



Renal Nurses' Perceptions regarding the Requirements for Establishing a Home Hemodialysis Program in Abu Dhabi

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Introduction

□ End Stage Renal Disease (ESRD) is increasingly recognized as a significant public health problem in Abu Dhabi as well as in the world

□ Globally:

- 3.2 million patients at the end 2013
- 6% growth rate annually (Fresenius Medical Care, 2013)

Introduction

□ In Abu Dhabi:

- Prevalence of 400/million population
- 10-15% growth rate annually
- Dialysis population projected to double in 5 years (Richards, 2014)

Background

ABU DHABI PATIENT POPULATION:

- Majority of patients are on in-center dialysis (almost 1000 patients)
- Small number on PD patients (less than 20 pediatric and adult)
- Transplant patients (approximately 10 patients)
- Two home hemodialysis (HHD) patients

Background

- SEHA Dialysis Services (SDS) addressed the growth in dialysis population by building dialysis unit



Hemodialysis Units will be full
in 2018



Background

HHD as economically viable RRT

□ Current model of HHD in Abu Dhabi:

- Patients are considered as VIP
- Dialyze 5 days a week with a senior nurse in attendance and a nephrologist
- Incurs higher cost

Objectives of the Study

- ❑ To explore the possibility of setting up a home hemodialysis program in Abu Dhabi.
- ❑ To explore the renal nurses' perceptions regarding the requirements for establishing a home hemodialysis program in Abu Dhabi

Methods

- ❑ Study Method: Qualitative descriptive study
 - Purposive sampling.
 - Five renal nurses with previous HHD Experience

- ❑ Data Collection
 - Face-to-face, semi- structured individual interview

- ❑ Data Analysis
 - Thematic analysis

Results

□ Three major themes were identified by the western nurses:

1. Experience of HHD
2. Requirements for HHD using self care model
3. Perception that self care model is unachievable in Abu Dhabi

Results

Theme 1:

Experience of HHD

The model of care used for HHD was self-care

Home hemodialysis has great benefits.

“So yeah things like their diet, things like their medications and what have you it was all much improved”

Results

Theme 2

Requirements for HHD using self care model

Patient characteristics, physical presence and family support and environmental resources

“There had to be someone else in the house when they are dialyzing in case they run into difficulties...”

Results

Theme 3

Perception that self care model is unachievable in Abu Dhabi

“The self-care model is something that’s quite alien to them they assume the role of patient... they as a patient and you as a nurse had to do everything that they need doing for dialysis.”

Results

□ The most significant finding :

A self-care dialysis model of HHD in Abu Dhabi is perceived to be unachievable because:

- The nurse dependent culture (assume the “sick role”)
- Depend on care providers for everything about their medical care

Results

□ Literature suggests:

- Not directly due to cultural diversity
- Due to the adopted health care culture commonly observed within the health care setting internationally (Blagg, 2006)
- Developing learned helplessness and discarding their responsibility of self-management

Discussion

- ❑ Out of the 5 nurses 4 nurses stated that HHD was not achievable within the current situation
 - 1 nurse – felt it was achievable with an adapted model

Example:

An assisted model / training a carer

Conclusion

- ❑ HHD can be employed in Abu Dhabi with modified model of care.

However....

- There is a need for a dedicated HHD team but currently not in existence
- A dedicated HHD nurse specialist to coordinate and manage the service
- Comprehensive unbiased pre dialysis education

