

# SPECIFICS OF COMMUNICATION WITH CHRONIC DIALYSIS PATIENTS

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## INTRODUCTION

Effective and quality communication is one of the key skills for all healthcare staff. Day-to-day nursing practice requires the nurse to be capable of proper communication and proper listening. Social communication with a dialysis patient is not necessarily simple and requires not only patience, but also a professional attitude and quality training. Communication with dialysis patients is very specific, as due to the chronic illness the quality of life is deteriorated in physical as well as mental aspects. A perfect nurse must therefore be capable of coping not only with the technical aspects of dialysis, but a human attitude is required as well [1].

## DOES CORRECT COMMUNICATION INFLUENCE THE ADAPTATION OF THE PATIENT TO HAEMODIALYSIS?

Dealing with a chronic disease is a long-term process. This process will be different for a patient suffering from a chronic kidney disease, and for him/her, haemodialysis is the culmination of a chronic condition and differs for patients with acute renal failure that have been without symptoms so far. It is always necessary to understand that each patient is an individual person, and his/her inappropriate response does not always indicate anger that is directed towards the medical practitioner. It is necessary to continue to develop mutual relationships with the help of various and correctly managed communication techniques. The effort is to always achieve the highest compliance with the treatment [2].

Table 1: Psychological reaction to dialysis therapy (Teplan, 1994; Plevová, 2011)

CHRONIC DISEASE	ACUTE DISEASE
Adaptation phase according to N. B. Levy	Phase of psychological reaction to the disease
<b>Initial phase of the adaptation – the "honeymoon"</b> – immediately after the initiation of treatment; optimism, improvement of physical condition, gratitude for saving their life	<b>Shock</b> – Finding out that the disease is not curable, denial, feeling isolated from the outside world
<b>Phase of depression</b> – disillusionment, disgust over the necessity of dialysis treatment for life	<b>Aggression, anger, rebellion</b>
<b>Phase of long-term adaptation</b> – return to the personality before dialysis	<b>Negotiation, bargaining</b>
	<b>Depression, sadness</b>
	<b>Acceptance, reconciliation</b>

## OBJECTIVE, RESEARCH QUESTIONS

### RESEARCH OBJECTIVE

To define the major issues in the communication between a nurse and a patient enrolled in a chronic dialysis program.

### RESEARCH QUESTION

What are the major issues in communicating with a patient in a chronic dialysis program?



## METHODS

Research of the published literature related to communication between nurses and chronic dialysis patients, using the PubMed, Medline Complete, and Google scholar electronic databases. The relevant communication keywords, chronically dialyzed patient, haemodialysis, education, and communication problems, were used. The monitored period was 2010–2018.

## RESULTS

50 references were identified, of which 30 (20 in Czech and 10 in English) relate more closely to communication with the patient in the chronic dialysis program. The references mainly deal with how to properly communicate with patients in the chronic dialysis program and how to identify the errors that may occur in such communication.

## CONCLUSION

A dialysis patient has an abnormal life. The patient's quality of life is often reduced due to the serious illness of the kidney – a very important organ. Dialysis substitutes the natural work of the kidneys, so it is also known as renal replacement therapy (RRT). Such a patient may require dialysis for months or years. Among other aspects, the adaptation to dialysis therapy also depends on the personality of the nurse and his/her capability for quality and effective communication. In the long run, correct communication may help the patient to better comply with the treatment and improve the patient's quality of life.

### REFERENCES

- [1] LACHMANOVÁ, J. (2008). Vše o hemodialýze pro sestry. Praha. Galén, 130 p. ISBN 978-80-7262-552-9.
- [2] PLEVOVÁ, I. et al. (2011). Ošetřovatelství II. Praha. Grada, 224 p. ISBN 978-80-247-3558-0.
- [3] TEPLAN, V. and MENGEROVÁ, O. (1994). Současné možnosti dietoterapie u nemocných s chronickým selháním ledvin a v dialyzačně transplantačním programu. Brno. IDVPZ, 148 p. ISBN 80-7013-164-0.

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