Enhancing Dialysis Patient Self-Management through Interdisciplinary Team Support

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Presentation Overview

- Describe patient self-management in the context of in-center hemodialysis (ICHD)
- Discuss examples of common staff-patient tensions with regard to self-management
- Review self-determination theory as a framework for improving self-management behaviors in dialysis patients
- Recommend strategies to enhance patient self-management through interdisciplinary team support
Patient Self-Management in ICHD

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Does in-center hemodialysis lend itself to self-management?

- People may start dialysis with little advance notice or discussion.
- Dialysis connects human life to technology that dictates the treatment parameters.
- Clinic setting is a social context that can both foster and obstruct self-management.
- Impossible to allow full self-management.

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How self-management occurs

- Most self-management occurs outside the dialysis clinic
- What is self-management?
  - Health behaviors, choices such as where to dialyze
Self-management can mediate the loss of control associated with kidney failure

- With beneficial or detrimental effects on patient well-being
- Exs: skipping, shortening treatments...this is the area ripe for tensions between staff and patients with regard to self-management
Conflicts around Self-Management in ICHD: Examples
Showing up late for treatment

**Patient factors**

- Personal freedom
- Demands on time
- My risk to take
- Logistics beyond my control

**Staff factors**

- Risk to patient health
- Disrupts flow of the day
- Viewed as inconsiderate
- Creates extra work

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Vignette

• 36-year-old man
• Uses ride service
• Does not call ride service himself, but waits and defers to dialysis unit
• Calls unit instead
# Fluid gains between treatments and fluid removal during treatment

## Patient factors
- Restricted
- Major behavior change
- Know what my own body can take
- Logistics beyond my control
- Body image

## Staff factors
- Concern for patient well-being
- Knowing parameters for safe fluid removal
- Understanding re: sodium intake, fluid gains, cardiac function, concerns for public safety (e.g., patient who drives)
Vignette 1
- 60-year-old woman
- Trained nurse
- History of obesity
- Falls by scale post treatment

Vignette 2
- 57-year-old man
- Hepatitis C and Congestive Heart Failure
- Large weight gains
- Needs oxygen during treatments

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## Access type and use

### Patient factors
- Access placement and body image
- Function of arms and hands
- Pain
- Knowing own body and access

### Staff factors
- Infection risk to patient
- Efficacy of dialysis
- Expertise in cannulation
Vignette 1
• 40-year-old man
• With diagram of his arm and access site
• Guides staff placing needles

Vignette 2
• 76-year-old woman
• History of motor vehicle accident
• Long-term catheter
• Appointment set for vascular access placement

Vignette 3
• 48-year-old woman
• Experienced on ICHD
• Self-cannulated one day in clinic
• Now on home hemodialysis
Self-determination Theory as Framework for Improving Self-management Behaviors
Self-determination Theory (SDT)

- Examines the dialectic between people and their social contexts to determine factors that either support or hamper mastery of experiences or conditions (Ryan & Deci, 2000; 2002)
Two key SDT concepts for ICHD

- Autonomous motivation
- Perceived competence
Autonomous Motivation

- Involves a sense of personal endorsement, volition, and self-initiation when interacting with others
- Need to feel choice and control in one’s behavior
- Use available information to guide action and achieve goals
- *Ex:* patients on dialysis are autonomously motivated when they can actively participate in decisions about their treatment and are personally committed to improving their health
Autonomous Motivation (con’t)

- Autonomous motivation can be buttressed when patients experience *autonomy support* from their dialysis team, i.e., the team refrains from controlling the patient’s behavior or decisions.
Perceived Competence

- Perceived competence is similar to Bandura’s concept of *self-efficacy*
- State of feeling capable of achieving key health and social outcomes
- Personal competence achieved when person receives positive or informational feedback rather than negative, personally controlling feedback
Perceived Competence (con’t)

- Ex: dialysis patients feel competent when they have a favorable lab or interdialytic weight gain report after purposefully adhering to medication regimens or monitoring daily fluid intake.

- People report greater competence when they feel more autonomously motivated.

- Autonomy support from others improves one’s perceived competence and autonomous motivation.
Strategies to enhance patient self-management through interdisciplinary team support
Perspective on person with kidney failure: Holistic model

Life of an Individual

Dialysis Patient

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Create a culture of collaborative learning

- Recognize different learning styles
- Input from many to encourage creative problem-solving

Vignette

- 63-year-old man with large fluid gains
- **Progress**: to try 4 txs/week on his terms (affirms self-efficacy)
Mediate conflicts

- Express perspectives, allow storytelling — this can reveal keys to a person’s positions
- Explore to learn interests, aspirations
- Seek common ground (staying out of hospital, avoiding pain)
- No need to resolve or come to full agreement, next step can be talking further later, taking space and coming back to the issue
Utilize resources of dialysis clinic

- Multidisciplinary team — varying approaches, styles, knowledge bases
- Recognize links such as those between PCTs and people on dialysis, support PCT role as part of team with authenticity and legitimacy in relation to people on dialysis
- Informal setting in waiting room
- Community
Thank You

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