

Haemodialysis patients' perceptions of the role of nurses in Peru

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Please cite this article in press as:

Ucaña-Cieza HJ, Gálvez-Díaz NDC. Haemodialysis patients' perceptions of the role of nurses in Peru. *Enferm Nefrol.* 2024;27(3):228-34

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Reception: 03-22-24
Acceptance: 04-31-24
Publication: 09-30-24

ABSTRACT

Introduction: The role of the haemodialysis nurse is becoming increasingly important as the use of haemodialysis therapy in people with chronic kidney disease increases because their care improves the quality of life and safety of patients.

Objective: To determine the perception of haemodialysis patients regarding the role of nurses in northern Peru.

Material and Method: A descriptive, cross-sectional, descriptive study. The population consisted of 85 patients from a haemodialysis centre in Peru. A survey technique was used for data collection and a 17-item questionnaire was used as an instrument, with expert judgement validity and a Cronbach's alpha reliability of 0.8.

Results: 85 questionnaires were obtained, with a refusal rate of < 1%. 32.9% were aged between 61-70 years, 49.4% of the patients had higher education, and the male sex predominated with 61.2%. Regarding the perception in the educational role dimension, 77.6% had a good perception; about the care role dimension, 84.7% had a good perception; in the administrative role dimension, 77.6% of the patients had a good perception.

Conclusion: Most haemodialysis patients had a good perception of the nurse's role; 20.0% had a fair perception. Interventions need to be developed to support continuous quality improvement in the role of the haemodialysis nurse.

Keywords: perception; haemodialysis; nursing care; nephrology nursing; patient care.

RESUMEN

Percepción de los pacientes con terapia de hemodiálisis respecto al rol de enfermería en Perú

Introducción: El rol de la enfermera en hemodiálisis cobra importancia ante el incremento de esta terapia en las personas con enfermedad renal crónica, porque sus cuidados mejoran la calidad de vida y seguridad de los pacientes.

Objetivo: Determinar la percepción de los pacientes con terapia de hemodiálisis respecto al rol de enfermería en el norte de Perú.

Material y Método: Estudio de diseño descriptivo y corte transversal. La población estuvo conformada por 85 pacientes de un centro de hemodiálisis en Perú. Para la recolección de datos se utilizó como técnica la encuesta y como instrumento un cuestionario de 17 ítems, tuvo validez de juicio de expertos y una confiabilidad de alfa de Cronbach de 0,8.

Resultados: Se obtuvieron 85 cuestionarios, con un índice de rechazo <1%. El 32,9% tenían edades entre 61-70 años, 49,4% de los pacientes tenían estudios superiores, predominó el sexo masculino con el 61,2%. Referente a la percepción en la dimensión rol educativo el 77,6% tenían una percepción buena, en relación con la percepción en la dimensión rol asistencial el 84,7% tenían una percepción buena, en la dimensión rol administrativo el 77,6% de los pacientes tenían una percepción buena.

Conclusión: La mayoría de los pacientes con terapia de hemodiálisis tenían una percepción buena del rol de la enfermera; el 20,0% tenían una percepción regular. Es necesario

desarrollar intervenciones para apoyar la mejora continua de la calidad en el rol de la enfermera de hemodiálisis.

Palabras clave: percepción; hemodiálisis; asistencia de enfermería; enfermería de nefrología; asistencia al paciente.

INTRODUCTION

Chronic kidney disease (CKD) is considered an epidemic^{1,2}, with hemodialysis (HD) being the main renal replacement treatment used by people who suffer from it³ and entailing a series of changes in how patient care is organized^{4,5}. It is managed almost exclusively by a multidisciplinary team working in the field of nephrology^{6,7}. Some authors indicate that patients must endure severe symptoms and changes in their daily lives^{8,9}, which means they experience psychological distress for several reasons, such as the limitations of the treatment itself, financial difficulties, and changes in body image. According to various authors^{10,11}, nurses play an important role in helping patients feel safe, promoting their psychological well-being, and supporting them in coping with their illness.

HD nurses face multiple challenges during patient care, which requires achieving and maintaining a high level of competence in both technical and humanistic aspects in order to deliver person-centered nursing care.

Watson¹² states that nursing care is the ability to help people give meaning to their existence, avoiding suffering and lack of harmony. The nurse-patient relationship allows for a deep connection between people; to this end, nurses must base their practice on a system of humanistic values that influence their attitudes and skills and guide their behaviors.

The role played by nurses has an important impact on how patients perceive nursing care. In this regard, Swanson¹³ highlights that a caring relationship is beneficial for patients, nurses, and health systems in terms of costs. Conversely, if patients are exposed to indifferent attitudes, they feel vulnerable, helpless, and afraid, which may prolong physical healing times^{14,15}.

In Peru, according to the Peruvian Society of Nephrology, more than 3 million people suffer from CKD and most die without having been included in dialysis programs. They also report that at present there are 415 people per million Peruvians in end-stage disease requiring dialysis, but only 12,773 receive treatment, of whom 80% dialyze in EsSalud and 20% in public hospitals⁷. In Peru, CKD is among the 10 leading causes of mortality, and the presence of uremic encephalopathy is associated with high mortality rates⁸.

In the Lambayeque region in northern Peru, 1 in 10 people had some form of kidney disease; moreover, in 2022 there were 450 patients on HD and, due to the COVID-19 pandemic,

this number increased. That is, each month there were 15–20 additional patients attending for care, of whom a high percentage died⁹.

In Brazil, the very important role of nurses in HD has been identified, both in activities that directly address complications and in the nurse-patient relationship, with approaches that promote adaptation to new conditions through dialogue and direct patient care; with education, effective work, and quality care, nurses can help prevent some complications of dialysis treatment⁶.

Based on all of the above, the objective of this study was to determine the perception of patients on HD regarding the nursing role in a Hemodialysis Center in Chiclayo, Peru.

MATERIAL AND METHOD

Study design: We conducted a descriptive, observational, cross-sectional study.

Study population and sample: The research was carried out at the Santa Rosa de Lima Nephrology Center located in Chiclayo, northern Peru. The population consisted of 85 patients treated at the Santa Rosa de Lima Nephrology Center; the sample was selected by non-probabilistic convenience sampling.

Inclusion criteria were patients undergoing hemodialysis who agreed to participate in the study, hemodynamically stable patients, and patients who regularly attended all scheduled sessions. Exclusion criteria were patients receiving hemodialysis therapy in other private centers, patients with mental disorders, and patients attending hemodialysis as emergency referrals from other centers.

Measurement instrument: Data were collected using an ad hoc questionnaire developed by the investigators on the perception of hemodialysis patients, which measured patient satisfaction with the nursing role. The questionnaire was organized into two parts. The first part contained sociodemographic data; the second part consisted of items presented as statements that measured the educational role, care (clinical/assistential) role, administrative role, and research role of nurses. The instrument contained 17 questions. Responses were coded as: A. Always, B. Almost always, C. Sometimes, D. Very rarely, E. Never, with numerical values from 5 to 1 points respectively. The total possible score range was: minimum 17 (1 point per question), maximum 85 (5 points per question). To divide the total score range (17–85) into four approximately equal categories, the total range was calculated as $85 - 17 = 68$ points; division into four categories yielded $68/4 = 17$ points per category. The following ranges were assigned: Very good: 69–85 points; Good: 52–68 points; Fair: 35–51 points; Poor: 17–34 points. These ranges allowed for an equitable and meaningful classification of scores, facilitating interpretation of the questionnaire results.

Instrument validity was established through “Expert Judgment” by three nephrology nursing specialists with at least 15 years of clinical experience and scientific publications on the topic. Questionnaire reliability was assessed with a pilot test, yielding a Cronbach’s alpha coefficient of 0.80.

Data collection procedure: First, the project was approved by the Faculty of the Señor de Sipán University (FACSA) in Peru by resolution No. 0314-2023/FCS-USS. Authorization was then requested from the director of the Nephrology Center. Subsequently, the investigators administered the data collection instrument in person to patients in a designated room within the same Nephrology Center. Data collection took place between August and October 2023; the approximate duration for completing each questionnaire was 12 minutes.

Statistical methodology: Data obtained from the questionnaire were recorded in an anonymous database and processed using SPSS v25. A descriptive analysis of the collected variables was performed using absolute and relative frequencies.

Ethical aspects: The study received a favorable report from the Research Committee of the School of Nursing at FACSA. The investigators obtained permission from all participants, and participation was voluntary. The Belmont ethical principles¹⁷ were observed.

RESULTS

A total of 85 patients participated in the study. The overall completion rate was 100%. The sociodemographic variables of the sample are shown in **table 1**.

Table 2 shows the results regarding patients’ general perception of the nurse’s role, where 80.0% (n=68) of patients had a “good” perception of these roles.

Table 3 presents the results of patients’ perception of the nurse’s educational role, where 77.6% (n=66) reported a good perception. Similarly, 64.7% (n=55) rated the advice on lifestyle habits indicator positively, 74.1% (n=63) did so for the pre-treatment preparation indicator, and 76.5% (n=65) expressed a good perception of the care-orientation indicator.

Table 4 presents the results on patients’ perception of the nurse’s care (assistential) role, where 84.7% (n=72) expressed a good perception. Likewise, 82.4% (n=70) rated the dialysis daily record indicator positively, 81.2% (n=69) did so for the immediate assistance indicator, and 83.5% (n=71) had a good perception of the complications indicator.

Table 1. Sociodemographic characteristics of the patients.

		n	%
Age	27–40 years	9	10.6%
	41–50 years	11	12.9%
	51–60 years	20	23.5%
	61–70 years	28	32.9%
	>70 years	17	20.0%
	Mean (SD)	47.24 (18.43)	–
Educational level	Illiterate	1	1.2%
	Primary	8	9.4%
	Secondary	34	40.0%
	Higher education	42	49.4%
Sex	Female	33	38.8%
	Male	52	61.2%

Table 5 presents the results on patients’ perception of the nurse’s administrative role, where 77.6% (n=66) showed a good perception. This positive assessment was also reflected in 90.6% (n=77) for the supervision indicator and 71.8% (n=61) for the organization indicator.

Table 2. Perception of patients under HD therapy regarding nursing roles.

Perception of Nursing Roles	n	%
Good	68	80.0%
Fair	17	20.0%
Total	85	100.0%

Table 6 shows the results regarding patients’ perception of the nurse’s research role, where 70.6% (n=60) expressed a good perception. The same positive assessment was seen in 87.1% (n=74) for the knowledge indicator and in 69.4% (n=59) for the quality-of-care indicator.

DISCUSSION

This study found that 61.2% of participants were men between 61 and 70 years of age with higher education; however, other studies have reported that CKD is more

Table 3. Patient perception of the nursing role in the educational role dimension.

	Educational Role		Indicator of orientation in habits		Indicator of of preparation before treatment		Indicator of of care guidance	
Good	66	77.6%	55	64.7%	63	74.1%	65	76.5%
Fair	19	22.4%	30	35.3%	22	25.9%	20	23.5%
Total	85	100.0%	85	100.0%	85	100.0%	85	100.0%

Table 4. Patient perception of the nursing role in the assistance (caregiving) role dimension.

	Assistance Role		Indicator of daily registry of dialysis		Indicator of immediate treatment care		Indicator of complications	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Good	72	84.7%	70	82.4%	69	81.2%	71	83.5%
Fair	13	15.3%	15	17.6%	16	18.8%	14	16.5%
Total	85	100.0%	85	100.0%	85	100.0%	85	100.0%

international study, the nursing role was related to nurses' ethical perception and professional trust; reliable language and action were identified as aspects that improve nursing care practice²⁷.

In this study, hemodialysis patients perceived a high level of nurse competence in performing procedures, which provided them with a sense of safety. Similarly, another local study showed that 91.4% of hemodialysis

patients rated nursing care as excellent¹⁶.

Table 5. Patient perception of the nursing role in the administrative role dimension.

	Administrative Rol		Supervision indicator		Organization indicator	
	Count	Percentage	Count	Percentage	Count	Percentage
Good	66	77.6%	77	90.6%	61	71.8%
Fair	19	22.4%	13	15.3%	24	28.2%
Total	85	100.0%	85	100.0%	85	100.0%

In terms of patients' perception of the administrative role, 77.6% had a good perception. This dimension examined the hospital environment, organization of medication administration, and personalized care. Improvements in the hospital environment positively influence patients' perception of the care role provided by nurses²⁸, which leads to proposing organizational improvements to ensure a more comfortable environment for patients and families^{28,29}.

Table 6. Patient perception of the nursing role in the research role dimension.

	Research Role		Knowledge Indicator		Quality Care Indicator	
	Count	Percentage	Count	Percentage	Count	Percentage
Good	60	70.6%	74	87.1%	59	69.4%
Fair	25	29.4%	11	12.9%	26	30.6%
Total	85	100.0%	85	100.0%	85	100.0%

Barreda found that hemodialysis patients' perception of the nurse's administrative role was unfavorable in 89% and favorable in 11%; the study concluded that patients' perception of the nursing administrative role in that hospital was unfavorable¹⁵, which differs from our results.

An international study including 599 patients from different European countries associated the quality of nursing care for hospitalized hemodialysis patients with their health conditions, as well as with the perception of individuality during care. It found an association between perceived care quality and the patient's trust in the nurse, influenced by the provision of individualized care²⁸.

It is important to propose strategies to achieve patient satisfaction with HD care. It is suggested to provide space that fosters the nurse-patient relationship at an emotional and mental level to understand patients' experiences and reinforce their sense of protection. Nursing care generates positive effects in patients, ranging from routine care and education to minimizing complications, improving mental status and sense of safety, increasing life expectancy, and strengthening the interdependence between patient and nurse³⁰.

Overall, in this study, 80.0% of HD patients at the Santa Rosa Nephrology Center (Peru) had a good perception of the nursing role, while 20.0% had a fair perception, making it necessary to propose improvement strategies to achieve excellence in nursing care. Similar findings were reported in another Peruvian study, where 98.7% of patients perceived care as good, 1.3% as fair, and none had a poor perception¹³.

prevalent among men with low educational levels¹⁸⁻²⁰. It would be important to explore educational level more deeply within the context of hemodialysis patients²²⁻²⁴. Being a hemodialysis patient affects the family environment and finances, where nursing plays an important role.

Regarding patients' perception of the nursing role in the educational dimension, 77.6% of patients reported a good perception, while 22.4% reported a fair perception; for the care-orientation indicator, 76.5% perceived a good level.

In other studies with similar findings, these results were associated with the length of time on treatment and the existing opportunity for interaction and knowledge between patient and nurse, as the longer in-hospital time in hemodialysis increases the possibility of addressing educational and support needs, thereby reducing high levels of anxiety^{25,26}.

Regarding patients' perception in the care (assistential) dimension, 84.7% had a good perception. In this dimension, the nurse's empathy and the development of skills in immediate patient care are evaluated. In another

This may be interpreted as the need to maintain the technical component and theoretical knowledge inherent to renal units, while strengthening the relationships of trust, respect, and empathy nurses can offer. Nursing interventions proposed for the care of people with CKD have progressively incorporated educational, behavioral, and discipline-specific theories to support their effectiveness and promote their implementation in hospital practice²⁸. This reflects what every vulnerable person expects to receive: respect, empathy, and authenticity³¹.

Regarding patients' perception of the research role, 70.6% expressed a positive perception and 29.4% a fair perception in this dimension. A total of 87.1% had a favorable perception of nurses' knowledge, while only 12.9% had a fair perception in this regard. For the quality-of-care indicator, 69.4% perceived that nurses provided quality care, whereas 30.6% considered care quality to be fair.

These results were compared with a previous study³² in which the mean score for patients' perception of the nurse's research role was 81.78. That study also concluded that there was a positive correlation between nurses' research role and the satisfaction of patients on dialysis.

Among this study's limitations, it should be noted that it was conducted in a single hemodialysis center in Chiclayo, northern Peru, and the sample was selected by non-probabilistic convenience sampling, which limits the generalizability of the results. In addition, the questionnaire was developed by the investigators and was not the same instrument used in other studies, so comparisons may be biased. However, it was decided to develop a new tool because the pandemic context made it difficult to find a validated instrument from studies carried out during the health emergency.

It is advisable to also explore nurses' own perceptions of their care practice, including those of family members, and to develop programs that enhance nursing practice using indicators of how the nursing role is perceived.

In light of these results, we can conclude that most patients on HD have a good perception of the nurse's role; only 20.0% had a fair perception. It is necessary to develop interventions to support the continuous improvement of specialized care.

Conflicts of interest

None declared.

Funding

None declared.

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