

*Conference Theme*  
**True Partnership and Global Approach  
in Management of Renal Care**



# Life changes in Peritoneal Dialysis

## Educating patients for healthy transitions

**Maria Arminda Tavares**

**RN, MSc Nursing**  Escola Superior de  
Enfermagem de Coimbra

Head Nurse - Diaverum – Figueira da Foz, Portugal

[armindamast@gmail.com](mailto:armindamast@gmail.com)

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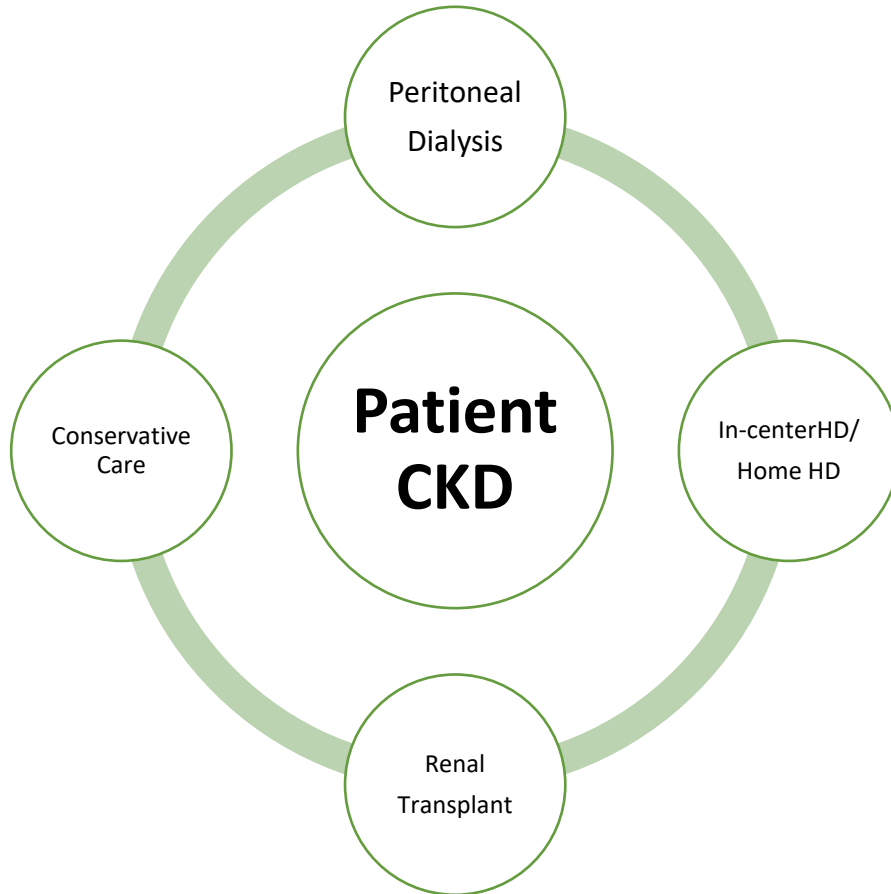




# INTRODUCTION

- **What were my concerns that led to the research?**
  - **Health systems, people and patients are in constant change, it is important for nurses to be aware of that in order to developed scientific researches that we'll lead the change and contribute with knowledge for the profession and science.**

# INTRODUCTION

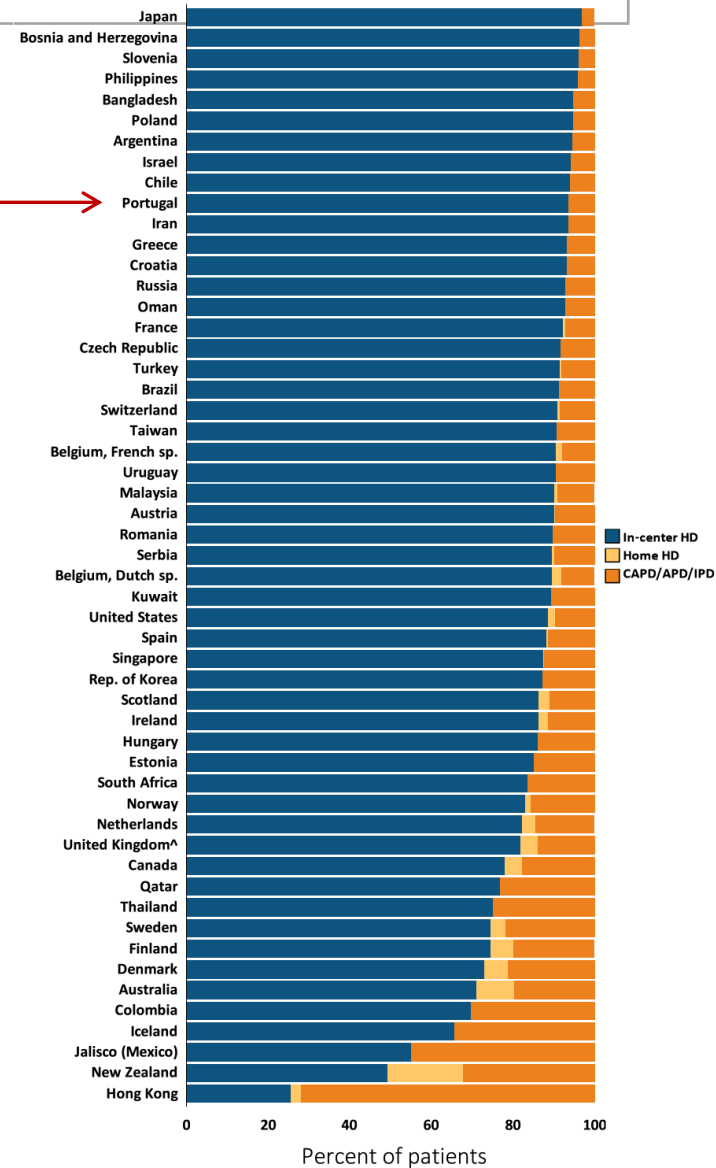


- Patients with CKD will experience RRT one or more occasions in their life
- Nephrology Nurses are excellent at performing dialysis techniques
- Patients experience is an important phenomenon for nursing research in order to better understand human responses to the disease and treatment options

# INTRODUCTION

## ■ Peritoneal Dialysis Patients

- Chronic kidney diseased and renal replacement therapies have a high incidence (235 pmp) and prevalence (1793,7 pmp) **in Portugal** (61% Hemodialysis, **4% Peritoneal Dialysis**, 35% Renal transplantations of prevalent patients)



Data source: Special analyses, USRDS ESRD Database. Denominator is calculated as the sum of patients receiving HD, PD, or Home HD; does not include patients with other/unknown modality. ^United Kingdom: England, Wales, & Northern Ireland (Scotland data reported separately). Data for Spain include 18 of 19 regions. Data for France include 22 regions. Data for Belgium do not include patients younger than 20. Abbreviations: CAPD, continuous ambulatory peritoneal dialysis; APD, automated peritoneal dialysis; IPD, intermittent peritoneal dialysis; ESRD, end-stage renal disease; HD, hemodialysis; PD, peritoneal dialysis; sp., speaking.

# INTRODUCTION

## NORMA DA DIREÇÃO-GERAL DA SAÚDE



<b>ASSUNTO:</b>	Tratamento Conservador Médico da Insuficiência Renal Crónica Estádio 5
<b>PALAVRAS-CHAVE:</b>	Insuficiência Renal Crónica ; Modalidades Terapêuticas; Consentimento Informado
<b>PARA:</b>	Médicos do Sistema Nacional de Saúde
<b>CONTACTOS:</b>	Departamento da Qualidade na Saúde ( <a href="mailto:dqs@dgs.pt">dqs@dgs.pt</a> )

Nos termos da alínea a) do nº 2 do artigo 2º do Decreto Regulamentar nº 14/2012, de 26 de janeiro, a Direção-Geral da Saúde, por proposta conjunta do Departamento da Qualidade na Saúde e da Ordem dos Médicos, emite a seguinte

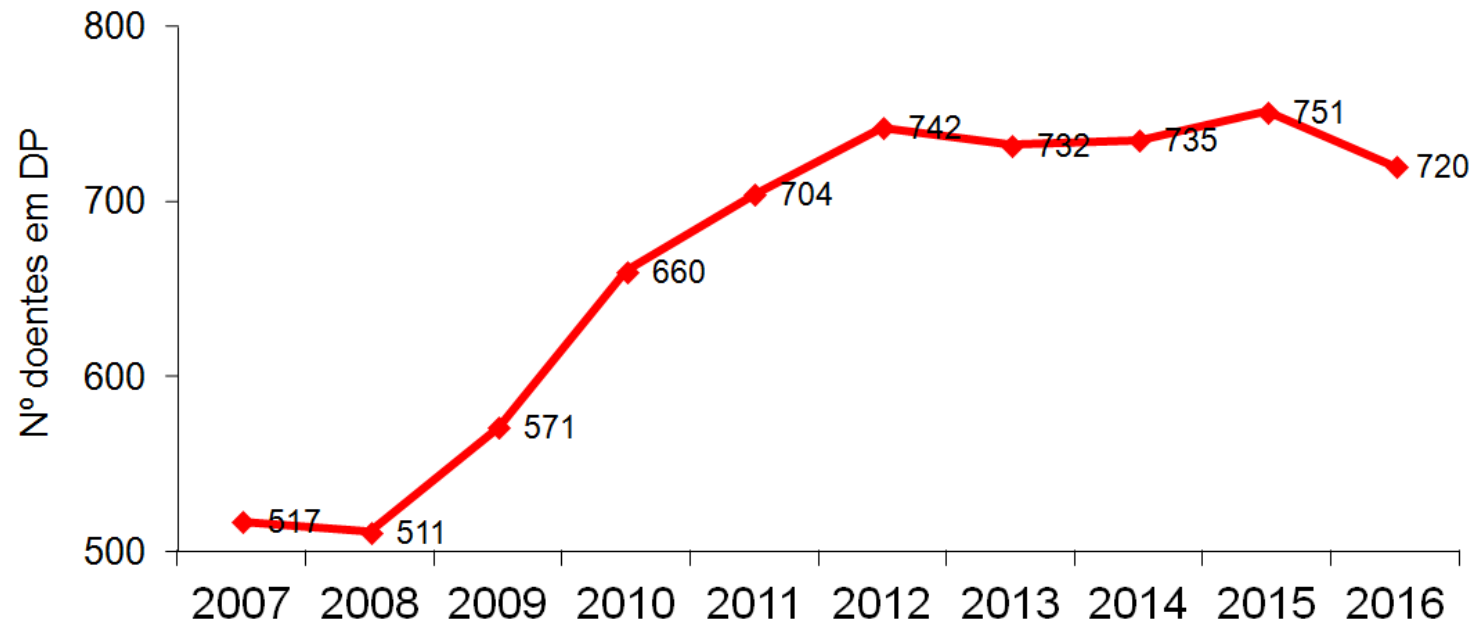
### I – NORMA

- As modalidades terapêuticas da doença renal crónica em estágio 5 (DRC5) são (*Nível de evidência C, grau de recomendação I*):
  - a transplantação renal (TR);
  - a hemodiálise (Hd) crónica e as técnicas depurativas extracorpóreas afins;
  - a diálise peritoneal (DP) crónica;
  - o tratamento médico conservador (TMC)
- A informação sistemática e o devido esclarecimento acerca das diferentes modalidades disponíveis de tratamento da DRC5 são mandatórios para todo o doente renal crónico (*Nível de evidência C, grau de recomendação I*).
- Em cada serviço hospitalar de nefrologia deve existir uma consulta dedicada ao esclarecimento do doente acerca das diferentes modalidades de tratamento DRC5, doravante designada consulta de esclarecimento, e que obedece aos seguintes requisitos:
  - ter o objetivo de contribuir para o esclarecimento pleno do doente acerca das diferentes modalidades de tratamento e técnicas respetivas;
  - ser funcionalmente individualizada e dispor de registo próprio;
  - integrar uma equipa multidisciplinar constituída, pelo menos, por nefrologista assistente, enfermeiro, técnico do serviço social e nutricionista;
  - dispor de apoio de material informativo adequado.
- O doente renal crónico com seguimento prévio em consulta externa de nefrologia deve ser referenciado atempadamente à consulta de esclarecimento, isto é, desde o estágio 4 da doença renal (*Nível de evidência B, grau de recomendação I*).
- O início de tratamento dialítico de urgência não obsta a referenciação à consulta de esclarecimento sobre as diferentes modalidades de tratamento.

Multidisciplinary informed  
consultation for decision of RRT,  
since 2011

# INTRODUCTION

Nº of PD patients in Portugal  
2007-2016





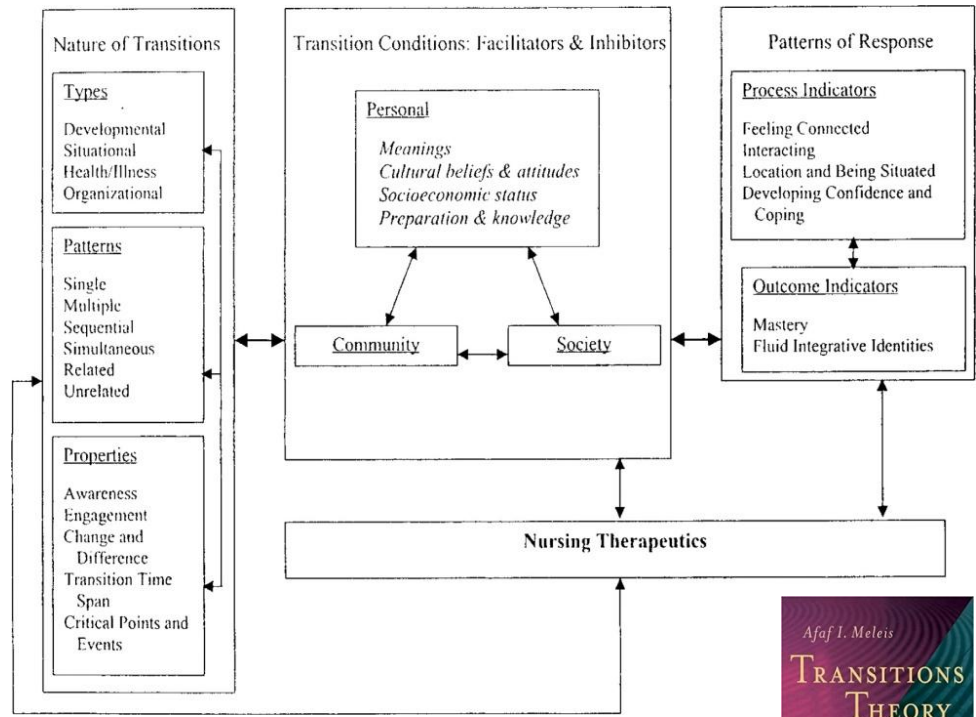
# INTRODUCTION

- During the course of illness patients will go through several changes and transitions
- Nursing theories are essential tools for the development of our profession based on scientific and clinical evidence
- The understanding of patients experiences in peritoneal dialysis increases nurses awareness and gives them the opportunity to better help and empower patients
- Nurses are educators by nature and patients need education to achieve self-care
- Building together a health project to the future may help patients to live with chronic kidney disease and their choice of therapy

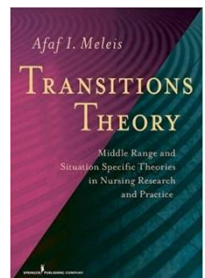
# INTRODUCTION

## Afaf Meleis – Middle-Range Transitions Theory

- Patients have experiences with their disease and treatment
- They experience changes **in** their daily life
- Those changes may be facilitated or inhibited by social, community and personal factors



Middle-Range Transitions Theory. (From Meleis, A. I., Sawyer, L. M., Im, E. O., Hilfinger Messias D. K., & Schumacher, K. [2000].





# OBJECTIVES

- **To answer the main question:**

- What are the changes that patients have when beginning PD?

- **In order to:**

- Understand the **patients perspective when** initiating the PD treatment
- Recognize the **major changes in their daily life** after starting PD
- Be aware of **nurses main role in patients education/instruction**
- Know **how they rebuild their life** doing PD

# METHODS

## ▪ Qualitative study with phenomenological approach

### ▪ The information was collected with a semi-structured interview to 12 PD patients a in renal unit

- PD treated patients in a renal unit
- For more than 6 months and less than 24 months
- Informed consent to participate in research
- Capable of self-care regarding PD treatment
- No emotional disturbance

### ▪ Ethical issues were guaranteed

### ▪ Data analysis was performed using the seven steps described by Colaizzi methodology (1978)\*

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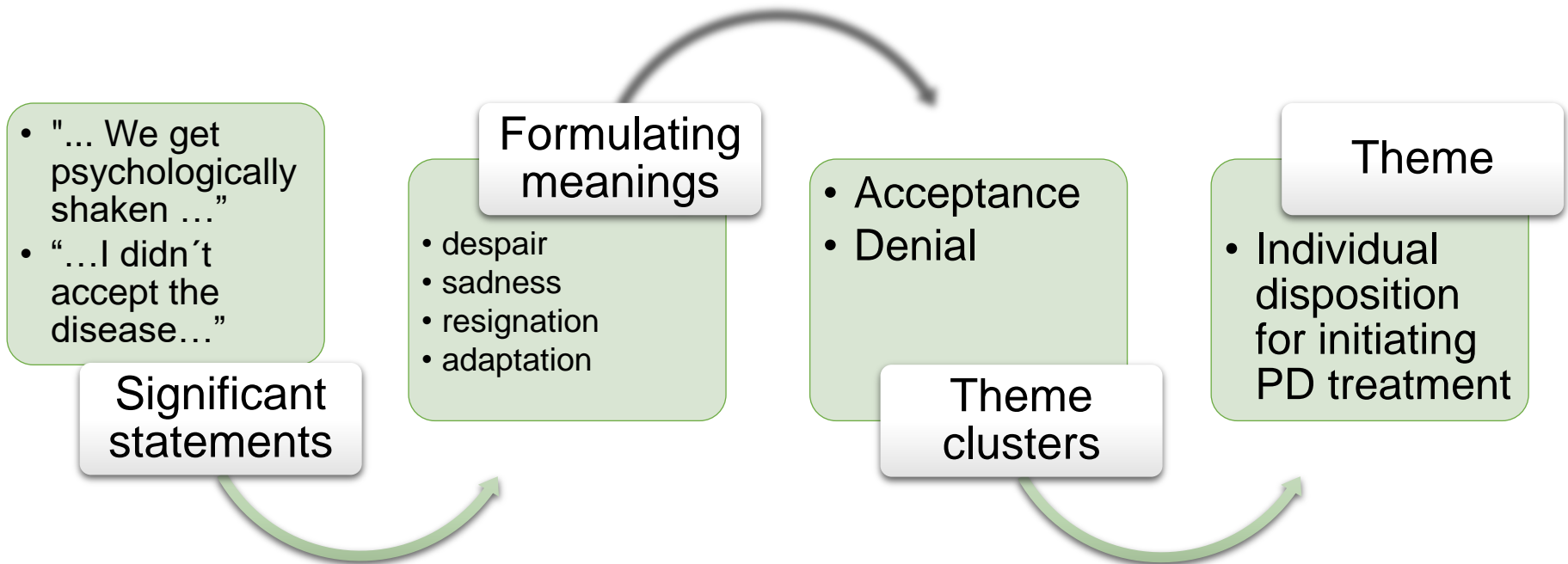
#### \*Data analysis steps

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- 1) reading each participant's description in order to acquire a feeling for him
- 2) extracting significant statements from the transcription regarding the research question
- 3) formulating meanings, trying to spell out the meaning of each significant statement, asking the participant again to make sure of uncertain meaning
- 4) making themes from the meaning
- 5) grouping similar themes into theme clusters and then into theme categories
- 6) integrating the results into an exhaustive description of the investigated topic
- 7) returning to each participant for the final validating step and asking them about the findings.

# METHODS

## ■ Data analysis steps



# RESULTS

## ■ Participants in the study

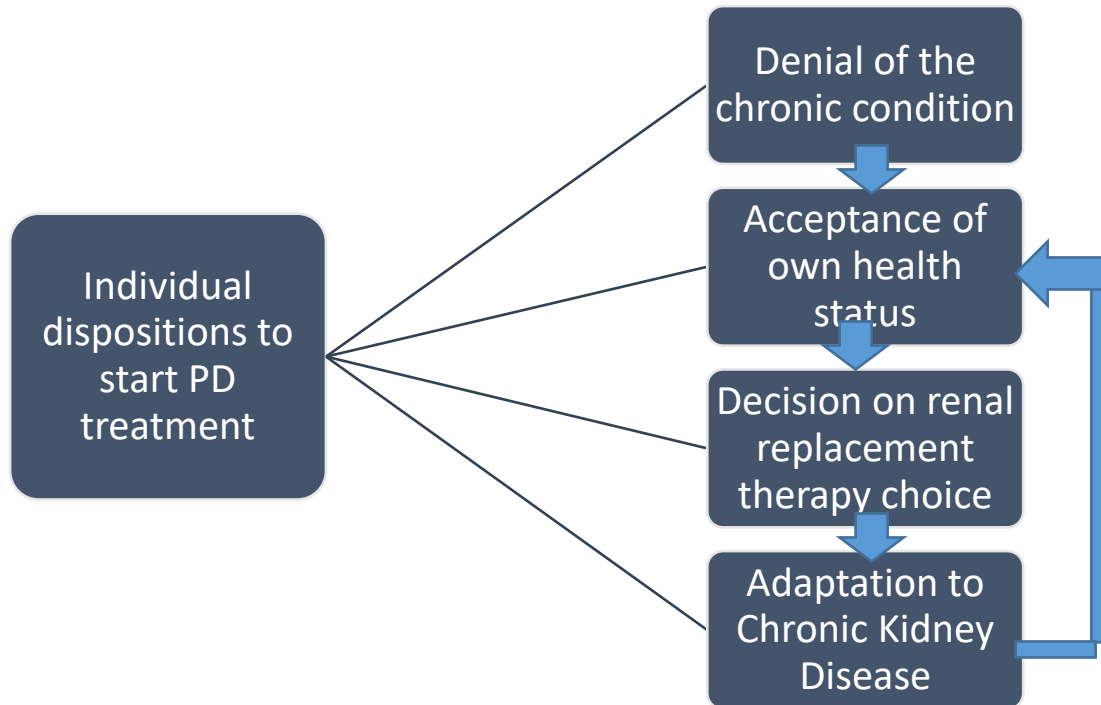
- 12 PD patients (8 man; 4 women)
- All married
- Mean age 49 years
- **In average one year of PD treatment**
- School levels between elementary, high school and graduation
- Chronic renal disease etiology: hypertension, diabetes and polycystic kidney disease



To better be aware of the **patients perspective** we used **their own statements** in order to provide the results

# RESULTS

“If I have to do it, I will do it”



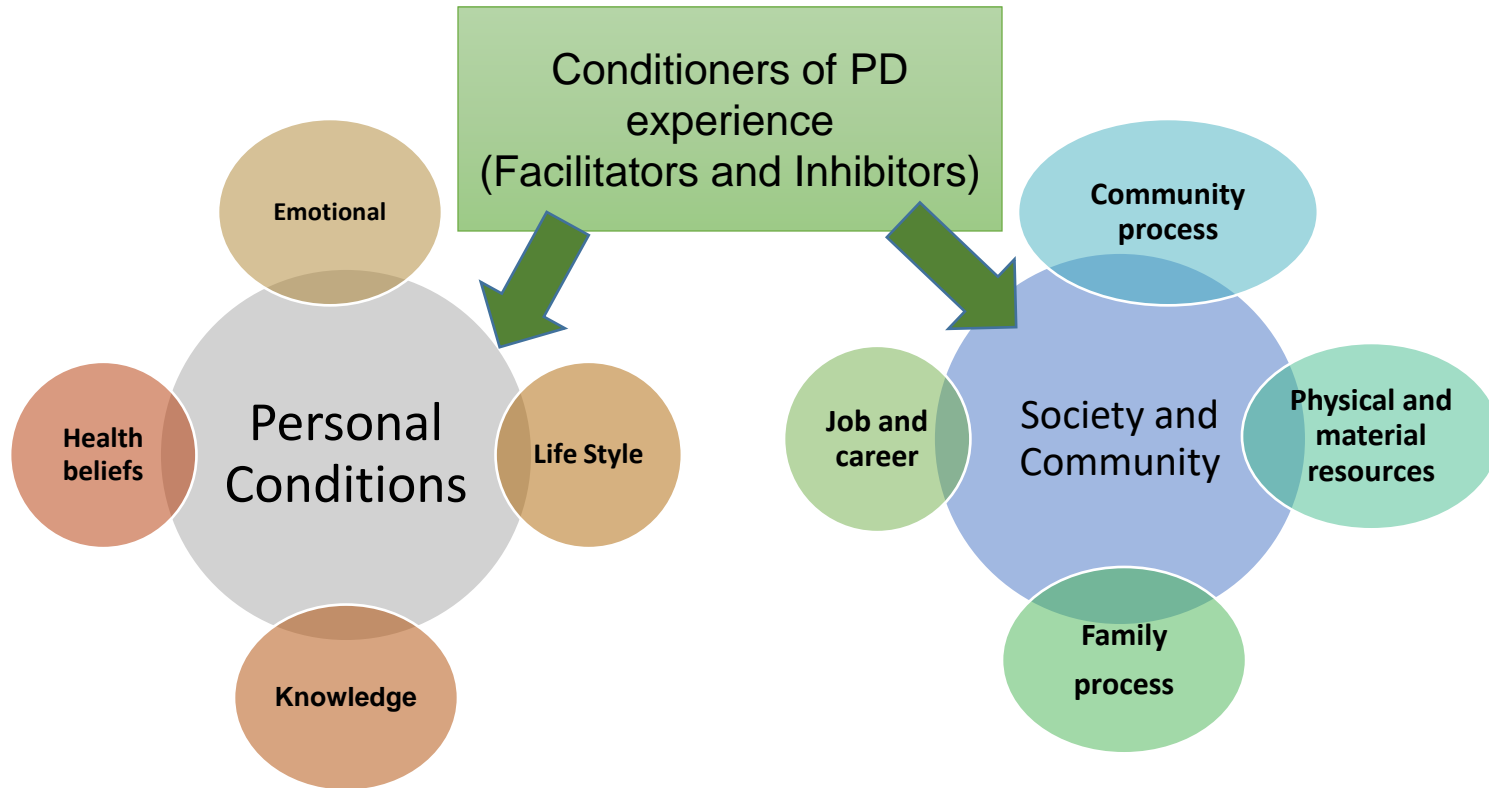
## Key-points:

- Renal failure diagnosis is the turning point
- Non-acceptance of the disease influences the adaptation and therapeutic adherence
- Pre-dialysis education programs

“The worst moment was when I recognized the diagnosis, I was a bit sad. **Now I’m more or less adapted to this**, as I shall I say, **I’m resigned**. What could I do?... Without this treatment I wouldn’t be here”. (EA – L-54-58)

# RESULTS

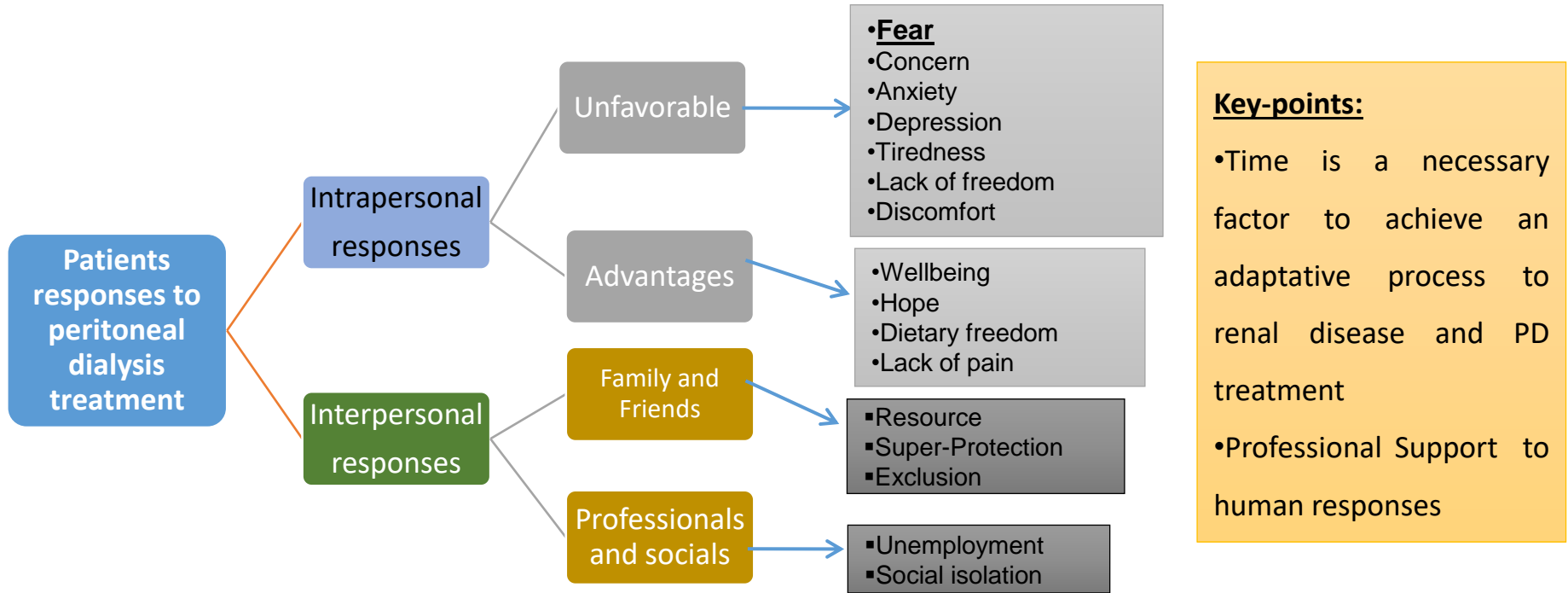
“We have created some drama around this...”



“My job requires that I work a lot out of home (...) I always have to return home, sometimes I have longer vacation periods or just a few days, but I take the machine and all the material for five or ten days or so ”.  
(EA - L77-78)

# RESULTS

“I experience that this is very exhausting”

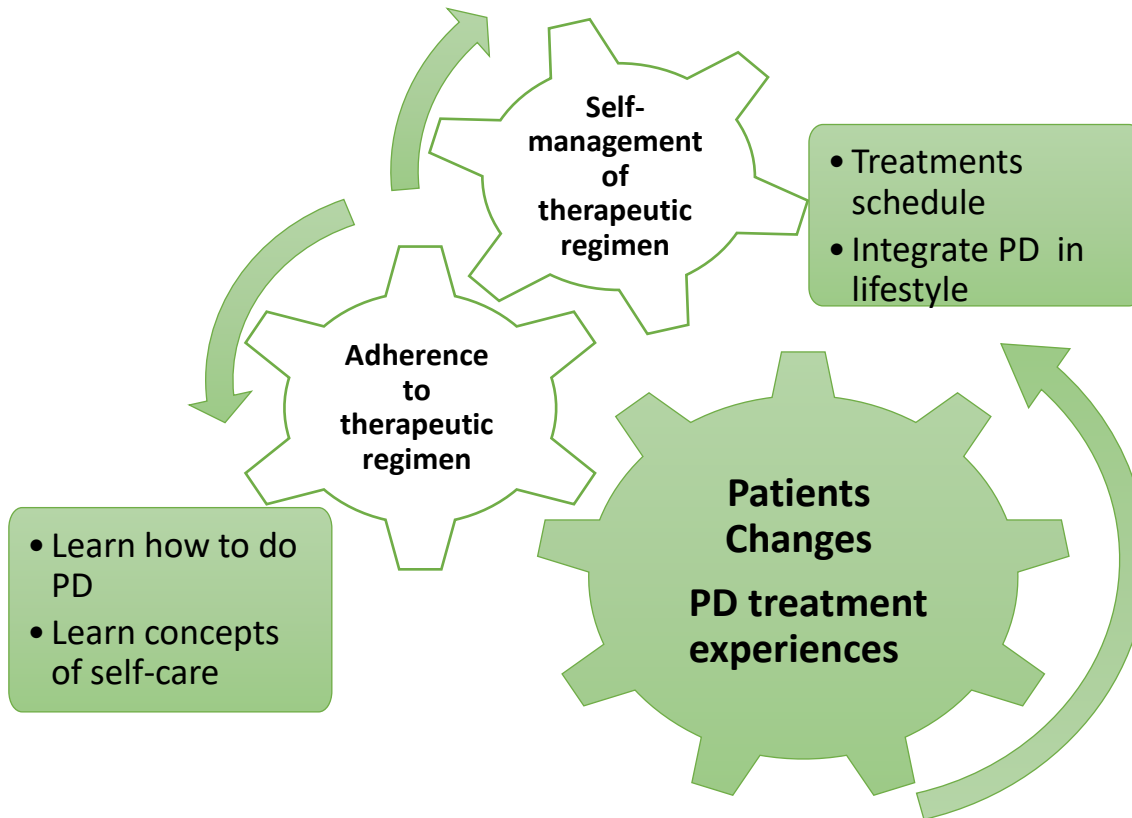


**Key-points:**

- Time is a necessary factor to achieve an adaptative process to renal disease and PD treatment
- Professional Support to human responses

“I think that peritoneal gives us **freedom**, it gives us a certain quality, a certain **quality of life**. With a difficulty, whenever we move anywhere, we have to take a warehouse. If they developed some kind of computer, it would be easier, it is this frustration that I see in this dialysis. (EA-L180-186)

## “I DO my treatment on time”



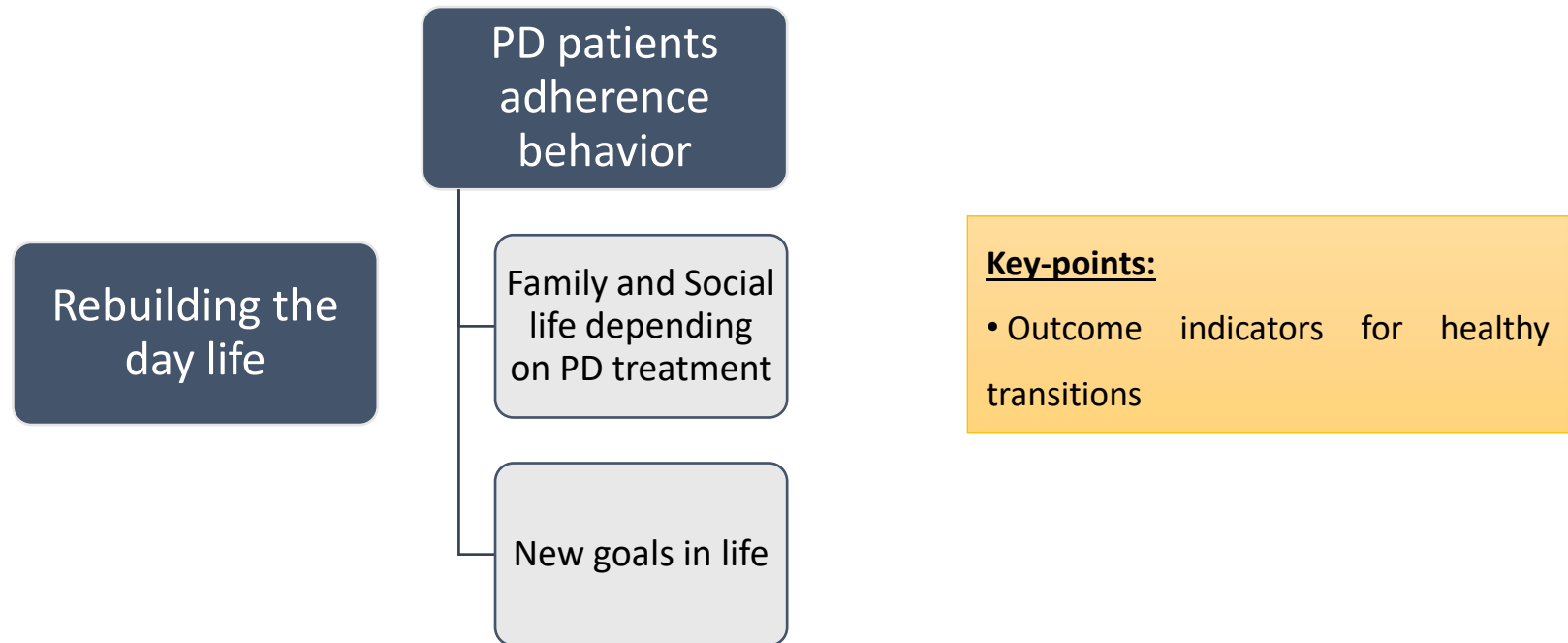
### Key-points:

- Peritoneal Dialysis Educations programs based on clinical and scientific evidence performed by Nephrology Nurses
- Process Indicators

"Look, I had to learn to do the dressing, to wash my hands (...) And I had to learn how to do dialysis (...)" . (EH-L43-46)

# RESULTS

*“We need to have a schedule, rearrange our life plan”*



“(…)it’s necessary and I end up into this rhythm that is **a normal thing to do**, is like to go drinking a coffee and read the newspaper. **That time I have to be there and it is there that I will be, doing dialysis.**”(E1 – L128-131)

# RESULTS

“The support, dedication and the way that nurse explained to me how to do dialysis”

## Trust based nurse/patient relationship

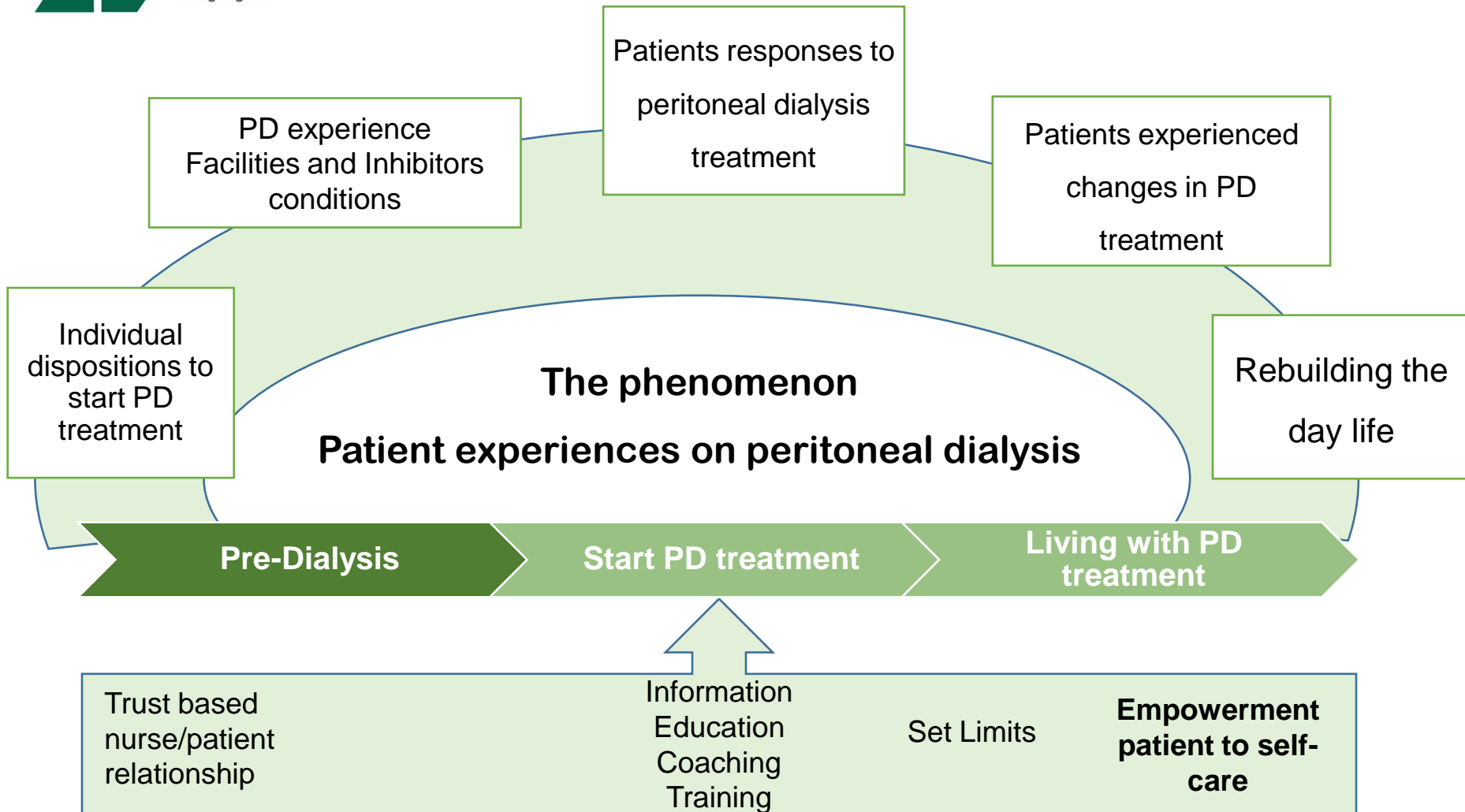


**Empowerment patient to self-care**





# DATA ANALYSIS



## Nurse care crossing health/illness transition

# CONCLUSIONS

- **Patient experiences** when they start PD treatment are **multiple and complex**.
- During pre-dialysis phase there is a **denial of the chronic condition** and **no acceptance**.
- Recognising that renal replacement therapy is life saving patients resign and accept their chronic disease concluding that they have to adapt to the new life condition.
- Patients **experience emotional responses** and changes in their relations in family, professional and social groups.
- They **learn** how to do the treatment and became skilled to perform the therapy safely, with professional guidance.



# CONCLUSIONS

- A pre-dialysis nurse consultation is crucial to inform/educate patients about CKD and treatment options
- Creating Peritoneal Dialysis Therapeutic Groups may help patients to understand the PD experience
- Peritoneal Dialysis Education Programs based on scientific and clinic evidence performed by Proficient and Specialized Nephrology Nurses contribute to **better outcomes** in patient life transitions
- **Nurses are Educators and their job is to educate patients to live a healthy transition**
- **A Reference Nurse in Peritoneal Dialysis leads patients to a self-management care**

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Thank you

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**RN, MSc Nursing**  Escola Superior de  
Enfermagem de Coimbra

Head Nurse - Diaverum – Figueira da Foz, Portugal

[armindamast@gmail.com](mailto:armindamast@gmail.com)