## Title: Practicing an Upstream Palliative Approach to Care in Hemodialysis: What Part of This do Nurses not Understand?

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**Background**: End-stage kidney disease is a life-limiting condition that exacts a high symptom burden.<sup>1</sup> Kidney failure is considered to be among 20 health conditions that most commonly result in death or suffering that is severe enough to require palliative care (PC).<sup>2</sup> A palliative approach to care involves early integration of PC principles (e.g., symptom relief) alongside disease-modifying therapies such as hemodialysis that encompasses advance care planning (ACP). ACP involves ongoing communication between the healthcare team and patients about the latter's values, goals, and preferences for future care. A palliative approach to care is underutilized and often initiated late in the illness trajectory in renal care.<sup>3,4</sup> Dialysis nurses feel unprepared to incorporate PC into routine care and are not providing the necessary elements of PC. The delay or lack of engagement in a palliative approach to care until close to the end of life can result in patients dying in acute care settings without receiving PC services.<sup>5,6,7,8</sup>

**Purpose**: The purpose of this study is to develop a substantive theory that explicates the process of engagement in a palliative approach to care in hemodialysis.

**Research Question**: The central question is: What factors contribute to the process of engagement in a palliative approach to care by nurses in hemodialysis?

**Methodology**: Utilizing Charmaz's constructivist grounded theory, a theoretical sample of 20-40 HD nurse participants in Ontario will be recruited. Data collection, coding, and analysis (based on interviews, focus groups, and memo writing), and theory construction will be undertaken concurrently.

**Implications**: Nurses in hemodialysis are well-positioned to ensure the delivery of a quality integrated palliative approach to dialysis care. This study will help to determine the factors impeding nurse engagement in a palliative approach to care in hemodialysis in order to effect change that would normalize ACP conversations in the clinical setting.

## Word count: 297

**References**: <sup>1</sup>Murtagh et al. (2007); <sup>2</sup>Knaul et al. (2015); <sup>3</sup>ORN (2016); <sup>4</sup>Sawatzky et al., (2016); <sup>5</sup>Nesrallah et al., 2018; <sup>6</sup>Bacon (2012); <sup>7</sup>OPCN (2019); <sup>8</sup>QHPCCO (2011)