Identifying Barriers for Nephrology Nurses in Discussing Advance Care Planning (ACP) with CKD Patients

Chiu-Chu Lin, RN, PhD
School of Nursing, Kaohsiung Medical University
Kaohsiung, Taiwan
chiuchu@kmu.edu.tw
Disclosure Statement

◆ Author names
Chiu-Chu Lin, PhD, RN; Jui-O Chen, MSN, RN

◆ Learner objectives
1. The learners are aware of the major barriers influencing nurses to discuss advance care planning (ACP).
2. The learners can develop interventions based on the barriers identified in this study to promote ACP.

◆ Funding Statement
This study was funded by the Ministry of Science and Technology, R.O.C. (MOST 107-2314-B-037-029-MY3)

◆ No Conflict-of-interest
Outlines

- Background / Aim
- Method
- Findings
- Conclusion / Implications
Background

The prevalence and incidence of end stage renal disease (ESRD) in Taiwan is the highest in the world.

Patients with ESRD may need to depend on hemodialysis of life-sustaining treatment for survival.

During hemodialysis, patients may encounter critical conditions and even receive emergency treatment. The mortality rate is around 60%, and the overall survival is less than 6 months.
If health professionals can initiate patients into advance care planning (ACP) and assist them in signing advance directives (AD), patients may avoid facing medical futility.

However, the overall rate of AD completion in Taiwan (2.5%) is lower than western countries (10 to 20%).

Therefore, to explore the barriers in discussing ACP with patients (CKD) is needed.
The study aimed to explore the nephrology nurses’ barriers while discussing ACP with chronic kidney disease patients.
Method

- A qualitative study using focus group interviews was conducted to collect the data.

- A total of 34 nephrology nurses who worked in the hemodialysis unit or nephrology ward located in northern, central, and southern Taiwan were recruited through a purposeful sampling.

- A qualitative content analysis was used to analyze the transcripts from eight focus groups interviews.
Interviewing guide

Have you ever had experience discussing ACP with patients?

- If so, could you please talk about how you initiate patients into ACP? Did you encounter any difficulties while discussing ACP with patients? Could you elaborate a bit more on the discussion with patients?
- If not, could you share the reasons that you did not discuss ACP with your patients?
Findings

Theme 1
Nurses lack knowledge of ACP and communication skills.

Theme 2
It is hard to find a good timing to initiate patients into ACP.

Theme 3
Nurses consider themselves lacking the characteristics to discuss ACP with patients.

Theme 4
A conflict of opinions between doctors and nurses arise over ACP.

Theme 5
Initiating patients into ACP is not nurses’ responsibility.

Theme 6
ACP is considered to be related to death.

Theme 7
Patients or their family refuse discussing ACP due to certain misunderstanding.
Theme 1: Nurses lack knowledge of ACP and communication skills.

“...Most of the nurses are not familiar with the content, procedure... nurses do not know how to register IC card and may worry that they are not able to answer patients’ questions. I feel that I am lacking relevant knowledge and training experiences so I am not confident at initiating patients into ACP.” (N1)
Theme 1: Nurses lack knowledge of ACP and communication skills.

“I feel that patients have many issues. They might shed the tears during the discussion. I am wondering how I should do if patients have lots of emotion during the discussion. How should I comfort them and deal with their emotional issues? These are things I am not certain about.” (N4)
Theme 2: It is hard to find a good timing to initiate patients into ACP.

“People who receive hemodialysis treatment are actually having good health status … they are not much different from the ones without receiving hemodialysis. If I initiate them into ACP, they may not be able to understand why. Unless there is a change in patients’ condition such as patients in shock. I seem not be able to find a good timing to open the conversation about ACP ” (N3)
Theme 3: Nurses consider themselves lacking the characteristics to discuss ACP with patients.

“I think that I need to have the characteristics to talk about ACP because not all nurses are able to initiate a topic of ACP. Some have the knowledge of ACP, but they lack humanistic characteristics to talk about it. ... I feel that hospice nurses are more capable of initiating patients into ACP because they are able to handle patient’s emotion and know how to reach patient’s heart... I am not able to do so.”(N12)
Theme 4: 
A conflict of opinions between doctors and nurses arise over ACP.

“I used to discuss ACP with patients who had experienced critical events like hypotension or even in shock during the period of hemodialysis treatment. However, the doctor believed that initiating patients into ACP is not necessary, and was upset at me because I mentioned ACP to them. I think that many doctors give patients lots of hopes and rarely mention the risk of receiving hemodialysis treatment. I feel that doctors are not supportive. This makes me feel quite frustrated.” (N6)
Theme 5: Initiating patients into ACP is not nurses' responsibility.

“I think that talking about ACP is doctor’s duty. My responsibility is not to initiate patients into ACP but focuses on managing the care patients receive. Furthermore, discussing ACP is not part of my daily care routine.” (N30)
Theme 6:
ACP is considered to be related to death.

“Taiwanese don’t like to talk about death. Most patients would refuse talking about it when I initiate them into ACP since it is very easy for them to connect ACP with death, which is considered a taboo topic in our culture.” (N18)
Theme 7: Patients or their family refuse discussing ACP due to certain misunderstanding.

“Once patients asked me that if ACP means DNR. Does it imply that their condition is getting worse so they have to think about ACP?……I think that they don’t quite understand the meaning of ACP, and half of the patients or family members refuse discussing this issue.” (N15)
Conclusion

The main barriers influencing nurses to discuss ACP involved three aspects:

1) Nurses themselves (i.e., Nurses’ professional skills and personal characteristics)
2) Lack of physicians’ support
3) Traditional cultural factors
Implication for Practice

First, to design ACP-related *simulation training programs* enhances nurses’ competencies to discuss ACP.

Secondary, discussing ACP should be a part of *daily care routine* at any stage of CKD to facilitate patients’ understanding of ACP.

Third, the local authorities are highly recommended to promote *ACP-related policy* to increase the awareness of the general public.
Thank You!