

Patients' and healthcare professionals' experiences of an arts-based intervention for patients with end-stage kidney disease whilst receiving haemodialysis: A process evaluation.

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Background

Many patients with end-stage kidney disease (ESKD) require haemodialysis; a treatment that requires attendance at hospital three times a week, for four hours each visit. Empty time associated with haemodialysis is characterised by an experience of 'existential boredom' often impacting negatively on patient's mental health. Arts-based interventions have the potential to improve mental health by providing meaningful engagement during a difficult treatment; however, there is a lack of evidence assessing the acceptability of their implementation during haemodialysis for both patients and healthcare professionals.

Aim

To explore patients' and healthcare professionals' experiences of an arts-based intervention for patients with ESKD whilst receiving haemodialysis.

Methods

Patients and healthcare professionals were recruited from a rural haemodialysis unit within the United Kingdom, where a pilot cluster randomised controlled trial (RCT) of an arts-based intervention had been conducted. Patients were recruited into the process evaluation if they had participated in the pilot cluster RCT and healthcare professionals were recruited if they had observed implementation of the intervention at least once. Semi-structured interviews were conducted with participants and these interviews were transcribed verbatim and analysed inductively using thematic analysis.

Results

A total of 22 interviews were conducted: nine healthcare professionals, nine participants from the experimental group and four participants from the control group were interviewed. Four themes were identified: (1) the perception of art participation, (2) effects of art participation on patients and staff, (3) acceptability of the arts-based intervention and (4) acceptability of research procedures.

Conclusions

Despite initial patient apprehension, the arts-based intervention was highly acceptable to both patients and healthcare professionals. The intervention was effectively tailored to the clinical environment and acceptability appeared to be dependent on flexibility of implementation and one-to-one facilitation. Patients and healthcare professionals both reported benefits as a result of the intervention, these benefits were multifactorial and complex, but resulted in an overall improved dialysis experience. The main criticism of the intervention was that it was not long enough, with both patients and staff recommending implementation over a longer period of time.