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Textual Organization of Hemodialysis Nursing Practice: An Institutional Ethnography

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ABSTRACT

Background: Nursing today deals with organizational changes and reforms within the increased demands of care amid competing resources. In some developing countries, dealing with text documents is a challenge in hemodialysis service organizations. This study aimed to explicate the social organization of textual nursing practices in a hemodialysis unit of a public university hospital in Nepal.

Methods: This is a qualitative study that followed institutional ethnography design. Ten registered nurses who worked for at least six months in the hemodialysis unit were included for in-depth interviews. Data were also collected through 167 hours of observations, field notes, and two focus groups. Texts including policy, protocols, and record documents were incorporated in the analysis. Data analysis followed Smith's (1987) institutional ethnographic analysis.

Results: Nepalese nursing work in a hemodialysis unit was mainly organized by the free hemodialysis policy of the government which was not available to the nurses at the hemodialysis unit, but it determined most of the nursing activities of patient care and documentation. Hemodialysis record form, hemodialysis schedule, and free hemodialysis claim form also had a great influence on nursing work. However, the nurses were not quite aware of how the textual documents determined their practices to meet the politico-economic interests of the hospital and government.

Conclusions: The hospital and Nepal's health ministry established the activities and recording requirements. Identification of texts and exploration of their influences on nurses' decisions, patient care, and documentation are essential to find the optimal solutions in daily care and determine the appropriate support for nurses in hemodialysis settings.

Keywords: Hemodialysis; institutional ethnography; nursing practice; textual organization.

INTRODUCTION

In a contemporary global capitalist society, people's everyday world is organized in powerful ways by trans-local social relations by texts.[1] A central feature of ruling practice in contemporary society is its reliance on text-based discourses and forms of knowledge.[2] Texts are words, images, or sounds that are set into a material form and connect people's local settings to people outside of the local area.[1] Recognizing the texts that people use in their work, as they occur enables the ethnographic investigation beyond the local to explore and explicate institutional order. It makes the institutional relations of the everyday lives of the people visible.[3] Nepal government introduced a free hemodialysis policy from 2016.[4] Policy has increased the nurses' work for patient care, education and counseling, and documentation. Renal care resources such as doctors, nurses, technicians, and dialysis machines are shortage[4] that also have affect on nursing care. Hemodialysis policy, dialysis schedule, and other text documents organize the hemodialysis nursing practices in a certain way. This study aimed to explicate the social organization of textual nursing practices in a hemodialysis unit of a public university hospital in Nepal.

METHODS

This study used institutional ethnography, is an approach to the investigation of textually mediated social organization[5] to explore the hemodialysis nursing practices that was organized by hemodialysis policy and

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other texts documents. As methodology institutional ethnography gives particular focus on people's everyday lives and how their lives are organized and coordinated by institutional forces.[6]

This study was conducted in a hemodialysis unit of a public university hospital situated in Kathmandu, Nepal. Ethical approval was obtained from the Faculty of Nursing, Prince of Songkla University (PSU IRB 2019 - NSt 004), and Nepal Health Research Council (072/2019). Ten registered nurses were purposively selected who met the inclusion criteria: have any level of Nursing education, a minimum of 6 months work experience in hemodialysis, and are willing to participate in the study. Data were collected from April 2019 to February 2020 through 167 hours of participant observations, 10 in-depth interviews, and 2 focus groups. The duration of interviews ranged from 37 to 80 minutes and for focus groups 40 minutes and 50 minutes for first and second respectively. Interviews and focus groups were audio-recorded with prior permission.

Texts including hemodialysis policy, dialysis schedule, hemodialysis record form, free hemodialysis service received record/claim form were collected and incorporated in data analysis. Data analysis followed Smith's (1987) 3 steps institutional ethnographic analysis: everyday routines, textual practices, and ideological practices to explicate how texts organized Nepalese nurses' hemodialysis nursing practices.[7] Trustworthiness of the study findings was maintained by using the theory of Marxism, multiple methods of data collection; observations, interviews, focus groups, and texts, collecting data in the morning, evening, and night shifts, and making available field notes, audio interviews, observation notes.

RESULTS

Demographic information of the nurses includes that all nurses were female, six nurses were below 30 years of age and four nurses were above 30 years, all nurses had Bachelor's degree in Nursing. Regarding the designation, one nurse was supervisor, one was incharge who worked only morning duty and 8 were staff nurses who worked on a roster basis. Among 10 nurses, only four nurses had hemodialysis training and the duration was ranged from 1-3 months.

Nursing practices in the hemodialysis unit were governed by many textual documents developed by the government and the hospital. These texts played a vital role in the construction of hemodialysis nursing practices. The textual documents used by the nurses in the hemodialysis care were the hemodialysis record form, free hemodialysis policy, hemodialysis schedule, patients' tickets, signature form to claim free hemodialysis, protocol, job descriptions, roster, staffing, and models of patient care delivery. The textual documents connected the nurses in the local setting, i.e., the hemodialysis unit, to other people who were trans-local and outside the hemodialysis unit, such as the administrators, pharmacists, dietitians, technicians, doctors, social workers, and health ministry, and government (see in figure 1).

This study includes hemodialysis policy, hemodialysis record form, hemodialysis schedule, and signature form to claim free hemodialysis.

Nepal's government provides free hemodialysis to patients with end stage renal disease (ESRD).[7] This hospital adopted the free hemodialysis policy of the government. This policy organized most of the hemodialysis work of the nurses including preparation of medicine slips, charge slips to keep payment records, documentation, cost calculation, obtaining the patients' signature about free dialysis, counseling to the patients and families about free dialysis. Some of these activities were of doctors, social service section, and administration though nurses were carried out them. One nurse who worked for more than 5 years in hemodialysis explained how free policy increased the work and why they do social service section's work:

"Free hemodialysis policy increased paperwork. Many patients come from villages, they cannot fill the form correctly, in many cases they requested us to fill the form. We cannot say no, so we fill their form, check whether the information is correct or not on form that patients filled. That should be done by the social service section, but we are doing it. We must obtain doctor's signature on free form. We should know which doctor is on leave. If we send the form with the name of one doctor and if s/he is on leave, we should give justification. The date patients have dialysis and how many times have dialysis we record and obtain a sign from patients or patients' party." RN-3

The staff of the social service section leftover their work to the nurses but nurses could not say that is not our job, why should we do it. Nurses must fill the free form, know and find the doctor who will sign in the form, get the doctors' signature, and then send the form to the executive director's office for approval. Carrying out the work of the social service section increased the burden to the nurses and reduced in patient care.

"Paperwork and carrying out others' work is affected to our work. When we have such works and do more

documentation it decreases the time for talking to the patients, getting their personal data, discussing and explaining to the patients, maintaining an interpersonal relationship. We have more documentation work so we cannot give time to the patients. They (patients) want to know many things about disease, medicines. We do not have time to explain well, I feel so. Time is limited because it is additional work except for the care." RN-2

This policy increased the paperwork to the nurses which decreased the time for communication with the patients, maintaining inter-personal relations, providing health education, and patient care.

A hemodialysis record form was used to record the dialysis parameters, patient assessment, and nursing care. This documentation was necessary to show the care provided. It guides the nurses when to measure and record the patients' vital signs, body weight, vascular access site.

"We record patients' blood pressure hourly, pre and post dialysis body weight. Sometimes we measure body temperature and oxygen saturation but we do not record if a patient is normal" RN-7

"Recording of the normal patient is short. We write where patients come from e.g. OPD, general condition, vascular access, and how much blood flow is." RN-8

Nurses recorded blood pressure every hour during dialysis. They also measured and recorded body weight before beginning the dialysis and after finishing the dialysis. The space to write nurses' notes was inadequate especially for emergency patients when frequent assessments and interventions were required. The format of the form did not encourage the nurses to write detailed management of the patients using the nursing process. It just mentioned time and a space for notes. A nurse said that when patients are in a serious condition, they need to write many things in the little space which is often unclear. Previously a patient became seriously ill and they called the doctors. Before the doctors could arrive, nurses provided some care and recorded it. Due to little and nonsequential reporting on what happened with the patient and at what time, the nurses could not explain it clearly to the doctors in an intended manner. The doctors were also not satisfied with the information that the nurses recorded.

"Sometimes, when patients become serious and have "001" emergency call, that needs the whole history; when patient's blood pressure dropped, when patient's saturation had dropped, when called to whom need all things. If any issues happen that information may be inadequate. Once we had such an issue … the patient was expired and had a police case." RN-3

Due to a lack of a standardized nursing care plan, nursing care was not recorded systematically. Further, due to inadequate writing space, the nurses wrote down only the care they thought was important. Incomplete recording of what the nurses did to the patients made the care invisible in many situations.

The hemodialysis schedule is the list of the names and dialysis times of the patients from the OPD who are scheduled for hemodialysis. There were two schedules of weekly dialysis for morning and evening. These schedules were used to determine the dialysis time for every patient. The dialysis schedule organized the nurses' thinking and decision-making to assign dialysis machines. The schedules mentioned only morning and evening, but nurses had to do at least two sessions in the morning and two in the evening shift to finish the dialysis of the patients on the list. In these sessions, nurses had to provide dialysis according to the chronological orders of the patients' names on the schedule.

Every day an average of 8 to 12 patients from the emergency department, ICU, and other wards came for emergency hemodialysis. They included children and the elderly; therefore, they needed urgent dialysis. Nurses had to prioritize these patients, and therefore they could not follow the schedules exactly and could not provide dialysis to OPD patients according to the schedule. Due to a shortage of machines, nurses were also thrown off schedule. Sometimes many dialysis machines stopped functioning at a given time and patients for dialysis could not start according to the schedule. Patients had to wait 4-5 hours before the machines were ready or available. In 24 hours, nurses had to finish all cases because they needed to start working with patients on the next day's schedule. Therefore, nurses had to adjust the dialysis time on their own. When dialysis was delayed, patients and caregivers frequently questioned the nurses when their turn was coming and complained, for example, that they had to travel far at night. One day in the morning we observed the following situation:

It was around 9:30 am. A doctor gave a dialysis list of 8-year-old child to a nurse. The nurse said we will call when a machine is available. After a few minutes, another doctor came with dialysis list of two patients with emergency situation. An adult woman from OPD asked the nurses when my queue comes. One senior nurse replied to her, only 6 machines are working, we still have patients from the first session and patients from the pediatric ward and emergency. At around 10 am the nurses called for these three seriously ill

patients. The patients for the second session dialysis were then delayed from 10 am to 2-3 pm. The patients and caregivers asked nurses many times when their dialysis turn would come, and some quarreled with the nurses (Field note June 7, 2019).

This situation stressed the nurses because they could not help the patients. Prolonged waiting times for dialysis caused difficulties in breathing for some patients because there was no oxygen outside the unit where patients were waiting.

The claim form for hemodialysis service received is the institutional text that nurses used to record and report that the patient received free hemodialysis. That connects the social services section, nurses, patients, and government. The social service section filled in the patient's information and assigned account number for payment claim. Also filled in is a pharmacy number for the free supply of dialysis medications. The form is then sent to the hemodialysis unit.

In each session after the patient's hemodialysis was completed, the nurses recorded the date of dialysis and obtained the patient's or caregiver's signature on that form. After the space for recording the information was used up, the nurses sent that form to the social services section. The social services section then provided them with another form. With the reports on this form, the social service section prepared the cost of total dialysis sessions of all patients each month and sent it to the health ministry to receive reimbursement from the government.

From the following nurse's account, we can understand how it is important for nurses to obtain the signature of the patients who received free dialysis.

"This is a government hospital, so we do the free process for poor (bipanna) people. They must sign on this form after each day of dialysis because the government pays for this and without this claim form the hospital does not get reimbursed. Therefore, we need to maintain this file. Each patient has a separate file to be signed. We check the file for a signature. If they haven't signed, we ask the patient or visitors to sign and check for any date that is missed to sign." RN-7

If nurses forgot to obtain the signature of the patients who received free dialysis, they could get in trouble and would need to give justification to the administration. That caused stress to the nurses. Without the patient's signature, the hospital does not receive reimbursement from the government, and the hospital loses money. Therefore, nurses should be aware on their each and complete every textual activity correctly and timely.

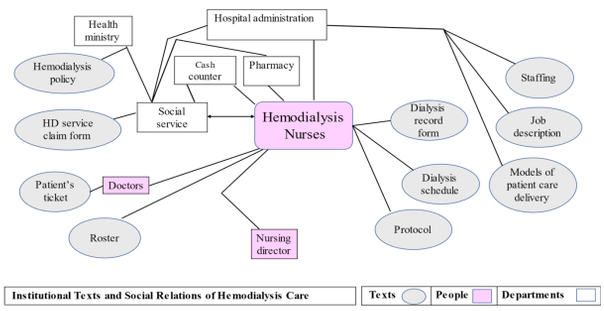

Figure 1. Institutional texts and social relations of hemodialysis care.

DISCUSSION

The findings of the study provided a detailed description of the hemodialysis nursing practices that were organized by different text documents. Hemodialysis policy was the main text that organized most of the nursing activities. Implementation of this policy increased paperwork and documentation to the nurses. It organized the nurses' decisions and actions such as keeping the record of payment slip for medical audit in the future, recording the procedures, and calculating the costs of total dialysis sessions that happened every month which are important for the hospital government. Smith mentions that the conceptual idea of using texts is to hook the individual's consciousness into the relation at trans-local and to their ruling relations.[1]

In this study, the documentation of hemodialysis was governed by hemodialysis record form. Nurses recorded dialysis parameters for example dialysis fluid, heparin, vascular access, blood pressure to maintain the dialysis standard, and medical audit. All of the work nurses carried out was not documented such as temperature and saturation monitoring, investigations. Documentation makes visible delivered care to the institution. This study found that regarding hemodialysis care the documentation system reflects the hospital priorities rather than the actual care provided. In a study about patient handling practices, nurses recorded very less information of care that they provided. Flowchart determined the record of patient handling activities.[8] Similar findings were found in a study on maternity care and birth which investigated key texts but the observed data were not based on texts.[9]

Our study found that nurses were bound to follow the dialysis schedule. But in many situations, they were unable to follow the schedule exactly due to the shortage of dialysis machines and high flow of patients who need emergency dialysis, especially children and patients

with a serious health condition from ICU, and emergency. Nurses gave priority to them so, OPD patients should wait for 4-5 hours for dialysis thus they quarreled with nurses. Nurses were in the position of implementers of the decision without authority for resources. According to Milios and colleagues, the capitalist class possesses economic and political power not because of the highest political offices of the state but due to its hierarchical-bureaucratic organization.[10] In a study, nursing activities on triage decision was organized by Canadian Triage and Acuity Scale to show work efficacy and reduce waiting time but it affected care quality.[11] The finding was similar to the previous ethnographic study, in which shortage of dialysis machines, nurses gave priority for dialysis to the elderly, children, and serious patients.[12]

The text hemodialysis service received record form was developed by the hospital to meet the politico-economic interest of the government. Nurses had stress if they forget to obtain the signature, they should be accountable for financial loss by the hospital. Pichitpornchai in her institutional ethnographic study on current nursing practices in discharge planning argues that institutional texts produced to respond to government documents are not valued free and analysis of these texts demonstrates their capacity to formalize individual work to meet economic and management goals.[13] As ruling ideas, hospital authorities assigned many tasks to the nurses that caused overwhelm. A similar finding was found in family-centered nursing care in which nurses were overwhelmed with giving advice and suggestions to discharged patients. This happened with an ideological construction of patient-centered care that hides actual happening.[14]

Rubel and Rubel argue that in the work context, workers should follow what the administrators want them to do, thus the workers have no control over their work.[15] Workers need to focus on meeting the requirements of the profit system or political and ideological relationship of power. In this study nurses were dominated by their high workload Marx called this domination "alienation".[16]

CONCLUSIONS

Nurses' decision-making, patient care, and documentation were organized by policy and other forms of care documents as texts. These texts linked the everyday nursing practices of the hemodialysis unit to the trans-local to the hospital administration and the government. These texts play a vital role to meet the politico-economic interest of the hospital and government. Meeting the requirements of these texts challenged the nurses to provide quality care and maintain justice to all patients. Nurses need to revisit their hemodialysis practice to improve the nurses' status quo within this socio-cultural and bureaucratic context, to hear the nurses' voices. They need to raise their consciousness, begin working on transforming their subordinate role in health care organizations to an independent and partnership role in the institutionalization of their knowledge in hemodialysis care rather than just following the textual practices. The hospital administration needs to facilitate the nurses with adequate resources, maintain a nurse-patient ratio, encourage them to use their knowledge and bodily experience of care.

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CONFLICT OF INTEREST

None

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