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# Care for Hemodialysis Patients; Barriers and Facilitators in Selected Hospitals in Ranchi

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*Abstract*: **This paper presents care for hemodialysis patients; Barriers and facilitators in selected Hospitals in Ranchi.**

*Keywords*: **hemodialysis**

## 1. Introduction

Chronic kidney disease is a growing health problem across the world. Patients with chronic renal failure are in need of renal replacement therapy and they should be treated with hemodialysis. Both chronic kidney disease and hemodialysis cause many problems and needs in the patients, which often cannot be fulfilled by patients. In addition, the complications of the disease and hemodialysis treatment, both are among the fundamental causes of frequent hospitalization, poor quality of life, and heavy burden of care. Delivery of care for these patients, before and after the initiation of dialysis, is less than optimal level, resulting in a high financial burden and unfavorable clinical outcomes for patients and the health care system. Delivery of continuous and coordinated care reduces the demand for hospital services, waiting times for other services in different parts of the hospital, and the risk of complications. Patients and their families are always in need of care, guidance, training, and ongoing support provided by the health team. According to Tejada-Tayabas et al , one of the main barriers to the delivery of care for hemodialysis patients is the heavy workload in hemodialysis wards; the heavy workload is caused due to different factors, including; need to provide several services, lack of nurses and other professionals, involvement of families and caregivers in the process of care delivery, lack of a strategy for systematic training and guidance for the patients, families, and caregivers, and some patients' families ignorance toward their patients conditions. In many dialysis centers, the delivery of health care services by health care providers is very complex and people who are affected by the problems have different levels of sensitivity to the treatment. However, the existing evidences suggest that, using a promising approach, these conditions can be appropriately managed and the outcomes of intervention could be improved for this vulnerable population and the obstacle would be overcome.

## 2. Objectives

Qualitative research can evaluate people's experiences of living with the disease, interpret their life experiences, and show the effects of the disease on their lives . Hence, the aim of this study was to evaluate the barriers and facilitators of care in hemodialysis patient.

## 3. Methodology

In this study we used conventional content analysis method. Conventional content analysis method is an appropriate method to obtain valid and reliable results out of textual data; the results can be used to reach and develop knowledge, new insights, facts, and a practical guide to performance . This study was carried out in hemodialysis ward. The studied population included hemodialysis patients, caregivers, nurses, and physicians. Participants were selected via purposive sampling. Sampling continued until data saturation . A total of 20 participants, including 8 patients, 7 nurses, 3 caregivers, and 2 physicians participated in this study. Data was collected through semi-structured interviews, field notes, and hand notes. The interview questions were about the nursing care provided for hemodialysis patients. Interviews began with a general open question: "Please talk about nursing care". Based on the derived categories, the following interview questions were formulated. To encourage the participants and to achieve more deep information, we used probe questions like "can you explain more?" or "give an example". Each interviews lasted 40 to 85 minutes. The interviews were carried out in a room at the clinical part of the Hospital, next to the hemodialysis ward. At the time of the interviews, only researchers and participants were present in the room.

*A. Analysis*

Data analysis was performed based on the five-steps suggested by Granheim and Lundman which included:

- Transcribing the entire interview immediately after each interview,
- Reading the whole transcript to reach a general understanding of its contents,
- Identifying the units of meaning and the primary codes,
- Categorizing the similar primary codes and putting them in a more comprehensive category,
- Determining the latent content

We used Lincoln and Guba criteria to ensure the rigor of the

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collected data. The credibility of the collected data was confirmed via prolonged engagement, checking the content of interviews, and analysis of the codes via member check. Dependability of the findings was ensured via prescribing the text at the earliest time possible and also via external check i.e. taking the comments of colleagues about the process of conducting interviews, analysis, data mining, and review of all the data. When collecting the data, we used time triangulation method and selected the participants with maximum variation so that to increase data reliability and data confirmability. Furthermore, the transcribed content, codes, and extracted categories were checked by two faculty members (peer check). Transferability or fittingness of data was approved via providing direct quotes and examples, rich explanation of the data, and scientific consultations with experts .

## 4. Results

The results of this study showed that to facilitate hemodialysis care it is necessary to recruit efficient human resources and nurses who would be able to establish close relationships with patients, have basic knowledge, be able to achieve hemodialysis skills, and have enough experience. On the other hand, the shortage of nurses, heavy workload, weak authority of the head nurse, ignorant director of nursing, shortage of nephrologists, lack of vascular surgeon, lack of nurse's aide and nursing assistant, unskilled staff, and interventions by caregivers are among the barriers to hemodialysis care. The results of this study are in line with the findings of Walker et. al. study; they also believe that the delivery of hemodialysis care requires special technical abilities; they also say that providing care services for hemodialysis patients is a challenge which is associated with increased supervisory activities and needs many human resources and equipment's to provide different services including emergency medical consultations, surgery, internal specialists, and intensive care. Guidelines, trainings, and ongoing support from treatment team must be provided for patients and their families so that they can easily deal with and accept changes in their lifestyle. Such services can increase patients' life expectancy and even can provide support for caregivers.

## 5. Conclusion

The findings of this study showed that access to human resources and their abilities were among the factors facilitating care; however, lack of qualified medical staff at each level of care delivery was one of the barriers to hemodialysis care. Hence, it is of great importance for policy makers, managers, and program designers to recruit human resources who have the characteristics and competencies required for providing hemodialysis care.

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