Improving Communication in Patient-Provider Relations

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Due to an increased lack of well-trained professional staff in dialysis units, cultural shifts in attitudes, and job-related stressors, the need for organizations like the ESRD Networks to provide appropriate staff-patient interaction training has become apparent to many in the industry. This was brought to light in the state of New York through a patient feedback mechanism called the Patient Advisory Committee. Often, the us/them mentality that can develop in dialysis units between patient and staff influences the culture of the unit to the point where any exchange between patient and staff is adversarial at best.

An in-service program was developed and presented at dialysis units that requested the training. Evaluations show positive response from participants and an improved clinician's perspective of the patient experience. The training attempts to remedy with staff their perception of patient behavior enabling them to provide increased non-aggressive or non-defensive responses.

Background

End Stage Renal Disease (ESRD) Network of New York is a non-profit organization established by members of the professional nephrology community in the state of New York to meet a requirement of Public Law 92-603, which extended Medicare coverage to individuals with renal disease who require dialysis or transplantation to sustain life. The Law required that ESRD Network organizations be established to assure the effective and efficient administration of program benefits. The Centers for Medicare & Medicaid Services (CMS) provides contract funding and oversight of a national system of 18 Network organizations.

ESRD Network of New York has been under contract with CMS since 1988 as Network 2 (New York State) to perform activities that include improving the quality of healthcare services and quality of life for ESRD beneficiaries.

The Network's Grievance Committee reviews patient complaints and makes recommendations for their resolution. It consists of representatives from nephrology, administration, nursing, social work, and consumers. Some consumers are also members of the Patient Advisory Committee, which consists of patients who volunteer their time to be a liaison between patients and staff in their units and the Network.

In 1999, the Grievance Committee listened to an audiotape discussion of staff attitudes and behavior that took place during a meeting of the Patient Advisory Committee. The following points were made: Many patients are easily intimidated, especially the elderly, and are angry and afraid. Increasing staff sensitivity can prevent the escalation of confrontational situations that lead to disruptive behavior. Staffing patterns have changed and units no longer have staff educators to teach new staff to be sensitive to the patient's perspective. The Network should add sensitivity training to the topics covered at its meetings.

The Grievance Committee concluded there is an urgent need for sensitivity training of dialysis staff. In response, Network staff developed a sensitivity training program for dialysis units. Feedback from those who participated in the first six presentations encouraged the Network to continue to offer the training. Additional material was added as the in-service evolved into the current, "Mental Health in Dialysis – a chronic treatment" interactive presentation. This title reflects a need for staff to focus on mental health as opposed to interactions that may support mental illness. It implies that both maintaining mental health and dialysis are chronic treatments and the mental health of not only patients, but of staff, is a concern. The need for this training reflects changes in an industry suffering from a nursing shortage where increasing numbers of technicians are utilized in the frontlines of direct patient care. There is no standardized education for technicians and both nurses and technicians often lack the professional awareness required to care for people experiencing crises.

The Network in-service is provided by an MSW, CSW on the Network staff with a post-masters psychoanalytic education certificate.

All staff who come in contact with patients are required to participate in the training, i.e., nurses, technicians, social workers, dietitians, receptionists, maintenance

crews, billing clerks, nephrologists, and administrative staff. This mix of professional and non-professional levels creates a shared experience that unites participants in a way that supports the impact of the training.

The purpose of the training is to improve the ability of staff to communicate with patients and better understand their behavior. This increased understanding helps reduce staff stress often caused by that behavior and supports the mental health of both patients and staff.

Training

The 90-minute training consists of three sections. Section 1 provides an opportunity for a group interactive experiential event for staff on being diagnosed with ESRD and placed on hemodialysis. Based on conversations, interviews, and therapy sessions with dialysis patients conducted by the author while working at two inner-city dialysis units coupled with observations of staff-patient behavior, Section 1 presents a series of typical scenarios experienced by dialysis patients. Participants are encouraged, in a supportive atmosphere, to discuss how they believe these events would impact their lives. Through the emotional and psychological exploration of such an event, staff not only increase awareness of how the diagnosis could affect their lives but gain a better understanding of its impact on their patients' lives. The group internalizes much of what is outlined in the handout as typical dialysis patient experience (Appendix 1).

Crucial concepts are discussed at the end of Section 1. These include narcissistic wound, fear of reprisal, coping skills level, and rational detachment. The following summarizes discussions related to these concepts that are held as part of the training.

A hemodialysis access is a narcissistic wound that never goes away. Most would agree that it is emblematic of chronic renal failure. It never heals. It may not be openly bleeding and under the skin, but for all intents and purposes, it is an open wound. It is an attack on the basic identification of the self from the time of initial ego development and a constant reminder of being a dialysis patient.

Connected to this concept is the idea of how memory works by association. An example could be walking down the street in Manhattan and seeing a very low-flying plane. To many people, that current experience would trigger an association to a memory of September 11, 2001. Similarly, whenever an access is cannulated, memories of what it means, and memories of experiences associated with becoming a dialysis patient, are activated.

The actual memories may or may not rise to the level of consciousness, however, the feelings associated with those memories are experienced, in different levels of intensity. Therefore, when a nurse or technician cannulates a person, it is more of an event for that person than may be anticipated by staff or the person. Taking a moment to respect the event and supportively communicate with the person to be cannulated while making good eye contact can help staff avoid resentment and/or fear in the patient's relationship with them.

Because of the nature of dialysis, a patient's sense of vulnerability is often heightened. Consumer fear of reprisal, particularly if they complain, is very common. The nature of patient complaints received by the Network evidences this fear. However, staff members are not always sensitive to this fear and may unknowingly support it by their behavior. On a conscious level, most would shun making use of this fear for manipulative purposes. Ideally, caregivers should enable their patients to feel free to raise questions, make complaints, and offer suggestions.

The day-to-day stress and anxiety most dialysis patients experiences from treatment regimens, medications, diet and fluid restrictions and changes in lifestyle, self-esteem, self-worth, relationships, and family/societal role, challenge their coping skills. Challenging behavior may be a result of coping mechanisms that are overwhelmed. Therefore, staff need to understand how their own coping skills can assist patients in dealing with their stress, whether it be expressed through anger, depression, fear, anxiety, or non-compliance.

One way staff can accomplish this is by using rational detachment. This decision to not be caught up in someone else's emotion enables one to remain rational in order to assess what the patient needs and to respond appropriately. If the patient expresses anger at the amount of time it is taking to be put on the machine, some genuine concern, explanation and exploratory questions will help change the focus from expressing anger, to what is causing the anger. Does the patient have less time today for treatment? Is this something that consistently happens to this patient? Does the patient take the event as a personal "attack" from a spe-

cific nurse or technician? If staff responds appropriately, the patient may let go of the anger in appreciation of the rational detachment and care provided. Rational detachment, in this sense, is used by staff as a tool to help maintain their own coping skills and assist their patients in a supportive, caring manner.

Section 2 provides a list of professional boundaries that helps staff develop a therapeutic alliance with their patients by improving awareness of the impact of their own behavior. Taken from an article entitled, "A Guide for Patients in Dealing with Difficult Dialysis Center Staff Members," this list of professional behavior reinforces positive staff interaction with patients (Valdez, 2000). It includes: No Harm, Listening, Confidential, Non-Judgmental, Education, One-Sided, Courteous and Friendly, Private, Non-Financial, Non-Romantic.

Section 3 relates common dialysis patient experiences to symptomatic behavior of their own patients. These experiences are usually identical to those voiced by staff in Section 1. An outline created by Patricia McDevitt (1994) linking common dialysis patient experiences to changes in lifestyle that result in psychological states with symptomatic behaviors demonstrates to the staff that such behaviors are symptoms and not directed at them personally. This linkage reveals how patient experiences can lead to behaviors that an uninformed caregiver may have difficulty comprehending and may respond to inappropriately.

Section 3 outlines symptomatic behavior from such psychological states as depression, anxiety and fear, anger, and regression/dependency. Symptoms such as lack of interest in own care, inability to concentrate or remember, hostile, demanding and/or uncooperative behavior, and inability to recognize the need of others (McDevitt, 1994) are often encountered by staff in their relationships with patients.

Another topic discussed at the end of Section 3, is the association dialysis patients make with their professional caregivers and their dialysis treatments. With many patients, an unconscious resentment develops towards even well liked staff members. At times, this resentment may present itself in challenging behaviors such as noncompliance, anger, grief, and projection. This association is understandable, as patients must report for treatment three times a week for usually three to four hours at a time. Staff become identified with treatment and may become the emotional target for the patients' feelings about being on dialysis.

Evaluation Data

Evaluations (Appendix 2) completed by 641 of 727 participants show an overall rating of 3.54 on a scale of 1 to 4 (1:poor; 2:fair; 3: good; 4: excellent). Written comments provide valuable feedback on how the Network can be of greater assistance. They include asking for more in-services on a regular basis, information on patients' rights, literature on angry and non-compliant patients, and a more in-depth exploration of patient functioning.

Written comments include the following: "This was one of the most important issues that need(ed) to be addressed." "Providing expert in-services like these to staff in their own units is invaluable." "It showed me how patients feel."

From April 2001 to June 2003, 76 sessions were presented to 42 units. Two units requested repeat in-services after a two-year time span. At this writing, requests for the in-service continue to be received by the Network, which now offers 1.8 Continuing Education Credits for nurses, technicians, and social workers through the National Kidney Foundation.

Three to 6 months after the event, a follow-up survey was mailed to the unit personnel who requested the in-service (Appendix 3). Fifteen of 21 responded.

Question 1, which asks if staff understood the importance of the Network's Sensitivity Training Program scored 4.07 on a scale of 1 to 5, with 1 representing not very well and 5 very well.

Question 2 asked if there had been any positive changes in staff-patient interactions that may reflect the training and provided a Yes or No answer. Seventy-five percent responded Yes.

Question 2 had an open-ended addendum for those who answered Yes to briefly explain their answer and provide an example, if possible. Comments included: "Staff seems to be more aware & conscious of responses to patients." "Staff awareness regarding pts' problems seems to have increased – they have a little more empathy." "Staff more willing to seek advice on dealing with pt problems."

Question 3, which asked if the sensitivity training had a positive impact on the unit as a whole, scored 3.57 on a scale of 1 to 5, with 1 representing "No, not really" and 5 representing "Yes, definitely."

Question 4 asked for feedback and suggestions for improvement. Comments included: "An excellent program, but needs to be reinforced on an ongoing basis." "Staff got a reminder of what our pts have to endure." "The Sensitivity Training was to the point and informative. I believe that it was insightful but some people are not flexible enough to change their view and mannerisms."

Summary and Conclusion

The three sections of the training synergistically affect the staff in several ways. There is an increase in knowledge of mental health concepts, an increased awareness of the level of stress and anxiety patients experience, insight on how staff behavior can influence patient behavior, and an increased understanding of where much of the negative behavior encountered by staff from their patients originates. This knowledge ultimately leads staff to better choices in their behavior and response to those in their care. The person-in-environment approach utilized by the methodology of the training demonstrates to staff, on a personal level, what patients experience. The evaluation data suggest there is an on-going need for dialysis unit staff to better understand their patients through a psychodynamic perspective in order to respond appropriately and in a manner that supports the patient psychosocially.

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Appendix 1

Mental Health[1] *in Dialysis - A Chronic Treatment*

Opening Discussion

1. Confidentiality!

2. What happens when YOU go on Dialysis?
   - fear
   - inner panic
   - self-image changes
   - self-esteem, self-worth lessens
   - role in life, family, friends changes
   - depression
   - resentment
   - anger
   - a narcissistic wound

3. How do you handle these feelings?
   - Denial, are you aware that you have these feelings?
   - Feelings vs. reactions
   - Perceptions of the world
   - Fear of reprisal
   - Do you see a future?
   - If so, what do you see in your future?

4. How do you treat other people?
   - Stress levels increase
   - Does your tolerance level change?
   - Coping skills level
   - How you feel other people, including medical personnel, treat you?
   - Do you feel personally attacked by their attitude?

Professional Boundaries

1. Review list

2. Rational Detachment

3. Discussion

Review Patient Functioning Chart

Discussion - Questions and answers

[1] While the term *Mental Health* is somewhat misleading it was necessary in the program so that the nursing and support staff could get a familiar understanding with some of the rationale.

Appendix 2

Evaluation questions

1. To what extent did the objectives relate to the overall purpose?

2. To what extent have you achieved each objective of this session?
   a) Describe how dialysis experiences impact your life.
   b) Interpret use of professional behavior boundaries in supporting a therapeutic rapport with patients.
   c) Illustrate how common dialysis patient experiences represent a change in lifestyle resulting in psychological states with specific symptoms/behaviors.

3. Rate the expertise of the presenter.

4. To what extent were the teaching strategies appropriate?

5. To what extent were the physical facilities conducive to learning?

6. Overall the presentation was?

Appendix 3

ESRD NETWORK OF New York

Sensitivity Training Follow-Up Survey

To help us learn the impact on staff of the Network's Sensitivity Training Program provided at your unit, please complete the questionnaire below and mail it to us by Friday, August 1, 2003.

1. How well do you feel the staff understood the importance of the sensitivity training program?
   Please rate the program by circling the number on the scale below that comes closest to your view.

   1_____2_____3_____4_____5
   Not very well Very well

2. Have you observed any positive changes in staff-patient interactions that may reflect the sensitivity training?
   YES NO

   IF YES: Please briefly explain your answer and, if possible, provide an example.

3. Do you think the sensitivity training has had a positive impact on the unit as a whole?
   Again, please circle the number on the scale below that comes closest to your view.

   1_____2_____3_____4_____5
   No, not really Yes, definitely

4. Please use the space below to comment on the sensitivity training program and to suggest ways to improve it.

Thank you very much for completing this questionnaire and returning it to: ESRD Network, 1249 Fifth Avenue, A-419, NY, NY 10029. This questionnaire is anonymous.