

Perceptions of home therapies amongst in-centre haemodialysis nursing staff in a single renal unit

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Background:

Majority of patients with end-stage renal disease (ESRD) in the UK receive in-centre conventional haemodialysis (HD). Home therapies, which are peritoneal dialysis (PD) and home haemodialysis, remain under-utilised with wide national variation of uptake. In-centre HD nurses has the most direct contact time with patients and are therefore well-positioned in engaging and supporting their patients who might benefit from home therapies. However, there is limited information on perceptions of home therapies amongst in-centre HD nursing staff.

Objectives:

To explore the knowledge and perceptions of home therapies amongst in-centre HD nursing staff in a single renal unit.

Methods:

We conducted a cross-sectional survey of in-centre HD nursing staff in a single renal unit in the UK in 2019. Data was collected using a paper questionnaire consisted of seven questions. Free text area on the questionnaire was provided to identify nurses' perceived gap of knowledge on home therapies.

Results:

A total of 55 nurses completed the questionnaire. Of the surveyed nurses, 64% stated that they did discuss about home haemodialysis with their patients, whilst 58% did so about peritoneal dialysis. Amongst those who did talk about home therapies with their patients (35 nurses), 29%, 40%, 23% and 8% did so on weekly, monthly, six-monthly and yearly basis, respectively. More than a third (36%) of the nurses never raised the topic of home therapies with their patients. The majority of the nurses (82%) reported knowing 'how to identify patient who is suitable or interested in home therapies' whilst 18% did not. Increase flexibility and freedom (93%) and improve quality of life (76%) were the two most common perceived benefits of home therapies by the in-centre HD nurses. Other perceived benefits included improve sleep quality (48%), improve energy level (44%), improve blood pressure control (33%), improve patients' survival (29%), reduce recovery time (24%) and reduce medication burden (15%). Non-compliance (35%), living alone (35%) and advanced age (24%) were the three most frequently cited factors precluding patients from having home therapies by the nurses. Perceived knowledge gap amongst in-centre HD nurses on home therapies included clinical management of home therapies, operation of home dialysis machine and suitability or referral pathway for home therapies.

Discussion:

Majority of the in-centre HD nurses self-reported to be able to identify patients who are suitable for home therapies, however, more than a third never engaged in home therapies discussion with their patients. Most nurses were aware of the benefits of home therapies with regard to flexibility and quality of life but less so of the potential clinical benefits of blood pressure control and medication burden. The study also highlighted nurses' gap of knowledge on suitability, referral pathway and clinical management of home therapies. The results of this study had been used to guide education session on home therapies for in-

centre HD nurses, which aim to empower the nurses in engaging and supporting suitable patients to consider home therapy options.