A Qualitative Study of Awareness in Earlier-Stage Chronic Kidney Disease

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Background
• Data on United State estimated CKD awareness was less than 9.0%.
• In Taiwan, the awareness rate of CKD stage 1 to 3 was merely 2.66% to 4.10%.
• It is not known whether current each patient’s unique experience of awareness.

Purpose
To find out awareness experience in Taiwanese patients with early stage CKD.

Methods
• A descriptive qualitative design was conducted using semi-structured, in-depth interviews.
• Fifteen participants were purposively recruited from the nephrology department of three hospitals in Taiwan.

Results
• **Theme 1**: Difficulty in linking early stage symptoms to kidney diseases
  I just had high blood pressure and I didn’t feel any discomfort. The doctor told me that I needed hemodialysis.
• **Theme 2**: Unnoticeable disease symptoms
  Nothing is uncomfortable, just feel tired and have a little edema on the foot.
• **Theme 3**: The lack of basic knowledge about kidney diseases
  I thought that standing for too long, my feet were edematous, as long as I rested and lifted my legs, the edema disappeared, so I think this is normal.
• **Theme 4**: Medical terminology unintelligible to patients
  At that time, the physical examination reported a red letter in creatinine, but I don’t know if this is related to kidney function.
• **Theme 5**: Neglect in treatment due to overwhelming responsibility in multiple roles
  I wanted to make more money for my family. I didn’t consider my body. The responsibility was completed and my health was a problem.
• **Theme 6**: Communication barriers with healthcare providers
  I have proteinuria, the doctor said that the kidney function is 30%, but did not tell me the meaning of 30%.

Conclusion
• Understanding of the patient experience and improve their skills in motivational communication.
• Empowerment is a collaborative relationship in which providers function as educators or consultants to the patient.
• Individuals’ unique cultural and economic status all require that the individuals adapt general CKD education guidelines to their unique needs, values and priorities.
• We should be paid to supporting patients to set goals, strengthening intrinsic motivation, providing comprehensive and practical information, stimulating the self-monitoring of disease progression.
• Building a supportive patient–professional relationship that encompasses shared decision making and coaching.