“Being, Transcending, & Harmonizing”: Nature, Patterns and Expressions of Caring Among Nurses Working in Hemodialysis Unit

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ABSTRACT

This study explored the patterns and expressions of caring among nurses in the working in a hemodialysis unit. Eleven (11) nurses working for at least three (3) years from three (3) selected hemodialysis units within Metro Manila participated in this study. Multiple face to face in-depth interviews, story-telling sessions and non-participatory observation were utilized to create the individual narratives from where the patterns and expressions of caring were later explicated.

After a series of content analysis following the focused ethnography design, three patterns and expressions of caring were then identified: (1) being at the moment, (2) transcending perceived boundaries and (3) harmonizing with technology. These patterns represent for informants their unique expressions of caring in the context of working in a hemodialysis unit. It reflects a moment to moment transitioning between caring for and caring with persons thru technology.

Insights from this study suggest that the nature of caring as articulated by the informants is an expression of their anticipated role as career within the moment and their perceived image of the person being cared for.

Professional role clarification, fluency in communication and technological competency training were implied as possible ways of strengthening their perception of being caring which in the end could improve patient's outcomes. Further studies exploring the nature and process of image representation of persons being cared for is implied since there seems to be a consistent dilemma among the informants of the blurring of their professional roles as nurses and their personal boundaries as a human person.

CONTEXT OF THE STUDY

Worldwide, two million patients are affected by end stage renal disease (ESRD), and the number of patients diagnosed with the disease continues to increase at a rate of 5% to 7% per year (U.S. Renal Data System, 2013) with over two million people currently receiving dialysis treatment worldwide. In the Philippines alone, twenty percent (20%) of the Filipino population was diagnosed with chronic kidney disease and at least 70,000 patients on dialysis as of 2017 (Magtubo, 2017). It is for this reason that a number of hemodialysis unit created globally and locally to provide an answer to this gap (Ozgen and Ozcan, 2002). The latest available data from the Department of Health (2012) show that there is a total of 423 dialysis offices across the country, of which 355 were hemodialysis and 68 were peritoneal dialysis facilities.

With these trends, many nurses find themselves working in the field of hemodialysis nursing. Previous studies have posited that working in the hemodialysis unit is associated with high levels of exhaustion (Kapucu et al., 2009), poor work environment (Hayes et al., 2013), low job satisfaction (Arikan et al., 2007), poor patient satisfaction (Argentero et al., 2008), and high incidence of burnout among health care members (Klersy et al., 2007). Registered Nurses working in the hemodialysis units also experience high levels of stress and suffer from an array of work-related emotional stressors (Dermody and Bennett, 2008), and impaired coping mechanisms (Ashker, Penprase and Salman, 2012). Although studies have explored the experiences of nurses in the hemodialysis unit, including their compliance (Eid and Abd El-Aziz, 2013) and adherence to standard precautions (El-Enein and El-Mahdy, 2011), little research has been made to explicate the culture of caring among nurses working in the hemodialysis unit. Although there are a number of qualitative researches exploring topics incidental to the nature of

caring among nurses working in a hemodialysis unit such as the role of knowledge in the expert practice of nephrology nursing (Bonner, 2007) and the nature of nephrology nursing practice (Bonner and Walker, 2003) there is still a paucity of studies that focus on understanding how nurses working in the hemodialysis make sense of their experience and how these affect their expression and understanding of the nature of caring.

Caring, a culturally sensitive construct, is considered as the essence of nursing (Cohens, 1991; Leineger, 1988; Watson 2009). It is focused on caring's relationship to health and healing that differentiate nursing in a way from the other profession (Watson & Smith, 2001). Though caring is unanimously considered as the essential core of the nursing profession, it has not been fully and exhaustively explicated as a single concept or phenomenon and no single definition of care has been fully accepted both by practitioners and academicians alike. A universal definition of care maybe seen as less importance since its expression is markedly different by the context where it occurs. It is this unique expression of caring influenced by the culture where it was created that makes caring context specific (Finfgeld-Connett, 2006). Since a micro definition and appreciation of caring is always contained within the boundaries of the context where it occurred, researches tend to focus their topic on a single phenomenon where care is present as seen through the lens of a certain group of nurses working in a specific setting.

The continued global burden of kidney disease, increasing creation of hemodialysis units, and lack of studies exploring the nature and expression of caring among nurses in the context of the hemodialysis unit justify the gap this study intends to fill. This study aimed to explore the nature, patterns and expressions of caring among nurses working in a hemodialysis unit and its implication to the nursing profession.

METHODOLOGY

Research Design

This study is rooted on the interpretivist paradigm with focused ethnography as its specific approach of understanding. The philosophy of focused ethnography serves as its unique lens by which the the nature, patterns and expressions of caring among hemodialysis nurses was appreciated. The interpretivist paradigm and philosophy of focused ethnography serves as the underpinnings by which this study is founded upon (Arnould, 1998; Atkinson, 2014; Carruthers, Schensul, Schensul, and LeCompte, 1999; Morse, 1994).

Focused ethnography is a variant of traditional ethnography implemented in the investigation of specific phenomenon that is socially and culturally highly differentiated created by the shared experiences of a certain group of people (Knoblauch, 2005; Richards & Morse, 2007). Further, Muecke (1994) posited that focused ethnography studies are (1) problem-focused and context specific; (2) focused on a discrete community; (3) has the conceptual orientation of a single researcher; (4) involves a limited number of informants; (5) has episodic participation observation; (6) involves informants who hold specific knowledge; and, (7) used in the academe and in the healthcare field for the development of care services.

In nursing, focused ethnography is conducted to understand the meaning that members of a subculture or group assign to their experience the practice of nursing as a cultural phenomenon (Roper & Shapira, 2000). In the current study, focused ethnography was selected based on the assumptions previously discussed.

Selection of Informants

Eleven (11) informants from three (3) hemodialysis unit agreed to participate in the study. The informants were selected based on the criteria that (1) They are working as registered nurse on a hemodialysis unit on a full time basis for at least three (3) years and (2) They are willing to undergo multiple face-to-face interview and non-participatory observation during the data gathering and data analysis phase of this study. Theoretical saturation and maximum variation technique were utilized to arrive at the total number of informants for this study. Maximum variation sampling technique is a specific approach of purposive sampling technique which considers the variation in characteristics of the respondents which may affect the experiences of the informants (Polit & Beck, 2014). In the current study, the researcher considered sex, age, and years of clinical experience in the dialysis units as potential variations that provide multiple lenses in understanding the phenomenon under investigation.

Data Gathering Procedure

Ethics clearance was sought prior to the conduct of this study. The informants were interviewed on the place they are comfortable in during an agreed timeframe. There were at least three (3) face-to-face interviews for each informants followed by non-participatory observation in their workplace. No interviews with the informant and their patients were done during the conduct of non-participatory observation. Further, follow-up interviews among the informants were also done to ascertain that the analysis of their individual narratives is reflective of their experience as hemodialysis nurse. Three approaches therefore were utilized in this study to gather rich textual information from the informants, namely: multiple, free flowing, in-depth, face to face interview, storytelling session and non-participatory observation in their workplace.

The in-depth interviews were freeflowing and unstructured to let the informants share their experiences without prior self-inflicted constraints normally present in a structured interview (Creswell, 2013). The interviews centered on key concepts and experiences of caring expressions as informants experienced them in their work as hemodialysis nurses. Storytelling on the other hand is embedded within the interview process and focused on letting the informants share their stories of caring while working as hemodialysis nurse. These sharings were done without much intrusion from the researcher as opposed to the dialogical nature of the interview process. These allowed the informants to express themselves freely and be actively engaged in the process of exploring their experiences (Gruen, 2000).

Non-participatory observations of the informants during their selected duty shift were also done to provide another lens by which their expressions of caring were gleaned upon. During the observation, the researcher stayed on the nurse's station and took note of how the informants interact with their patients. Clarificatory interviews were done after the four (4) hours observation to ascertain that the implied meaning of the observations made by the researcher were reflective of the informants' experiences.

The interviews and storytelling sessions were audio recoded and were later individually transcribed verbatim. The transcribed transcripts serve as the informants' individual narratives, which were later reflectively analysed.

Analysis Plan

The individual narratives, together with the notes on the non-participatory observations were reflectively analysed using the analytic technique proposed by Roper & Shapira (2000) involving five (5) essential steps, namely: (1) coding for descriptive labels, (2) sorting of

patterns, (3) identifying outliers, (4) generalizing constructs and theories, and (5) memoing with reflective remarks. This analysis technique was chosen by the researcher for its simplicity, availability (Cruz and Higginbottom, 2013; Higginbottom, 2013) and appropriateness of the design to the research aim.

Maintaining Rigor

To maintain the study's rigor, varied techniques were utilized by the researcher namely: member checking, audit trail, and method triangulation. Member checking, defined as a method of validating the credibility of qualitative data through debriefings and discussions with informants (Polit & Beck, 2014), involved the researchers going back to the informants to verify the accuracy of the narratives and the analysis of the researchers. To further establish the authenticity of the resulting findings from this study, audit trailing was also utilized. This was done by making the process of the analysis traceable and confirmable to an external expert or auditor. Lastly, method triangulation, defined as the utilization of varied methods of data collection (Creswell, 2013), was utilized to provide multiple lenses of their experiences and ascertain that the resulting findings are reflective of their experiences.

FINDINGS

The process of reflective analysis of the narrative of the informants resulted into three (3) distinct patterns of caring, namely: (1) Being at the moment, (2) Transcending perceived boundary, (3) Harmonizing with technology

Being at the moment

For the informants, being at the moment is one of the patterns of being a caring nurse. For them, the expression of being at the moment involves the nurse's sense of immediacy, caring presence and rapport building skill.

Informants expressed that for nurses to be caring, they need to be constantly present whenever the patient needs them to be. This internalized sense of immediacy for them is essential to be at the moment with the patient. This was reflected when one of the informants shared:

"I had a patient who always complains of chest pain and I need to be constantly be with him during these episodes, that's what caring is for us here. You need to be there when they need you to be there either to treat or just to chat with them" (Informant 8).

The development of this sense of immediacy is attached by the informants to the chronic nature of the kidney disease that their patient had and the resulting repetitive nature of caring for them in the hemodialysis unit. Knowing the patient as person expressed by their patterns of behaviour enables the informants to attune themselves to their patients' need thus the sense of immediacy is developed.

The informants also see caring presence as one of the expressions of being in the moment. For them, caring presence means being genuinely present at the moment exhibiting an “aura” of caring. These “aura”, according to them is reflected by how nurses carry themselves as they interact with the patient such that even if they are not doing anything, people around them still perceived that they are caring. Caring presence for the informants means that the nurse is mindful and aware of what is happening to the patient at the moment and is competent to address their immediate need. One of the informants shared:

“Besides actually being competent in cannulation, you need to somehow train yourself to show that you are confident in it in the first place. The patient and the relative will know if you are not really competent just by your “aura”... that you really know what you are doing.” (Informant 3)

Rapport-building skill was also seen by the informants as another expression of caring. For them, forming a trusting relationship build on mutual respect is one of the key elements for effective nursing to occur. Rapport-building skill is essential in this formation of a trusting relationship. For the infromants, rapport-building skill, such as proper communication, enables them to genuinely connect with the patient and know the patient as person moment to moment. It is this human connection that rapport-building skill brings that makes their action for them, more caring. Informant 4 shares the following story:

“You should know your patient, it really matters. That patient you will be handling will be your patient for year, even decades so you really need to know them for them to trust you. Know who they are, their stories. You need to develop how to build rapport really, that caring for us”

For the informants, being at the moment enables them to give the maximum care needed by their patients. It is for them their reason for being in the nursing profession. These findings bear similarity to the results of the study by Nobahar (2016) which points out that providing high-quality care to patients undergoing dialysis is the main priority of the nurse. This finding reflects Boykin and Schoenhoffer's (2001) assertion that caring is expressed moment to moment, person to person.

Transcending perceived boundary

Another pattern of caring seen by the informants is transcending perceived boundaries as expressed in the blurring of the informants' personal lives and professional roles. This is reflected in two unique aspects, seeing their patient as a family and going beyond their "job descriptions".

The informants see actions as caring when it is perceived as beyond their "job description". Following up the patient at home, connecting with the patient's relative via social media, personally extending ones duty time without expecting over time pay just so the patient can finish the treatment are some of the acts that the informants sees as caring. It seems that for them, the interventions and actions that they routinely perform as part of their professional obligations as staff nurses are not the epitome of caring but the small gestures and acts of kindness that they do beyond what is stipulated in their employee-employer contract. One of the informants shared,

“Sometimes we need to remember that they are also human being not just patients and that we are also like them, humans... I do (act of kindness) with them because I am human first before I was a nurse and that is caring for me”

Among the informants, there is a notion that going beyond what society expects of them constitute caring. This expectation of society in the form of professional roles and responsibilities are seen by the informants as creating a boundary between them and the patient. Symbolically transcending this boundary then is seen as caring since they are giving more of than what society expects them to do. Informant 5 shared the following:

“You will not be effective and caring if you will only see them as patient, if you will only do those things that nurses are expected to do... you need to go beyond that, show compassion, show humanity”

Another expression of caring among the informant is seeing the patient as part of their family. Among the informants, all agreed that they have over familiarity among their patients that a lot of times they treat their patients as if they are their relatives. For them, caring at this moment transcends the professional level and move to a more personal one. The informants see the more personal form of discourse and interaction with the patient as caring than the professional one. The informants further maintained that by becoming more personal with their care and interaction with their patients, they are more attuned to their needs and thus are more caring. This was reflected when one of the informants shared:

“For my patient, I just think of them like my grandparents. There are some patients who seem sad and they need someone to talk to. I talk to them like I talk to my grandparents...”

that is why I always ask them how they are doing and always check on their status even if I am not assigned to them anymore” (Informant 2)

Because of this level of intimacy and personal knowing between the patient and the informants, the boundaries between their personal lives and professional roles seem to blur. For the informants, a paradoxical boundary seems to exist with them and their patients, a boundary that they both need to maintain and break at the same time for caring to occur. This was evident when all of them during the interview agreed that there is a need for a boundary between them and their patients yet they deliberately choose to break it in one way or another. Informant 7 shares the following:

“My relationship with them is like they (the patients) are my parents. I treat them as my parent, it just developed over time. I pity them so the way I treat and cared for my parents , the respect I gave them, I also gave my patients. One time I cried when a patient close to me died... there are times that you will get hurt... there will be times that when you became close to them you will become emotional but what can we do, that is how we care...”

A challenge faced by the informants is a felt paradoxical blurring of personal and professional boundaries as part of the process of caring in the hemodialysis unit. This expression of caring finds similarity in the result of a qualitative study done by Atashzadeh, Pazargadi, & Zagheri (2018) where the central theme is a “challenging care” as the same blurring of role was also seen.

Harmonizing with technology

For the informants, technology is part and parcel of their lives as hemodialysis nurses. Caring for them is expressed in their technical skills and their competent use of technology. Harmonizing with technology then is seen as one of the patterns of caring.

Proficiency and efficiency in technical skills especially in intravenous line insertion is seen by the informants as one of the expressions of caring. For them, you cannot be an effective hemodialysis nurse unless you have mastered the art of intravenous line insertion. It is interesting to note that almost all patients see nurses as caring when they can insert with ease an IV line on their first try. The “IV-insertion moment” is one of the moments where nursing knowing occurs in the hemodialysis unit as during this time, the patient and the nurse gets to know each other as persons. The image of the nurse will be tested in this moment for when he/she successfully inserted an IV, he/she will be seen as a proficient and efficient nurse and therefore a caring nurse. The informants, when asked who the most caring nurse among themselves is, will always points out the staff who mastered the art of IV insertion. One informant shared:

“You are not caring unless you know how to insert an IV (intravenous line)... That will stick to you for a long time... the patient tends to be picky at first especially if you are new to the unit but when they experience you getting (the IV) in the first try, they will trust you and you will earn their respect... sometimes even the respect of other patients since they gossip a lot who can and cannot insert an IV effortlessly.”

The centrality of technical skill such as cannulation in the hemodialysis ward have similar findings in the study by Parisotto, Pelliccia, Grassmann, & Marcelli (2017) which shows that cannulation accounts are the most frequent procedure in the hemodialysis unit.

Another expression of caring for the informants is their competency in the use of the dialysis machine. Informants would describe the dialysis machine as their “partner” and even their “lover” since the machine seems to have a mood of its own. Being a caring nurse means having the capability to operate, control and manage the dialysis machine. As the dialysis machine is the most prominent and permanent fixture in the hemodialysis unit, it is not surprising that it has become the ultimate symbol related to the practice of hemodialysis nursing. For the informants, the hemodialysis machine enables them to perform their functions as a caring nurse. The hemodialysis machine serves as an extension of themselves in caring for their patients such that competency in the complexity of its operation is seen as one expression of caring. Technology, in the form of hemodialysis machine, actualizes the care rendered by the nurses in the hemodialysis ward. Informant 10 shares the following:

“If the nurse “knows” the machine he/she can efficiently use it and manipulate it using parameters or settings. If you are a dialysis nurse, you will be familiar with how the machine and the patient works, you can sense when the blood pressure will go down among other things. If you are competent in the use of the machine , well that is caring... without the machine you will not be a hemodialysis nurse... without it the patient will die”

Technological competency with the dialysis machine was seen as one aspect of a caring nurse working in a hemodialysis unit. This centrality of technological competency as one of the importance aspect of was also seen in the study by Abdelsatir (2013) using nurses as informants

and that of Chiaranai (2016) and Nobahar (2016) using the patient's frame of reference from Thailand and Iran respectively.

INSIGHTS and IMPLICATIONS

After a series of content analysis following the focused ethnography design, three patterns and expressions of caring were then identified: (1) being at the moment, (2) transcending perceived boundaries and (3) harmonizing with technology. These patterns represent for informants their unique expressions of caring in the context of working in a hemodialysis unit. It reflects a moment to moment transitioning between caring for and caring with persons thru technology.

Insights from this study suggest that the nature of caring articulated by the informants is an expression of their anticipated role as career within the moment and their perceived image of the person being cared for. The context of the hemodialysis ward and the processes inherent in it as it functions provide the backdrop from which caring moments and expressions were seen by the informants.

Professional role clarification, fluency in communication and technical & technological competency training were implied as possible ways of strengthening their perception of being caring which in the end could improve patient outcomes. Further studies exploring the nature and process of image representation of persons being cared for is implied since there seems to be a consistent dilemma among the informants of the blurring of their professional roles as nurses and their personal boundaries as a human person.

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