

**SATELLITE HAEMODIALYSIS NURSES'
PERCEPTIONS OF QUALITY NURSING CARE:
A CRITICAL ETHNOGRAPHY**

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DECLARATION

I, Paul Norman Bennett, declare that this thesis is my own work and has not been submitted in any form for another degree or diploma at any university or other institution of tertiary education. Information derived from the published or unpublished work of others has been acknowledged in the text and a list of references provided.

Signature

Date

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LIST OF PUBLICATIONS AND PRESENTATIONS (RELEVANT TO THE THESIS BUT NOT FORMING PART OF IT)

Publications

- Bennett, PN.** & Neill J. 2008 Nephrology Nursing Care: Beyond Kt/V *Nephrology Nursing Journal* 35:1 33- 37
- Bennett, PN.**, Simmonds, R, & Buttimore, A. 2008 A Change in Adequacy Standards: Is it Necessary? *Renal Society of Australasia Journal* 4:1 4-5
- Bennett, PN.** & Simmonds, R. 2008 Letter: Response to Cahill, M. A Change in Adequacy Standards Could Create a Nightmare: Is it Necessary? *Nephrology Nursing Journal*, 35:2 205-206
- Dermody, K. & **Bennett PN.** 2008 Nurse stress in hospital and satellite haemodialysis units *Journal of Renal Care* 34:1 1-5
- Bennett PN.**, Torpey DK. & Bannister, K. 2008 Dialysis residential care: A novel dialysis service model *Asia Pacific Journal of Health Management* 3:2 47-52
- Bennett, PN.** & Glover, P. 2008 Video Streaming: Implementation and Evaluation in an Undergraduate Nursing Program. *Nursing Education Today*. 28:3 253-258

Presentations

- July 2006 Renal Society of Australasia 34th National Conference “Quality Haemodialysis Nursing Care: More than Kt/V” Melbourne, VIC
- June 2008 Renal Society of Australasia 36th National Conference “In-centre dialysis nurse stress is different to satellite dialysis nurse stress” Sydney, NSW
- Sept 2008 European Dialysis and Transplant Nurses Association/ European Renal Care Association 37th International Conference “Bad bridge building: a critical examination of Kt/V and nephrology nursing” Prague, Czech Republic
- Sept 2008 1st Thinking Synergies Conference “Satellite haemodialysis nurses’ perceptions of quality: a critical ethnography” Adelaide, SA.
- August 2009 4th Health in Transition International Conference on Community Health Nursing Research Community dialysis nursing: A critical ethnography. Adelaide, SA. (Accepted abstract)

KEY TO TRANSCRIPTS AND FIELD NOTES

The following fonts and abbreviations styles have been used to present the excerpts from the participants. This also includes excerpts from my own field notes.

Quotes from data

All names in this thesis are pseudonyms. Quotes are indented. Pseudonym name, date and transcript line identifier are provided and identify the excerpts from the participant interviews or observation.

For example:

You tell em time and time again. You know, don't drink so much coz if you drink your little heart blows up and it can only do that for so long (Lesley28/04 #1655).

Field notes

Field notes are identified and structured in the same manner. FN is used to identify field notes. Regular font refers to my own comment, italics refers to the original field note.

For example:

If a nurse has two misses then another more experienced nurse should be asked to cannulate (FN 29/3 #35)

ABSTRACT

People living with end stage kidney disease require dialysis or kidney transplantation to maintain life. Of those receiving dialysis in Australia, most people receive this treatment in satellite haemodialysis centres that are nurse-run, community-based clinics. Nurses provide the majority of care in these clinics with little or no on-site medical support, yet there has been minimal research exploring nursing care, or perceptions of nurses, in the satellite haemodialysis context. The major aim of this study was to explore satellite dialysis nurses' perceptions of quality care. Fundamental to this aim was the premise that to improve nursing care, nurses need to understand the factors influencing satellite dialysis nursing care.

A critical ethnography exploring the culture of one satellite haemodialysis clinic, focusing on the nurse's perception of quality was undertaken, with a focus on issues of power that influenced satellite dialysis nursing care. Over a period of twelve months, interviews with nurses, non-participant observation and document analysis were conducted. Of particular concern was the satellite dialysis nurses' struggle with the dominant medical discourse of quantitative measurement of quality. Bourdieu's notions of habitus, field and practice provided a vehicle to explore nurses' dispositions that operated within the institutional conditions of the medicalised discourse and physical structure of the satellite dialysis environment.

Findings about nurses' perceptions of quality dialysis care were categorised into three broad themes: what is quality; what is not quality; and what affects quality. Nurses considered technical knowledge, technical skills and personal respect as characteristics of quality. Long-term blood pressure management and arranging transport for people receiving dialysis treatment were not seen to be quality priorities. The person receiving dialysis treatment, management, nurse and

environment were considered major factors influencing and determining quality dialysis nursing care. Acceptance by nurses about their position and their reluctance to challenge medical power was revealed.

Aspects of power and oppression operated for nurses and people receiving dialysis treatment within the satellite dialysis context, and this environment was perceived by the nurses as very different from hospital dialysis units. Bourdieu's notions of habitus and subconscious reproduced practices were embedded in the satellite dialysis nurses' behaviour and were conveyed to other nurses. In order to improve nursing care in this context, ten recommendations were proposed: 1) implementing a concordance nursing care model; 2) using a goal-setting framework; 3) increasing staff rotation between dialysis units; 4) improving satellite dialysis unit design; 5) educating satellite dialysis nurses in internet and database skills; 6) using new technologies in staff education programmes; 7) recognising increased patient acuity; 8) research exploring residential dialysis facilities; 9) introducing advanced practice nurses in a satellite collaborative model of care; and 10) requiring a structured programme of reflective practice.

Facilitating change in dialysis nursing practice was fundamental to this study and consistent with a critical approach. New understandings for the nurses may not result in practice change however, unless there is a collective review and uptake of these practices. This study offers new knowledge about quality nursing in satellite haemodialysis units, enabling nurses to critically reflect on, and improve, the quality of care they provide.