# Renal nurses' experiences of patients with severe mental health conditions receiving acute haemodialysis: A qualitative study

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## Abstract

### Background

Patients receiving acute haemodialysis treatment and living with severe mental illness may display behaviours that are perceived as challenging and stressful for renal nurses to manage in the acute haemodialysis unit. Renal nurses are historically trained on the technical aspects of acute haemodialysis and can provide a level of

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psychological support to patients. However, they have not been trained to manage patients with severe mental illness.

**Objective**

To explore renal nurses' experiences of nursing patients with severe mental illness receiving acute haemodialysis, and to identify factors that facilitate or hinder the nursing care of these patients.

**Design**

A descriptive qualitative study.

**Method**

Purposive sampling was employed, and semi-structured interviews were conducted with ten renal nurses working in an acute haemodialysis unit. Thematic analysis was utilised to analyse the data.

**Findings**

Thematic analysis identified four main themes which are perspectives of mental Illness, patient and staff safety concerns, facilitators of care and education and support needs.

**Conclusion**

Renal nurses experienced difficulty managing challenging behaviours manifested by patients with severe mental illness. Despite the various challenges, renal nurses adopted a person-centred approach. Staff shortages and lack of training were significant hindrances to care delivery. Education on mental health conditions, support from senior staff and collaborative working can enable confidence and increase renal nurses' knowledge and experience in mental health care.

**Keywords**

acute care, experience, haemodialysis, mental illness, renal nurses.

## INTRODUCTION

Over the past decade, there has been a significant increase in the number of patients with chronic kidney disease (CKD) being diagnosed with severe mental illness (SMI) including depression, anxiety, bi-polar disorders, schizophrenia, alcohol and drug related disorders (Kimmel et al., 2019). In general, this has been attributed to increased risk factors related to maintaining an unhealthy lifestyle, smoking and obesity (Woodhead et al., 2014) and from suboptimal management of diabetes, hypertension and cardiovascular disease (Smith et al., 2013). SMI was manifested in symptoms of paranoia or persecutory delusions, hallucinations, a lack of motivation, difficulty concentrating and being withdrawn (National Institute for Health and Care Excellence (NICE), 2019). Notably, CKD has been independently associated with increased mental illness, hospitalisation and an increased risk of mortality than the general population (Chang et al., 2011). Hayes *et al.* (2016) states that lithium toxicity in patients with SMI may contribute to developing CKD. For patients with CKD, who are dependent on haemodialysis treatment, the process of adjustment can be quite challenging due to the strict adherence to medication, fluid and dietary regimen (Zhong and Griva, 2018). Hence, for patients with SMI receiving haemodialysis, the process of adjustment can be emotionally disruptive (Palmer et al., 2013).

## LITERATURE REVIEW

Acute care settings, including acute haemodialysis units can be quite challenging and complex due to the task orientated nature of the environments especially when patients have SMI (Khluit et al., 2013, Jones et al., 2014; Giandinoto and Edward, 2015). Nurses working in acute medical settings have often described patients with

SMI as disrupting the normal routine of busy ward environments (Plant and White, 2013; Shefer et al., 2014; Giandinoto and Edward, 2015). Plant and White (2013) stressed that a lack of support from their manager, time constraints, staff shortages and inadequate space to ensure the privacy of patients with SMI, frequently hindered nurses to effectively care for patients.

Challenging behaviour in patients receiving haemodialysis may be attributed to various factors including aggression, physical abuse, threatening acts and non-adherence (Janosevic, Wang and Wish, 2019). A major stressor for renal nurses included the increased incidents of incivility and verbally abusive patients in the haemodialysis unit (Ulrich and Kear, 2018). The study re-iterated the need for employing a zero-tolerance policy in the haemodialysis unit to ensure the safety of both staff and patients. The consequences of these behaviours could result in patients harming themselves or jeopardising the safety of others and may result in the patient being physically removed from the haemodialysis unit (Jones et al., 2014).

A significant contributing factor for non-adherence was the prevalence of existing depression in patients receiving haemodialysis (Alosaim et al., 2016; Cohen, Cukor and Kimmel, 2016; Tohme et al., 2017). It is evident that depression increases the risk of non-adherence to haemodialysis treatment resulting in patients frequently attending the emergency department with fluid overload and leads to poor outcomes (Dobbles et al., 2019). Renal nurses therefore need to consider how the psychological factors of depression in patients can interact and affect patients' engagement in treatment.

Growing evidence from research studies highlighted that healthcare professionals (HCPs') have similar stigmatising attitudes towards patients with SMI as compared to the general population (MacNeela et al., 2012; Knaak et al., 2016; Hugget el al., 2018).

Nurses viewed patients with SMI as being challenging and time consuming (Zolnierek and Clingerman, 2012). These discriminatory perceptions of stigma in nurses may be attributed due to a lack of knowledge in mental disorders, illness symptoms, behaviour and can jeopardise the care of patients with SMI.

HCPs' need to develop a trust and rapport with the individual with SMI, by employing skills of active listening and empathy (Chutoo and Chutoo, 2019). However, mastering these skills requires practice and may be challenging for nurses that fail to facilitate, active listening, empathy, self-awareness and non-judgemental behaviour (Young, 2018). Renal nurses have been historically trained on the technical aspects of haemodialysis (Miller, Moran and Stevenson, 2017) and can provide a level of emotional support (Hayes et al., 2015), as they see patients three or four times a week. However, it may become difficult to formulate a rapport with patients who have complex psychological needs. Therefore, the objective of this study is to explore renal nurses' experiences of nursing patients with severe mental illness receiving acute haemodialysis, and to identify factors that facilitate or hinder the nursing care of these patients.

## METHODS

### Design

The study was conducted by facilitating a qualitative descriptive approach and was deemed appropriate due to the exploratory nature of the enquiry and the paucity of existing literature relating to the care provided by renal nurses to patients with SMI receiving acute haemodialysis. A theoretical framework examining Travelbee's (1971)

Human -to- Human Relational Model was relevant to the study as it focuses on the therapeutic nurse patient relationship that in-cooperates a process of interaction, including employing empathy, sympathy and finally the attainment of the nurse patient rapport. The emphasis of Travelbee's model about both nurses and patients being human beings was crucial to evaluating the care delivered. This had relevance to the care provided by renal nurses to patients with SMI and was utilised in the data analysis. The Consolidated Criteria for Reporting Qualitative Research (COREQ) was facilitated in this study to maintain transparency, rigor and credibility (Tong *et al.,* 2007) (see Supplementary file).

The first author (AA) worked as a senior nurse in the acute haemodialysis unit for 15 years and had vast leadership and clinical expertise caring for patients with complex needs, including SMI. SMI in patients receiving haemodialysis was relevant in the acute haemodialysis setting and the author had a keen interest in understanding from the experiences of renal nurses, recommendations for addressing practice and the mental health pathway for patients in the acute haemodialysis unit. The participants worked in the acute haemodialysis unit and were all colleagues of the author. The author informed the participants about the interest in the study and had an assumption that each participant will be able to share their individual experience caring for patients with SMI receiving haemodialysis.

**Setting and Participants**

The setting for the study was a 23 bedded acute haemodialysis unit at a local National Health Service (NHS) Trust. The unit facilitates acute haemodialysis for more than 1300 patients per year which includes patients with emergency and complex needs.

This complex cohort of patients have multiple comorbidities and a significant proportion have SMI and are not stable to receive haemodialysis in a satellite unit. Renal nurses working in the unit have acute haemodialysis skills and facilitate acute haemodialysis in the out-patient unit and in- patient renal wards. Only three nurses have had prior experience in mental health.

Purposive sampling method was employed to recruit renal nurses in the acute haemodialysis unit that routinely care for patients with SMI. Purposive sampling method deliberately recruits suitable participants to extract information and specialist knowledge on a specific phenomenon of interest (Creswell, 2014). Participants were band 5, 6 and 7 registered nurses who had at least six months haemodialysis experience and having cared for patients with SMI receiving haemodialysis. Band 5 is a qualified registered staff nurse, band 6 is a senior staff nurse with more clinical experience and band 7 is a senior nurse that has more leadership responsibilities and clinical expertise. All participants were able to write and speak fluent English in order to provide a reflective account of their experience. Temporary staff were excluded from the study as they would not have had enough experience of the patient cohort or environment.

The unit Matron was the gatekeeper for the study and consented for staff to be interviewed. A circular email and poster clearly highlighting the aims and the contact details of the study was sent to all Band 7, 6 and 5 acute haemodialysis nurses that worked in the unit and met the eligibility criteria. Staff that expressed a willingness to participate in the research were given a specific date and time for the individual interviews.

**Ethical Approval**

This qualitative study was conducted in compliance with the principles of the United Kingdom Policy Framework for Health and Social Care (2017). Ethical approval for the study was granted by the hospital trust's institutional review board (Trust Reference number 401). Written consent was obtained from participants that expressed an interest in the study and they were informed that participation in the study was voluntary, and they had the right to withdraw at any time, without any prejudices being held against them. Additionally, all direct quotations from the participants were anonymised in order to protect the identity of the participants. The participants were informed that they could receive additional psychological support from the counselling team if required.

**Data Collection**

Ten participants (nine females and one male) were recruited and included one senior nurse (Band 7), four senior staff nurses (Band 6) and five staff nurses (Band 5) (see table 1). All of the participants had a Bachelor of Science (BSc) and three of the participants has a Master of Science degree (MSc) qualification and expertise on haemodialysis ranged from 3 to 25 years. The age range of the participants were 27 to 60 years (mean age was 39.6 years). The first author (female) collected the demographic data and conducted individual face to face semi-structured interviews from December 2019 to February 2020. All semi-structured interviews were conducted in quiet room in the haemodialysis unit to ensure privacy. The interview questions were

formulated from the literatures review and conceptual framework. Open-ended questions allowed for more prompts and probing in order to elicit more information on the experiences of renal nurses caring for patients with SMI. The opening question included: Tell me about your experience caring for patients with SMI? The interviews lasted for 30 to 45 minutes and were digitally recorded. Written notes were also taken during the interviews to note key points and were used in the data analysis. All interviews were transcribed verbatim by a professional transcribing service.

**Table 1. Characteristics of study participants**

| Participants | Age | Gender Female (F) Male(M) | Band | Education level | Work experience in renal unit |
|---|---|---|---|---|---|
| 1 | 60yrs | F | 6 | Degree | 25yrs |
| 2 | 50yrs | F | 7 | Masters | 18yrs |
| 3 | 34yrs | F | 5 | Degree | 1yr |
| 4 | 51yrs | F | 6 | Degree | 17yrs |
| 5 | 38yrs | F | 5 | Masters | 3yrs |
| 6 | 39yrs | F | 6 | Degree | 5yrs |
| 7 | 27yrs | F | 5 | Degree | 5yrs |
| 8 | 30yrs | M | 5 | Masters | 7yrs |
| 9 | 34yrs | F | 6 | Degree | 18yrs |
| 10 | 33yrs | F | 5 | Degree | 4yrs |

**Data Analysis**

The first (AA) and second authors (GA) analysed the interview data utilising Braun and Clark's (2006) framework for thematic analysis to ensure consistency in the data analysis. The six -step process involves:

In step one the transcripts were read and re-read in order to become familiar with the content and meaning. Codes were thereafter assigned in the second step to a specific area in the content and were then carefully examined and considered for their significance to the research question and key aims. Both authors blindly coded the data. The identified codes were grouped together to formulate common provisional identifiable themes in step three. The themes were reviewed in the fourth step, and the data validated that supported the individual themes. In step five the transcripts were re-read to ensure that vital data was not omitted. The themes were thereafter organised accordingly to formulate main and sub-themes. Finally, step six included writing up the findings of the research study. The various themes created an overall story of the research, as identified by the direct quotes from the participants' narratives. Cote' and Turgeon (2005) recommend submission of the findings to the participants for member checking and feedback. This was extended to the participants and a few of the participants were keen to read the extracts from the findings.

# Findings

Four main themes and nine subthemes emerged from the data; perspectives of mental Illness: *subthemes*, *perception of mental illness, challenged by  patient's behaviour, attitudes towards patients with mental illness,* patient and staff safety concerns: *subtheme, environment and staffing*, facilitators of care: *subthemes, respecting the*

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*patient, developing emotional resilience, understanding the behaviour behind the illness*, and education and support needs: subthemes, *content and facilitation of education on mental illness, support for staff and patients* (see table 2).

**Table 2. The four main themes and nine sub-themes**

| Main Themes | Perspectives of mental illness | Patient and staff safety concerns | Facilitators of care | Education and support |
|---|---|---|---|---|
| Sub-themes | Perception of mental illness | Environment and staffing | Respecting the patient | Content and facilitation of education on mental illness. |
| | Challenged by patient's behaviour | | Developing emotional resilience | Support for staff and patients |
| | Attitudes towards patients with mental illness | | Understanding the behaviour behind the illness | |

**Perspectives of mental illness**

In order to understand renal nurses' perceptions of patients with SMI, the participants were asked to describe their understanding of mental illness. There were various interpretations of mental illness amongst the participants.

*Perception of mental illness*

A few of the participants perceived mental illness as a formal diagnosis while others associated it with certain behaviours including patients being confused and agitated or as individual mental disorders.

"*My understanding is that you may have a patient who is diagnosed as mentally unwell, say for example definite diagnosis*" *Participant 2.*

"*It is wide and very varied and sometimes people who are confused or even agitated*" *Participant 1*

"*We encounter patients that have mood disorders, anxiety disorders, psychotic disorders like schizophrenia and sometimes it is a combination of different kinds like paranoid schizophrenia*". *Participant 3.*

*Challenged by patient's behaviour*

Most of the participants described that caring for patients with SMI was challenging due to patients displaying certain difficult behaviours. This was manifested by patients being disruptive, demanding, time consuming, unpredictable and aggressive. Aggression was the most dominant difficult behaviour manifested by patients with SMI.

"*They can be quite argumentative….and challenge us what we are doing for them*". *Participant 6.*

"*They are not your everyday patients, they can be angry, and can lash out at some points*". *Participant 2*

*Attitudes towards patients with mental illness*

There was generally minimal evidence of negative attitudes towards patients with SMI. Some participants held negative attitudes and referred to patients with SMI as "*these patients*", "*these mental health patients*".

*"Mental illness was perceived as behaviour not accepted by society". Participant 4.*

Contrary to this, some participants acknowledged that caring for patients with SMI was a rewarding experience. They could relate from their previous experience in mental health knowledge and utilised their acquired skills in caring for patients with mental health issues.

*"I have a few years of experience working with patients with mental health illnesses with other comorbidities such as kidney failure, cardiac issues. Honestly it has been challenging but it has been rewarding at the same time being able to care for them mentally and physically". Participant 7.*

**Patient and staff safety concerns**

The challenging behaviours in patients with SMI often evoked renal nurses to be concerned about the safety of the patient and themselves. The following participant describes:

*"What is most challenging is that sometimes the patients will just refuse to have treatment … or they want to come off early and you know that this treatment is very vital to their health but then you find that because they will threaten you to say I am pulling this line, I want to come off so, it is very challenging….." Participant 4.*

Patients with SMI receiving haemodialysis may have fluctuating mental capacity therefore it is essential for renal nurses to have an awareness of any changes in the patient's mental capacity and readily escalate their concerns to the medical team. This was noticeable in the narrative by Participant 8:

*"One time they have the mental capacity but the next time they do not have it at all. So, you really must work collaborating with the team and the medics (renal doctors) for us to be able to give the proper care for them especially regarding certain difficult decisions". Participant 8.*

Staff experienced stress and fear due to the aggressive behaviour of patients with SMI and felt that it impacted on their delivery of care to patients.

*"To be frank with you sometimes I get stressed, if we have such patients and they are shouting, it can be quite embarrassing and a bit stressful, that can even affect our care delivery". Participant 10.*

Staff even feared for their physical safety due to the unpredictable behaviour of some patients.

*"You know so if they do pull the line and then we might be even scared to go there because you do not know whether they will be hitting you as well". Participant 4.*

*Environment and staffing*

Equally challenging was working in the acute dialysis setting that was always busy, noisy and often had increased workloads and emergencies. These challenges were also impacted when there was a shortage of staff and a lack of skill mix.

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*"Challenging as sometimes it may be time management because we work in an acute setting there is a lot of emergencies, maybe shortness of staff or may be the lack of training for a lot of other colleagues that we work with, so we have to spend some time with the patients that have mental health issues". Participant 7.*

**Facilitators of care**

Despite the various challenges, renal nurses adopted a person-centred approach to care. In order to optimise haemodialysis treatment, it was integral to employ effective communication skills and develop a rapport with patients with SMI. Some participants were able to develop their emotional resilience and understood that the challenging behaviour was at times attributed to SMI in patients.

*"The main thing is patience and good listening skills and being able to read outside the box …because sometimes verbally they might not be able to tell you that there is an issue, you need to read their body language, if they are becoming quiet, so we need look at the person in a holistic way". Participant 7.*

*Respecting the patient*

It was deemed vital for the participants to establish trust and build a rapport with patients with SMI. The participants described utilising various key therapeutic communication skills including kindness, compassion and empathy to engage with patients.

*"You are expected to be kind and compassionate for all our patients, but these need a bit more, they need you to be very clear, so we need to employ good communication*

*skills, just a little bit of time for these patients because usually they calm down after some time". Participant 2.*

*"Communications skills, relationship skills, it is not just the technical thing about dialysis. Dialysis nurse does not mean that she just knows a bunch of technical stuff on dialysis, kidneys and potassium levels …….it is very important to have a relationship with your patient…so they trust you". Participant 5.*

*Developing emotional resilience*

The complexity of mental illness in patients and the challenging behaviours often caused the participants to feel frustrated, angry and stressed. However, they attempted to cope with their emotions in order to prevent further escalation and confrontation with patients.

*"You have to control your emotions because I believe that once this anger or frustration takes over you, you might experience the same things like frustration or anger when we are dealing with these patients and have to deal with your own self as well". Participant 8.*

*Understanding the behaviour behind the Illness*

The participants utilised their experience and observational skills to understand the challenging behaviours manifested by patients with SMI. They employed various strategies including, being flexible, calm and open to compromise to understand individual patient's needs. The participants acknowledged that patients with SMI did not always display disruptive behaviour.

*"Create a trust between you and them on that particular day because …..not every day they behave the same, some days they are okay, some days they are bad, or you know it is just that maybe something has happened so that is why they are behaving in extreme way".* Participant 4.

**Education and support needs**

Renal nurses highlighted that they required in education on mental health disorders and emotional support from ward managers. Despite renal nurses experiencing challenges caring for patients with SMI, the participants expressed that patients with SMI should be supported to ensure that their physical health was equally important to their mental health.

*Content and facilitation of education on mental illness*

Staff at all levels of expertise affirmed that education and training in mental health was required in the acute haemodialysis unit. They indicated that there should be a structured programme encompassing the management of various mental health scenarios and disorders.

"*We need to be trained more with dealing with these types of illnesses because it is not the same for every type of illnesses. It is different for schizophrenic patients, for patients with dementia and bipolar patients. So different approaches".* Participant 3.

*Support for staff and patients*

The participants agreed that there was a need for collaborative working with the mental health nurse and psychiatric liaison team. Links to the community psychiatric services and social worker was also essential in order to establish the continuity of care outside the hospital setting and to assist patients with their social needs.

*"Involving the social service, mental health nurses, the community and the Multidisciplinary Team to discuss about the care, what more we can do for them". Participant 6.*

Junior staff verbalised that they required support from the nurse managers and team leaders to handle conflicts between staff and patients, to provide more information on new patients with psychiatric disorders and to convey emotional support for staff that have had negative experiences with patients with SMI receiving haemodialysis.

*"Probably the managers will talk more about these issues and take some necessary actions. If there is someone who can resolve the conflict between a certain patient and a certain nurse that will be really helpful as well". Participant 8.*

In order to facilitate support and promote awareness for patients with SMI, it was integral to provide literature or magazines on mental wellbeing in order to make patients realise that their mental health was equally important as their physical health. The following participant mentioned:

*"Maybe even a little pamphlet or booklets that we can provide about mental health would do because what we have in the unit are the general nephrology magazines, how about mental health magazines?" Participant 3.*

It was crucial to provide on-going emotional and physical support to assist both renal nurses and patients in effectively managing mental health.

## DISCUSSION

In this study renal nurses in the acute haemodialysis unit, described their experiences of caring for patients with SMI to be challenging. These challenges were attributed to aggressive behaviour, verbal abuse, paranoia, and the potential of physical assault by patients. Certain barriers to care included the acuity of the unit, staff shortages and a lack of training in mental health education. Despite these barriers to care, renal nurses made a concerted effort to employ effective communication skills and engaged with patients with SMI receiving acute haemodialysis. The participants were largely empathetic to patients with SMI and provided a person-centred approach to care. However, renal nurses held both negative and positive attitudes due to their varied perspectives on mental illness.

The World Health Organisation (2016) defines mental illness as a vast array of mental health conditions that have a negative and disabling effect on an individual's thoughts, emotions, perception and behaviour. When asked about their understanding of mental illness, the participants provided various definitions of mental illness. Some of the participants referred to mental illness as a specific behaviour manifested by agitation and confusion. Other participants defined mental illness as various mental disorders including, anxiety, bipolar and schizophrenia. Some participants gave a descriptive account of mental illness, including patients that were unable to make decisions for themselves. A few of the participants were also confused with the concepts of

dementia and mental illness. These findings were in line with a previous study by Brunero *et al.* (2017), where there were various perspectives of mental illness amongst general healthcare practitioners. This reaffirmed the need for formal mental health knowledge and highlighted the complexity of SMI in the acute haemodialysis unit.

The study showed that renal nurses experienced difficulty managing challenging behaviours manifested by patients with SMI. Specific difficult behaviours of this patient group were described in this study, as aggression, paranoia, argumentative, demanding, and time-consuming. This resonated with the description of challenging behaviour in other studies (McNeela et al., 2012; Plant and White, 2013). Patients with SMI often disrupted the normal routine of the ward environment and this was especially challenging for nurses as the busy ward environment was highly stimulating, unsafe and unconducive to manage these behaviours (Shefer et al., 2014; Giandinota and Edward, 2015). Consistent with previous research (Burns and Smyth, 2011; Jones et al., 2014), in this study aggression was predominate in patients with SMI. In our study, the participants highlighted that they did not avoid these behaviours in patients with SMI, instead they were flexible in their approach by respecting the patients' requests and gained the support of other colleagues in the unit. Seeing people holistically and not just as having mental illness is an important for delivering care as Travelbee (1971) emphasizes.

It is widely documented in literature that patients with SMI are often exposed to stigma and stereotyping behaviour (Giandinoto and Edward, 2015; Knaak, Mantler and Szeto, 2017). The participants in our study perceived patients with SMI to be aggressive,

paranoid and have unpredictable behaviour, and this made them feel vulnerable and uncomfortable. As a result, a few of the participants held negative attitudes attributed to stress, fear and a participant verbalised that it affected the care they delivered. These findings resonated with previous studies (Zolnierek and Clingerman, 2012; Giandinoto and Edward, 2015) were increased levels of stress and frustration made nurses question the quality of care that they provided. Weare et al, 2019 identified that nurses lacked the prerequisite knowledge and skills to address the mental health needs of patients with SMI. This impacted on nurse's self-confidence and self-efficacy when caring for patients with SMI (Brunero et al., 2017). However, in our study it was evident that some participants managed to dialyse these patients by facilitating several coping mechanisms such as problem-solving techniques to ascertain whether the patients had missed their medication, if they were feeling unwell or were in pain. Emotional focused mechanisms were employed to establish trust and rapport with patients, and the participants persevered to control their own emotions when faced with challenging behaviours. This was in direct contrast to other studies were nurses in the acute settings often avoided patients with SMI due to safety concerns, stigma and negative attitudes (McNeela et al., 2012; Plant and White, 2013; Weare et al., 2019). As Travelbee (1971) stresses communication is necessary for good nursing care and this was evident from our study.

A few studies have highlighted that gaps in clinical practice such as lack of security, lack of knowledge and how to deal with the patients resulted in overshadowing or misattribution of patients' physical and psychological symptoms (Zolnierek and Clingerman, 2012; Shefer et al., 2014). Subsequently, due to their negative attitudes nurses failed to accurately assess patients, review pain, effectively treat side effects

of medication or interpret the warning signs of potential violence (McNeela et al., 2012; Zolnierek and Clingerman, 2012). Contrary to this, in our study renal nurses probed patients with SMI to ascertain if they were in pain or feeling unwell due to infection and referred patients accordingly for medical treatment. Potential reasons for fluctuating mental capacity in patients with SMI receiving haemodialysis may be attributed to uraemia, infection and non-adherence with psychiatric medication (Gupta and Annadatha, 2008).This suggests that renal nurses may have more resilience than other nurses caring for patients with SMI due to their regular and on-going contact with patients. Ellis and Abbot (2012) affirmed that haemodialysis units are the only clinical settings in the healthcare setting, where close and long-term relationships with patients are formulated. Similarly, in the current study renal nurses due to their regular interactions with patients were able to gain a deeper understanding of individual patient's behavioural patterns.

Fear and concern for both patients and their safety were often evoked in a few of the participants. Some patients with SMI were disruptive and often threatened to pull out their dialysis lines. Hence, renal nurses felt it difficult to empathise with patients that wanted to endanger their own lives. This finding was in align with an online survey by Weare et al., (2019) on intensive care unit (ICU) nurses to examine their attitudes, knowledge and skills towards patients with SMI. The findings emphasised that although nurses were empathic to patients, 24.3% of ICU nurses were frustrated and found it difficult to empathise with patients that deliberately self-harmed. These findings are significant as patients with SMI receiving haemodialysis are similar to other patients with mental illness, as self-harm may be a means of coping with distressing emotions. However, in patients receiving maintenance haemodialysis are

in general dependent on treatment for survival. Thus, in patients with SMI receiving haemodialysis, and who self-harm, may be at an increased risk of mortality due to refusal of haemodialysis treatment and non-adherence with fluid and dietary restrictions (Pompili et al., 2013).

The uniqueness of the environment can present a challenge to patients with SMI. The busy acute environment and at times a lack of staff constituted a barrier to nurses working and caring for patients with SMI (Zolnierek and Clingerman, 2012; Jones et al., 2014; Shefer et al., 2014). Similarly, in this study renal nurses were challenged by other emergencies in the acute haemodialysis unit and had minimal time to engage with patients with SMI. In general, minor changes in treatment times, allocation of a haemodialysis space or even waiting to be commenced on haemodialysis treatment can be frustrating and upsetting for a majority of patients. However, these changes are more profound in patients with SMI receiving haemodialysis. Findings from this study showed that a patient insisted to be seen immediately by the renal registrar and failed to understand the work constraints of the clinicians in the acute setting. This re-iterated the fact that SMI in patients receiving haemodialysis can hinder at times their understanding and adaptability to the environment. Renal nurses therefore need to be sensitive on how change to treatment schedules and routine can impact on patients with SMI.

Previous studies highlighted that nurses in the acute setting felt that caring for patients with SMI required a specialist set of skills (Giandinoto and Edward, 2015; Weare et al., 2019). Essential skills incorporating empathy, active listening and being non-

judgemental were the prerequisites of establishing a therapeutic nurse-patient relationship (Alexandra, et al., 2016). Renal nurses established that it was integral to engage in a therapeutic relationship with patients that had SMI, in order to optimise their haemodialysis treatment. Significantly, in this study the participants were articulate in utilising effective communication skills to communicate and to establish trust and rapport with some patients with SMI. However, trust was not always easy to formulate as some patients were highly paranoid requesting only certain nurses to facilitate their haemodialysis.

Some participants indicated that they developed emotional resilience or coping strategies to facilitate care for patients with SMI. Emotional resilience is the ability to adapt to challenging situations, and at the same time being able to maintain a stable mental well-being (Masten, 2015). Frajo-Apo *et al.* (2016) advocates that emotional resilience in healthcare professionals can be developed by employing key skills including being assertive with communication skills, practicing relaxation techniques, having a work life balance and building good support networks both at work and home. Therefore, in view of the various challenging behaviours in patients with SMI and work constraints, it would seem reasonably beneficial for renal nurses to support and develop their emotional resilience skills.

A lack of knowledge and skills in mental health was identified as a major barrier to renal nurses providing sufficient care to patients with SMI. These findings resonated with previous studies of nurses that worked in other acute settings (Plant and White, 2013; Giandinoto and Edward, 2015; Weare et al., 2019). Weare *et al.* (2019) in their

online survey reported that three ICU nurses had the requisite knowledge and skills on mental health conditions. This emphasised the need for education and training in mental health amongst renal nurses caring for patients with complex SMI.

The lack of support for nurses working in the acute settings from their manager was a recurring theme in several studies (Plant and White, 2013; Shefer et al., 2014; Giandinoto and Edward, 2015). Nurses felt that they lacked support from their nurse managers (Plant and White, 2013) and verbalised that the environment in which they worked was inadequately prepared to integrate both the physical and mental health aspects of care (Brunero et al., 2017). Contextually compared with the above previous studies, the participants in this study also required nurse mangers to effectively manage conflicts between patients with SMI and to provide emotional support for staff that experienced emotional distress. This unscored the need for nurse managers in the acute haemodialysis setting to have firm leadership and awareness of the challenging behaviours manifested by patients with SMI, and to collaborate with psychiatric  and security teams to readily support staff.

**STRENGHTS AND LIMITATIONS**

A major strength of this study was captured in the authentic rich -descriptive narratives of renal nurses' perceptions on managing patients with SMI receiving haemodialysis. Moreover, the direct quotations of the participants provided rigor in the data analysis and the research findings. Data saturation was achieved when no new themes emerged from the interviews.

The major limitation of the study was its relatively small scale and conducted in one Trust. The key findings highlighted that in the acute haemodialysis unit, renal nurses experienced similar fear, discomfort and anxiety as compared to renal nurses caring for patients with SMI in chronic haemodialysis units. The findings of this study are applicable and can be  transferable to chronic haemodialysis units. It is recommended that future research should focus on the management of patients with SMI in other haemodialysis units.

## IMPLICATIONS FOR CLINICAL PRACTICE

This qualitative study has provided an opportunity for renal nurses to share their concerns, fears, attitudes, and challenges caring for patients with SMI  receiving acute haemodialysis. Mental health knowledge and learning de-escalation techniques on specific psychiatric conditions, including paranoid and aggressive behaviour is vital to enhance renal nurses' confidence, knowledge and skills. It is equally important to engage patients with SMI in their own care and to provide useful information to patients, to raise the awareness on their mental health. Collaboration with the psychiatric liaison team is crucial in order for patients with SMI to receive the appropriate psychiatric care and treatment. Effective communication is key to developing trust and a rapport with patients with SMI. Future studies in this field should review other care models used to manage patients with SMI.

## CONCLUSION

In this study, renal nurses  described their experiences of caring  for patients with SMI receiving acute haemodialysis. Although a person-centred approach to care was facilitated, renal nurses'- conceded that they experienced individual challenges in

managing patients with SMI. Staff shortages and lack of training was significant hindrances to care delivery. Key facilitators of care included effective communication skills, being kind and empathic with patients with SMI. The knowledge derived from this study highlighted that renal nurses' required education on mental health conditions, support from senior staff and collaborative working with the mental team. These support systems are essential to enable confidence and increase renal nurses' knowledge and experience in mental health care.

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