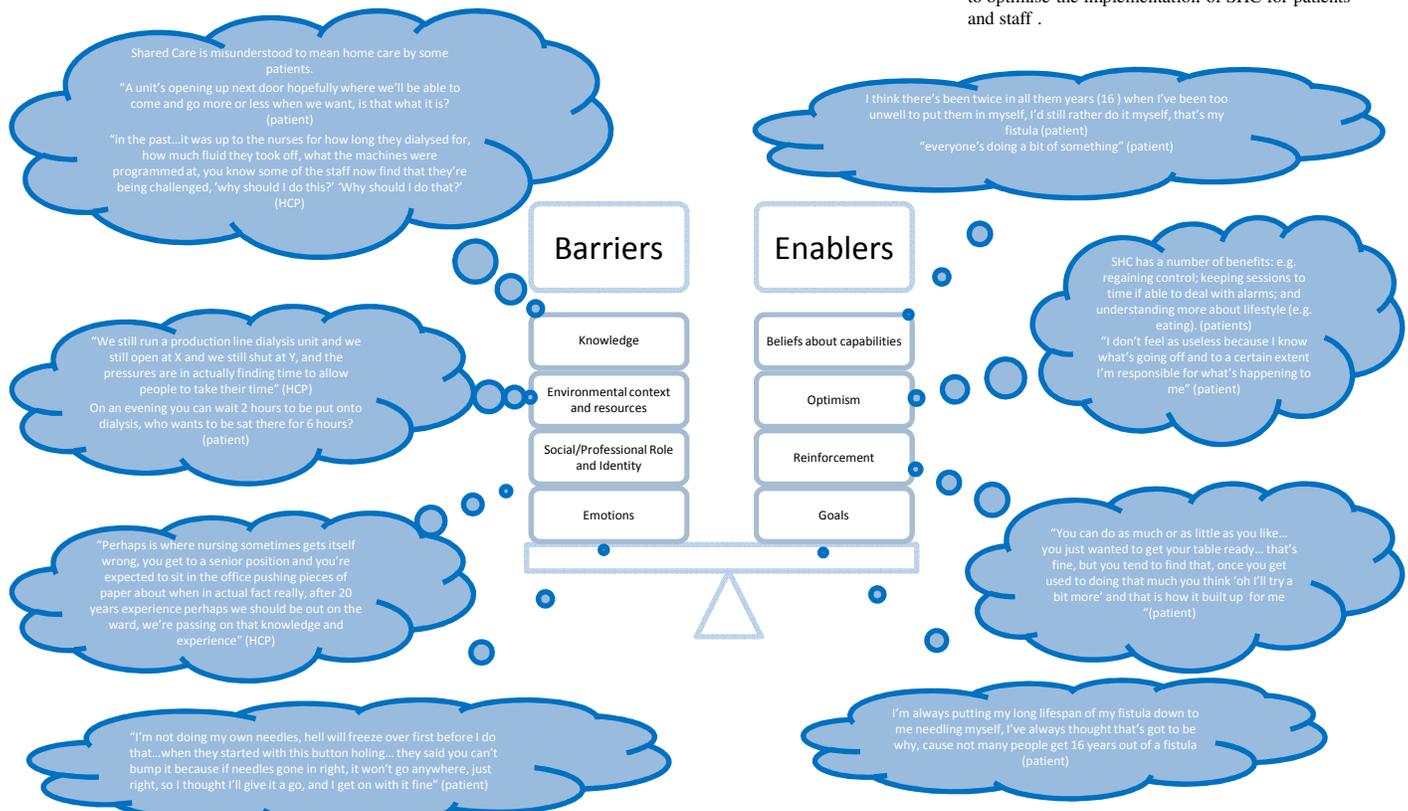
HCPs may not see education as part of their role due to time constraints and the nature of the clinical setting (e.g. managing acute and stable patients). In parallel some patients don't see shared care as their role, haemodialysis already impacts significantly on life without any additional responsibility. Some patients identified a fear of needles, whilst others have overcome this fear with the support of staff, button holing procedures, time and graduated practice.

Results continued

Preliminary data also indicate a number of enabling factors to implementing SHC. HCPs have generated a sense of optimism in the clinical setting. Reluctance expressed by nursing staff has been outweighed by optimism from Health Care Assistants. Patients have had the opportunity to explore their intentions, to set individual goals, and to meet and surpass these goals. Each patient varies in their involvement, and utilise more nursing care on some days. Good practice has been reinforced and continues to be monitored.

Discussion

Coding unique stories to psychological theory has allowed us to better understand the barriers to implementing SHC (e.g. knowledge; emotion; roles and responsibilities) from a staff and patient perspective. Identifying barriers and enablers will allow us as a team to tailor our other work packages to optimise the implementation of SHC for patients and staff.



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Further information

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More information about shared haemodialysis care is available at - <http://www.yhscg.nhs.uk/Networks/sharing-haemodialysis-care.html>