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Experiences of Nurses Who Provide Advance Care Planning in the Dialysis Setting

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Walden University

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Sheree L. Mullen

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Walden University
2022

Abstract

Experiences of Nurses Who Provide Advance Care Planning in the Dialysis Setting

by

Sheree L. Mullen

MBA, University of Phoenix, 2017

MSN, University of Phoenix, 2017

BSN, University of Phoenix, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing: Public Health Policy

Walden University

May 2022

Abstract

Patients diagnosed with end-stage renal disease (ESRD) receiving dialysis experience increased symptom burden and multiple hospitalizations as the disease progresses. Dialysis nurses are charged with involving ESRD patients in decisions regarding their care and advance care planning for end-of- life; however, discussions about end-of-life care do not consistently occur. Providing advance care planning is important to involve the patient in their end-of-life care needs. The purpose of this qualitative descriptive study guided by the theory of planned behavior was to explore the experiences of nurses who provide advance care planning to patients receiving dialysis therapy. Eight participants volunteered to participate in one-on-one semistructured interviews that incorporated open-ended questions to elicit responses as data for this study. Thematic analysis of the transcripts was used to identify three themes that contribute to dialysis nurse experiences with advance care planning: (a) education, (b) support, and (c) environment; education dominated as the overarching theme. Recommendations include providing education and support for dialysis nurses on how to provide effective advance care planning to patients in the dialysis setting. Further research is warranted to understand dialysis nurses' perceptions of advance care planning policies on the state and federal level in the dialysis setting. Findings from this study have potential implications for positive social change by strengthening nursing practice, informing advance care planning policies, and improving quality of life outcomes for dialysis patients.

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Dedication

I dedicate this dissertation to my parents, Marvin and Pamela Mullen. I love you. Thank you for your patience, encouragement, and support, and thank you for raising me to be confident in myself and persistent with reaching my goals.

Acknowledgments

First, I would like to thank God for blessing me with joy, patience, and discipline to complete my dissertation. I would like to provide a special thanks to my father, Marvin Mullen, for the conversation that sparked me to pursue my doctoral degree, and I would like to thank my cousin Dr. Stephanie Hampton-Credle for her mentorship and encouragement throughout my doctoral journey.

I would like to express my deepest appreciation to my dissertation committee, Dr. Mary Martin, Dr. Janice Long, and Dr. Susan Fowler. Thank you for your wisdom, guidance, and support throughout the entire dissertation process. I look forward to keeping in touch with my dissertation committee as they have graciously contributed to my growth and knowledge as a nurse and researcher.

To my cohorts Pamella and Ade, it has been an absolute pleasure to have worked with you throughout the bachelor's degree, master's degree, and Ph.D. programs. Pam, we started working together on our License Practical Nurse certificate and Associates degree in nursing over 20 years ago. We literally traveled coast to coast to achieve our goals and we succeeded. I thank you and wish you success on your nursing journey. Finally, I would like to acknowledge and extend my deepest gratitude to all of the participants who provided invaluable contributions to my research study.

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Chapter 1: Introduction to the Study

Introduction

According to the American Nephrology Nurses Association (ANNA, 2015), *nephrology nurse* is a broad term used to define a nurse who specializes in providing direct or indirect care to people diagnosed with kidney disorders; a *dialysis nurse* is a nephrology nurse who has had specific training in providing dialysis services to patients diagnosed with end-stage renal disease (ESRD). ESRD is a life-limiting illness and requires many people to undergo routine kidney dialysis therapy to survive (Axelsson et al., 2019b; Berzoff et al., 2020; Goff et al., 2019; Watcherman et al., 2017). Patients on dialysis may experience increased symptom burden along their illness trajectory, which may contribute to increased suffering and poor quality of life. Dialysis patients are less likely to receive advance care planning and palliative care than patients diagnosed with similar life-limiting illnesses because dialysis professionals such as nurses have a lack of knowledge in providing advance care planning in the dialysis setting (Anderson et al., 2018; Berzoff et al., 2020; Blackwood et al. 2019; Culp et al., 2016). Advance care planning is an end-of-life management process that includes the ongoing discussion of end-of-life and palliative care options with patients that will help meet a patient’s health care needs (Institute of Medicine [IOM], 2014). Centers for Medicare and Medicaid Services (2008), mandates that the interdisciplinary dialysis team, which includes the nephrologist, registered nurse, and social worker collaborate to provide patient-centered dialysis care and inform patients about advance care planning.

The National Institutes of Health (n.d.) describes advance care planning as a process that includes the health professional, patient, and family to define and discuss preferences for future patient care. The patient learns about the current state of their health and health care options that will allow the patient to proactively partake in decisions to best meet their needs. CMS (2008) requires that the dialysis team inform patients of their right to formulate an advanced directive (Davison, 2006; NIH, n.d.). Although CMS mandates that dialysis professionals collaborate to meet this interdisciplinary team requirement, nurses play a unique role in patient engagement due to their day-to-day interactions and direct management of patient care (Moran, 2018; Smith & Wise, 2017). Failure to provide advance care planning to dialysis patients may increase their risk for symptom burden, which could lead to poor end-of-life outcomes and family dissatisfaction (Axelsson et al., 2020; Luckett, 2017; Lund et al. 2015; Watcherman et al., 2017). There is paucity of literature regarding nurses' experiences with providing advance care planning in the dialysis setting.

The IOM is an independent, authoritative, and unbiased organization that provides information and recommendations to the U.S. public (National Academies of Science, Engineering, & Medicine, 2020). Common advance care planning practices involve the communication of medical care options that may be available to the patient at certain steps of the illness trajectory. In addition, advance care planning communication also includes providing emotional support and the documentation of patient requests in a medical record or advance directive (CMS, 2008; Davison, 2006; NIH, n.d.).

Although many people receive advance care planning to manage end-of-life and palliative care goals, advance care planning needs often go unmet for the dialysis patient (Goff et al., 2019; Haras et al., 2015). Patients on dialysis have a higher mortality rate than patients diagnosed with life-limiting illnesses such as breast cancer, yet patients on dialysis are less likely to receive advance care planning (Goff, 2019; Watcherman et al., 2017). In dialysis, advance care planning has often been presented as a next-step option to those patients who have already made the decision to discontinue dialysis and transition to hospice (Moran, 2018). Advance care planning is recommended earlier and more frequent throughout the illness trajectory (Haras et al., 2015; Lupu et al., 2021). In the dialysis setting, the dialysis nurse focuses on the day-to-day care management of patients, which places the dialysis nurse in a unique position to provide advance care planning (Moran, 2018). Understanding nurses’ experiences with providing advance care planning in the dialysis setting is important and can help provide insight into nurses’ needs in providing effective advance care planning communication.

Potential social implications could occur from understanding nurses’ experiences with providing advance care planning in the dialysis setting. Exploring dialysis nurses’ experiences with providing advance care planning in the dialysis setting can strengthen nursing practice by facilitating efficient and consistent advance care planning in the dialysis setting, which can help improve quality outcomes for patients (Chen, & Chiu Chiu, 2021; Dixon, & Knapp, 2018). Additional social implications could include improved nurse and patient engagement in the advance care planning process that can improve quality-of-life outcomes for patients when nurses increase comfort and knowledge in conducting advance care planning communication patients can discuss their personal health care preferences (Chen & Chiu Chiu, 2021; Goff et al., 2019). Overall, the findings from this study can provide insight for further research, promote decision making with advance care planning policies and procedures, and promote nursing education recommendations on how to provide effective advance care planning in the dialysis setting.

In Chapter 1, I provide an introductory view of the research study. I reveal the background, problem statement, purpose of the study, research question, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance of the study. At the end of Chapter 1, I conclude with a summary of the chapter and provide a transition into Chapter 2.

Background

The U.S. Congress enacted the Social Security Amendments of 1972, which initiated the ESRD program and extended Medicare funding to patients needing dialysis care (CMS, 2020). The CMS ESRD program provides the opportunity for over a half million individuals to receive life-saving dialysis services in the United States (National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK], n.d.; National Kidney Foundation, 2020). The CMS ESRD program provides guidelines for patient care planning and mandates that patients be informed of their right to complete an advance directive (CMS, 2008). Although there has been some progress made with advance care planning, a review of current literature revealed that advance care planning is often limited or delayed in the dialysis setting. For example, Feely et al. (2016) explained that end-of-life management such as advance care planning is rarely addressed with dialysis patients. Similarly, Luckett et al. (2017) claimed that advance care planning in dialysis is advocated but not always implemented due to lack of time, lack of privacy, and lack of knowledge of how to conduct advance care planning. Although documents such as advance directives are included in the advance care planning process, leading authorities agree health care professionals must provide ongoing advance care planning conversations throughout the illness trajectory (CDC, 2018; CMS, 2019; IOM, 2014). This allows health care professionals such as dialysis nurses to provide advance care planning communication that enhances patient engagement and decision making regarding health care needs.

A gap in knowledge was found in the literature. Bublitz et al. (2017) conducted a qualitative research study in Australia on nurses’ experiences with advance care planning in the outpatient hemodialysis setting. The authors suggested further research be conducted into nurses’ experiences with providing advance care planning in the outpatient peritoneal dialysis (Bublitz et al., 2017). My study included exploring nurses’ experiences with providing advance care planning in the dialysis setting. Carr and Luth (2017) encouraged further studies to identify factors that contribute to productive advance care planning communication among clinicians. Boot and Wilson (2014) suggested further research identifying factors that facilitate nurses to involve patients in advance care planning. Zwakman et al. (2018) reported a need to study the benefits of advance care planning interventions for patients with life-limiting illnesses. In addition, the literature also revealed that health care professionals such as dialysis nurses could benefit from training to provide increased effectiveness of advance care planning in the dialysis setting (Berzoff et al., 2020; Corbett, 2017; Goff et al., 2019; Korfage et al., 2017; Smith & Wise, 2017).

This research study is needed because new knowledge can add value to the scholarly debate of understanding nurses' knowledge of advance care planning in the dialysis setting. New knowledge gained from this study can help inform advance care planning policies and strengthen nursing practice, including the role nurses play as a member of the dialysis interdisciplinary team (Goff et al., 2019). Furthermore, the study is needed because the findings will help to inform the research question and understand nurses' experiences with providing advance care planning in the dialysis setting. Improving the nursing practice of providing advance care planning can also enhance quality outcomes for dialysis patients if they desire to decline certain health care services or procedures (Klinger et al., 2016; Korfage et al., 2017; Sellars et al., 2019a; Sellars et al., 2019b).

Problem Statement

The problem is that dialysis patients may experience increased symptom burden and multiple hospitalizations (Axelsson et al., 2020; Luckett, 2017; Lund et al. 2015; Watcherman et al., 2017). As stated earlier, when a patient is diagnosed with ESRD, the individual must either start kidney dialysis or receive a kidney transplant to survive (National Kidney Foundation, 2019). As ESRD progresses, many patients experience challenges with multiple comorbidities and increased symptom burden. Approximately 46% of hemodialysis patients and 35% of peritoneal dialysis patients will die within 3 years of the start of their first dialysis treatment (Haras et al., 2015). The advanced prognosis of multiple comorbidities often contributes to a negative impact on health outcomes and increased mortality rates (Gomez et al., 2015).

Providing advance care planning is important because it includes patients and their surrogates in the health education and decision-making process, and it allows patients to create goals that meet their individual needs (Song et al., 2017). Although advance care planning can be beneficial to dialysis patients, the CDC (2018) revealed that approximately 70% of Americans do not have an advance care plan. Overall, it is important to focus on advance care planning and end-of-life management by engaging patients, especially those with life-limiting illnesses such as ESRD, in advance care planning communication (Miller, 2017; Smith & Wise, 2017; Song et al., 2017).

The problem under study in this research is current. A review of current literature revealed that advance care planning is often limited or delayed in the dialysis setting. For example, Luckett et al. (2017) claimed that advance care planning in dialysis is advocated but not always implemented. Furthermore, dialysis health care professionals including nurses lack knowledge and skills related to advance care planning in the dialysis setting (Haras et al., 2015; Lazenby et al., 2017; Smith & Wise, 2017). Overall, failure to provide ongoing advance care planning discussions may limit patients' opportunities for questions and input regarding their care (Ahluwalia et al., 2012; Miller, 2017; Smith, & Wise, 2017). If a patient does not have an opportunity to understand and partake in the decision-making process, this may impact quality of care and quality of life for the patient (Feely et al., 2016; Miller, 2017; Smith & Wise, 2017).

While an abundance of research exists on nurses' perspectives on advance care planning, further research is needed to understand dialysis nurses' experiences with providing advance care planning. The literature revealed that many nurses lack advance care planning knowledge and skills in the dialysis setting (Goff et al., 2019; Lazenby et al., 2017; O'Hare et al., 2016; Smith & Wise, 2017). Boots and Wilson (2014), Carr and Luth (2017), Lazenby et al. (2017), and Zwakman et al. (2018) recommended future studies regarding the topic of health care professionals and advance care planning communication with patients with life-limiting illnesses. Bublitz et al. (2017) suggested that further research into peritoneal dialysis nurses' experiences with advance care planning can also help fill a gap in knowledge. Understanding nurses' experiences with providing advance care planning in the dialysis setting will inform nursing practice and strengthen the nursing role as a part of the dialysis interdisciplinary team.

Purpose of the Study

The purpose of this qualitative study was to explore nurses' experiences with providing advance care planning to dialysis patients. Providing advance care planning communication is essential to patient and family decision making because it can help the patient to make informed decisions to meet their personal health care needs (Axelsson et al., 2019a; Elliott & Gessert, 2016; Goff et al., 2019; Hutchinson et al., 2017; Song et al., 2017). Advance care planning can be helpful to patients who are on dialysis as many patients prefer to receive communication regarding health prognosis and life expectancy even if the prognosis is poor (Axelsson et al., 2020; Luckett, 2017; Lund et al. 2015). Qualitative research involves gaining insight into the human experience (Patton, 2015).

Participants’ responses to semistructured interview questions will help me gain insight into participants’ experiences of providing advance care planning and provide rich data to address the research question (Bearman, 2019; Rubin & Rubin, 2012). I conducted one-on-one interviews using open-ended questions that provided an opportunity for participants to expand on their experiences so that I could obtain rich data from those experiences (Patton, 2015). Through this process, I gained an understanding of participants’ experiences with providing advance care planning in the dialysis setting.

Research Question

The research question that guided this study was: What are the experiences of nurses who provide advance care planning to patients in the dialysis setting?

Theoretical Framework

The theory of planned behavior was used as the theoretical framework to guide the study and inform the research question. The theory of planned behavior was developed by Icek Ajzen to improve on the theory of reasoned action created by Martin Fishbein and Icek Ajzen (Fishbein, 1979). The framework served as a foundational focus of nurses’ intentions to partake in advance care planning behavioral practices with patients in the dialysis setting.

The theory of planned behavior focuses on three major constructs. The first construct is *attitude*. Attitude focuses on an individual’s feelings toward performing the behavior (Ajzen, 1991). The second construct is *subjective norms*. A subjective norm focuses on what an individual identifies as social pressures to perform or not perform the behavior (Ajzen, 1991). The third construct is *perceived behavioral control*. Perceived behavioral control focuses on an individual’s past experiences and perceived future barriers to perform the actual behavior (Ajzen, 1991).

According to Ajzen (1991), the theory of planned behavior suggests that an individual’s perceived attitude toward performing advance care planning; their individual social pressures to perform or not to perform advance care planning; and their perception of past experiences and future obstacles of performing advance care planning directly predict the individual’s intention to perform advance care planning in the dialysis setting. The theory of planned behavior is a clear and concise visual framework that can inform nurses’ intentions to perform advance care planning behavior guided by a nurse’s attitude, subjective norms, and perceived behavioral control. The framework is important to qualitative research because it serves as the underpinnings for the methodological approach and enhances the validity and strength of a study (Collins & Stockton, 2018).

The theoretical framework relates to the thematic analysis approach and allows for the identification of themes. The theoretical framework relates to the research question as it focuses on nurses’ intentions and experiences with performing advance care planning. This can add value to the nursing profession as nurses gain understanding of providing effective advance care planning in the dialysis setting and improve quality outcomes for dialysis patients (Nyatanga, 2018). More information on the theory of planned behavior will be discussed in Chapter 2.

Nature of the Study

The nature of the study is a qualitative descriptive study with a thematic analysis approach. Thematic analysis is a widely used tool in qualitative research (Braun & Clark, 2006; Ravitch & Carl, 2021). Although the origins of thematic analysis are unclear, researchers Virginia Braun and Victoria Clark were credited with popularizing the method (Braun & Clarke, 2006). A thematic analysis is an independent qualitative descriptive approach, and is described as the observation of relationships such as similarities and differences in the data (Ravitch & Carl, 2021).

A thematic analysis may not involve the detailed characteristics of individual experiences, but rather, it involves a generalized view and interpretation of the meanings of individual experiences (Ravitch & Carl, 2021). The qualitative thematic analysis approach aligns with the problem statement and purpose statement because it will help in analyzing and developing the meaning of the participants' responses (Braun & Clarke, 2006; Vaismoradi et al., 2013).

Both primary and secondary sources can be used to collect data. I obtained primary data by way of semistructured interviews with dialysis nurse participants. I obtained secondary data through sources such as research articles and through governing leaders in the industry such as CMS, which provides federal regulatory guidelines to dialysis facilities.

Definitions

For the purposes of this research study, the following terms are defined:

Advance care planning: A discussion of end-of-life care that includes the incorporation and clarification of a patient's end-of-life preferences and goals. Advance care planning communication consists of multiple conversations throughout a patient's illness trajectory (IOM, 2014).

Dialysis setting: Any environmental setting where a nephrology nurse provides dialysis services; dialysis setting can include an inpatient hospital setting, nursing home setting, and outpatient clinic setting (ANNA, 2015).

End-of-life care: Support and medical care provided nearing the time of death (National Institutes on Aging, n.d.).

End-stage renal disease (ESRD): An advanced form of chronic kidney disease. ESRD is noted when the kidneys have lost their ability to function; the kidneys are no longer able to properly filter the blood of waste, toxins, and excess fluid needed to sustain life (CDC, n.d.). People who have been diagnosed with ESRD must either receive a kidney transplant or undergo kidney dialysis to survive (CDC, n.d.).

Northeastern United States: The United States Geological Survey's (USGS, n.d.) description of the Northeast will be used in this study and includes Connecticut, Delaware, District of Columbia, Kentucky, Maine, Maryland, Massachusetts, New Hampshire, Pennsylvania, New Hampshire, New Jersey, New York Rhode Island, Vermont, Virginia, and West Virginia.

Nurse: For this study, this includes any licensed nurse who works in the dialysis specialty and provides direct or indirect care to patients in the dialysis setting. For example, a dialysis nurse can include a registered nurse, licensed practical nurse, advanced practice registered nurse, licensed vocational nurse, clinical nurse manager, dialysis nurse educator, dialysis nurse case manager, nurse practitioner, or any licensed nurse professional who provides specialized care, resources, or education to patients in the dialysis setting (ANNA, 2015).

Quality of life: A patient’s holistic position of their life experience, albeit positive or negative (World Health Organization, 2020).

Assumptions

One assumption was that dialysis nurse participants would have a sincere interest in partaking in the research study versus focusing solely on the gift offered at the end. Second, I assumed the dialysis nurse participants would provide accurate and truthful information throughout the interview process. Lastly, I assumed that the dialysis nurse participants would accurately recall their experiences with providing advance care planning to dialysis patients in the outpatient setting. These assumptions are necessary in the study and understanding these assumptions can help to create a more precise questioning session during the recruitment selection process. During the recruitment process, I informed the participants they were free to discontinue participation in the study at any time and for any reason. I assumed the world view of others, and I assumed there would be multiple meanings because individuals acquire knowledge from their subjective experiences (Ravich & Clarke, 2021). I assumed that participants had an understanding of their reality and were able to articulate meaning of their experiences regarding advance care planning in the dialysis setting.

Scope and Delimitations

For this study, I focused on dialysis nurse participants who provided advance care planning in the Northeastern region of the United States. The study included nurse participants who held a current nursing license such as a registered nurse, licensed practical nurse, licensed vocational nurse, advance practice registered nurse, and nurse practitioner who provided dialysis services to patients in the dialysis setting. The number of participants interviewed was eight. Braun and Clark (2016) revealed that in qualitative thematic analysis, it is appropriate to interview participants until data saturation is reached. The participants included only nurses who currently worked in a dialysis setting and excluded nurses who worked in other nursing specialty settings. The participants were at least 21 years of age and had at least 1 year of experience working in a dialysis setting. The study included nurse participants from multiple dialysis facilities in the Northeastern United States.

There is a potential for transferability in the study. The study results could be transferable into other nursing specialties such as cardiology or oncology. The study could be transferable to other dialysis settings in other regions of the United States.

Limitations

There were limitations in the research study. First, the research study was limited to nurses who currently worked in the dialysis setting. Another limitation included the focus of including only dialysis nurses who work in the Northeastern United States. One challenge included finding and recruiting dialysis nurses who worked in the dialysis setting. Lastly, an individual barrier was related to mandatory travel limitations and social-distancing guidelines in Maryland due to the coronavirus (COVID-19) pandemic. My original plan was to meet nurse participants’ in person and conduct individual semistructured interviews. However, the COVID-19 pandemic was a barrier because it limited personal access to nurse participants. I addressed this limitation by conducting participant interviews via Zoom online conferencing, which is an online conferencing website that consists of audio and video communications with participants. Conducting interviews via Zoom online conferencing provided an opportunity to partake in verbal and nonverbal communication with the participants.

Significance

The significance of this study is that it may contribute to filling a gap in knowledge by focusing on dialysis nurses' experiences with providing advance care planning in the dialysis setting. The contributions of the study may advance nursing practice in nephrology (Goff et al., 2019). The study can contribute to positive social change by bringing awareness among dialysis nurses who provide advance care planning to ESRD patients. The study may contribute to social change by informing policies and promoting a culture that will increase support and implementation of advance care planning procedures.

Dialysis patients may also benefit from advancement in nephrology nursing practice. For example, nurses who provide advance care planning will help to promote dignity and respect by allowing patients to choose healthcare options that best fit their needs (Song et al., 2017). Overall, ongoing advance care planning will help to promote patient engagement in the decision-making process, and this will help improve patient end-of-life outcomes (Dixon et al., 2018).

Summary

In Chapter 1, I provided a background of advance care planning and the outpatient dialysis setting. The problem statement revealed the research problem that advance care planning is often limited or delayed in the dialysis setting. The purpose of the study was to explore nurses’ experiences with providing advance care planning in the dialysis setting via a qualitative research method with a thematic analysis approach. The research question for this study was: What are nurses’ experiences with providing advance care planning in the dialysis setting? The nature of the study is a basic qualitative research study with a thematic analysis approach. The assumptions were that dialysis nurse participants would provide truthful responses about their experiences with providing advance care planning in the dialysis setting. The scope and delimitations were identified, as the study took place in the Northeastern United States and included nurse participants over 21 years of age. The limitations revealed that the study focused on only nurse participants who were currently working in the dialysis setting. The significance revealed positive social change by strengthening the nursing practice and by informing advance care planning policies that may enhance nursing knowledge and quality-of-life outcomes for dialysis patients.

In Chapter 2, discussion of nurses’ experiences with providing advance care planning in the dialysis setting will continue. Second, a theoretical foundation will be described. Lastly, an in-depth analysis and synthesis of current literature will be revealed.

Chapter 2: Literature Review

Introduction

The purpose of this study was to explore and gain understanding of nurses' experiences with providing advance care planning to patients in the dialysis setting. Advance care planning is infrequently incorporated into the care planning for dialysis patients in the dialysis setting, although patients in the ESRD treatment facilities have a higher risk of end-of-life events than patients with some forms of cancer (Goff et al., 2019; Lazenby et al., 2017; Watcherman et al.,2017). Infrequent advance care planning creates missed opportunities for patient engagement and high-quality decision making (Axelsson et al. 2019a). Dialysis nurses carry out the day-to-day collaboration with dialysis patients, and Moran (2018) explained that dialysis nurses are in an opportune position to provide ongoing advance care planning in the dialysis setting.

The current literature establishes relevance to the problem. ESRD is a life-limiting illness, and patients with ESRD have a shorter lifespan than those who do not have the disease (Neild, 2017). Newly diagnosed patients with four or more comorbidities have a mortality rate of 60%; however, only 50% of dialysis patients receive advance care planning (Berzoff et al., 2020; Goff et al., 2019). Advance care planning is offered to patients receiving dialysis; however, it is usually implemented at the initiation of health deterioration (Lazenby et al., 2017). By waiting until a patient's condition has deteriorated, there may be limited time for informed patient involvement in decision making. Providing advance care planning is important to patient-centered care and can add value to patient quality outcomes (Lazenby et al., 2017; Lupu et al., 2021). Failure to provide ongoing advance care planning may place individuals with ESRD at risk for poor quality end-of-life care outcomes (Lazenby et al., 2017).

A literature search was conducted for current peer-reviewed articles to explore nurses' experiences with providing advance care planning in the dialysis setting. In Chapter 2, I reveal a scholarly discussion regarding advance care planning in the dialysis setting. The chapter will include a literature search strategy, theoretical framework, conceptual framework, literature review related to key variables and concepts, and a summary of the scholarly discussion.

Literature Search Strategy

A literature review was conducted of peer-reviewed articles related to nurses' experiences with providing advance care planning to patients in the dialysis setting. The search included national and international articles published between 2016 and 2021; however, there were some historical articles that extended beyond the 5-year range. A variety of library databases and search engines were used. Databases used to search for articles included EBSCOhost, CINAHL, MEDLINE, and PROQUEST. The literature review also included books and literature from professional associations and government regulatory agencies. The keywords and terms used to search for articles included (*advanced care planning or end of life planning or advanced directive or advance care plan or advance decision or advance health care plan) AND (nurse or nurses or nursing) AND (dialysis or hemodialysis or haemodialysis)*. There was little current research specifically related to nurses' experiences with providing advance care planning to patients in the dialysis setting. I expanded my literature search to include advance care planning in other disciplines, such as oncology, cardiology, and hospice. The articles that selected were relevant to the purpose, research question, and methodology of the study.

Theoretical Foundation

The theoretical framework is the backbone of the research study. Houser (2018) declares that a theoretical framework serves as the foundation for a research study. The theoretical framework shapes the study by enhancing the development and alignment of the research question, research method, and data collection methods (Ravitch & Carl, 2021).

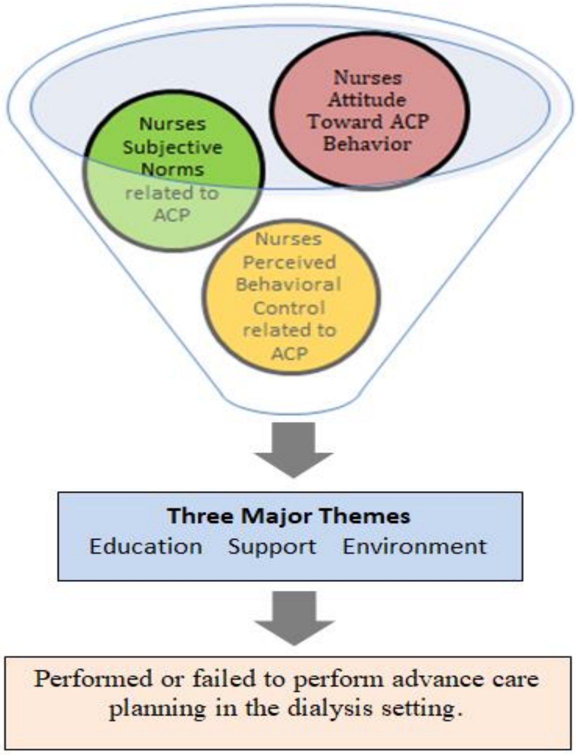
Theory of Planned Behavior

The theory of planned behavior was the theoretical framework that I used for this qualitative study. The theory of planned behavior was developed in the 1980s by Icek Ajzen. The theory of planned behavior is an extension of the theory of reasoned action developed by Ajzen and Fishbein (Fishbein, 1979). The theory of planned behavior framework was developed to help understand and predict intentional human behavior. Ajzen stated that the stronger or more intense the intention to perform the behavior, the more likely the particular behavior will occur.

The theory of planned behavior is described as having five components; however, three core constructs can influence an individual’s motivation and intention to perform a behavior. The three core constructs include the individual’s attitudes, the subjective norms of society, and the individual’s perceived behavioral control (Ajzen, 1991). The individual’s favorability level of these constructs help influence the individual’s intention to perform or not perform the behavior. Theory of planned behavior’s three major constructs were used to understand participants’ experiences with providing advance care planning in the dialysis setting, which is shown in Figure 1.

Figure 1

Theory of Planned Behavior related to Advance Care Planning (ACP)



Source: Ajzen, 1991

The first construct in the theory of planned behavior framework is *attitude*. In this construct, an individual’s attitude toward performing a behavior is considered favorable or unfavorable (Ajzen, 1991). The second construct is *subjective norms* (Ajzen, 1991). Subjective norms are described as an individual’s perceived social pressure to perform the behavior or not to perform the behavior. The third construct is *perceived behavioral control* (Ajzen, 1991). Perceived behavioral control is described as whether the performed behavior is noted as easy or hard. During this time, an individual will reflect on personal experiences to understand what is easy and hard and forecast any barriers that could pose a challenge to perform the behavior. The fourth construct is *intention* (Ajzen, 1991). Intention is also known as motivation. The intention to perform a behavior is strongly tied to an individual's feelings or attitude toward the behavior, the subjective norms or social pressures surrounding the need to perform the behavior, and the perceived behavioral controls or experiences related to performing the behavior. The fifth construct is *behavior* and the planned behavior depends on the intention, perceived behavioral controls, subjective norms, and attitude (Ajzen, 1991).

The individual's attitude, subjective social norms, and perceived barriers of control, whether favorable or unfavorable, underpin the individual's motivating factors and intention to perform the behavior (Ajzen, 1991). For example, the more favorable the individual's attitude, subjective norms, and perceived behavioral control the more likely the individual will perform the behavior. In contrast, the less favorable the individual's attitude, subjective norms, and perceived behavioral control, the less likely the individual will perform the behavior. Using the theory of planned behavior as the theoretical framework helped with understanding the experiences of nurses who provide advance care planning in the dialysis setting.

A review of current literature revealed that theory of planned behavior was useful in studies focused on nurses' experiences. For example, Omura et al. (2018) conducted a study to explore nurses' perceptions with the use of assertive communication in the healthcare setting to promote patient safety and identified the nurses' beliefs using assertive communication to speak out. However, the authors found that the nurse participants perceived behavioral control in the form of barriers such as pressure from doctors and leadership hindered their ability to speak up (Omura et al., 2018).

Lee and Khang (2020) conducted a study to understand nurses’ intentions to perform care for patients diagnosed with infectious diseases. The theory of planned behavior was used to underpin the study. Findings revealed that the theory of planned behavior was useful in predicting nurses’ intentional behavior of providing care and that providing education can improve nurses’ confidence with intentionally providing care to the patients with infectious diseases (Lee & Khang, 2020).

Youngcharoen et al (2017) conducted a comparative descriptive study to explore nurses' perceptions related to pain management. The authors used the theory of planned behavior as the framework for the study and found that they did not find significant differences between nurses who did and did not have training in pain management (Youngcharoen et al., 2017). However, they found a significant difference in the participants’ intentions to conduct pain assessments and suggested that the theory of planned behavior can be a useful tool to create training for staff about pain management.

Via-Clavero et al. (2019) conducted a study and developed a 48-item questionnaire as a psychometric testing instrument that was based on the theory of planned behavior. Via-Clavero et al. (2019) used this theoretically based instrument to assess nurses’ intentions to use physical restraints in the critical care unit and found the instrument to be reliable and valid in identifying nurses’ intentional use of physical restraint practices on intubated patients.

Russell-Babin (2017) used theory of planned behavior in a random controlled study to assess the use of medical-surgical nurses’ intentions to use evidence based practices to prevent pressure injury. The author found that nurses’ attitudes toward a pressure ulcer prompted intentional behavior to perform evidence-based practices to prevent pressure ulcers (Russell-Babin, 2017). Lee and Khang (2020) and Via-Clavero et al. (2019) declared that the theory of planned behavior is an appropriate theoretical framework, which can be useful in understanding the experiences of nurses who provide advance care planning in the dialysis setting.

Theory of Planned Behavior and Advance Care Planning

A review of current literature revealed that theory of planned behavior has been useful in studies focused on advance care planning. For example, Kermel-Schiffman and Werner (2020) conducted a study on the willingness of family members or care givers of people with dementia to complete their own advance care planning and found that the constructs such as their attitudes and perceived regrets played a significant role in their ability to conduct their own advance care planning.

Chan et al. (2020) conducted a study on healthcare professional’s readiness to conduct advance care planning. The authors found that trained professionals had attitudes of higher perceived readiness regarding clinical relevancy, willingness, and confidences. The authors also found that the trained professionals were less likely to experience perceived advance care planning barriers, such as time constraints and other hindering factors with family, compared to those who did not have advance care planning training (Chan et al., 2020).

Khairuddin et al. (2020) conducted a study focused on nurses' perceptions toward performing advance care planning by identifying their attitudes, subjective norms, and perceived behavioral control. The authors found that nurses described multiple perceived limitations and barriers that hindered advance care planning implementation in the acute care setting such as role clarity and language barriers (Khairuddin et al., 2020). While theory of planned behavior was used in these studies, little is known about the theory of planned behavior in regards to understanding the experiences of dialysis nurses who provide advance care planning in the northeastern region of the United States.

Rationale for the Chosen Theory

The theory of planned behavior was chosen for this study because this theory can promote understanding of the experiences of nurses who provide advance care planning in the dialysis setting. The theory of planned behavior contains three core constructs: attitudes, subjective norms, and perceived behavioral controls (Ajzen, 1991). Semistructured interview questions underpinned by this theoretical framework helped to inform the research question.

The theory of planned behavior relates to this study because it can help with understanding the nurses' experiences as the theory suggests that an individual's intentional behavior is guided by their attitude, subjective social norms, and their perceived behavioral controls (Ajzen, 1991; Khairuddin et al., 2020). For example, nurses' attitudes toward conducting advance care planning, the perceived social pressure to perform advance care planning, and their past experiences and future perceived barriers to perform advance care planning can be helpful in informing the research question regarding the nurses’ experiences with providing advance planning in the dialysis setting. Theory of planned behavior was chosen for this study because advance care planning is limited or delayed in the dialysis setting (Luckett et al., 2017). The findings of this qualitative study add value to and build on existing theory. Using theory of planned behavior as the theoretical framework for this study helped develop an understanding of the nurses’ experiences with providing advance care planning and can inform nursing practice to improve advance planning efficiency and quality patient outcomes.

Literature Review

The literature review is the intentional observation of the scholarly discussion of a concept or phenomenon. A review of the literature involves the in-depth analyzing and synthesizing of information, such as journals, books, policies, and online databases (Houser, 2018). Reviewing the literature can reveal what is known and what is not known about the topic and the findings can provide direction for the research plan (Houser, 2018). Three themes were noted in the literature: advance care planning, organizational support, and nurses’ roles and responsibilities.

Advance Care Planning

Advance care planning is a proactive process that involves routine communication and includes the involvement from the patient or surrogate (Izumi, 2021). Healthcare professionals should have adequate knowledge in conducting advance care planning communication with the patients. Nurses often spend more time with the patient than most health professionals. Nurses must be able to assess the patient for readiness for advance care planning, provide advance care planning education and resources, such as advance directive information (CMS, 2008; Izumi, 2017; McMahan et al., 2021). In addition, nurses may need to support patients in the decision-making process. Healthcare professionals such as nurses need to provide emotional support to patients and family during this time (Izumi, 2017). Advance care planning is an ongoing process and the nurse should collaborate with the physician, social worker, and other health care professionals to keep the patient informed of their prognosis and medical options along the illness trajectory (CMS, 2008). While knowledge was important to engagement in advance care planning, Gilissen et al. (2020) found that self-efficacy was also important to advance care planning engagement with the patient.

Barriers to Advance Care Planning

Lack of Knowledge. Lack in knowledge and skill is a barrier to advance care planning readiness. Healthcare professionals such as nurses lack the knowledge and skills to provide high quality advance care planning (Axelsson et al., 2019; Luckett et al., 2017; O’Halloran et al., 2018; Pereira-Salgado et al. 2019; Son et al., 2020; Walshe, 2020). For example, Pereira-Salgado et al. (2019) stated that nurses play a critical role in engaging the patient in the advance care planning process; however, nurses lack knowledge of advance care planning guidelines. Bublitz et al. (2017) conducted a study to explore nurses’ perceptions of challenges regarding patients approaching end of life, and the authors found that the nephrology nursing specialty is caring for a growing older adult population. Bublitz et al. (2017) argued that nephrology nursing lacked preparedness in addressing effective advance care planning and end of life needs for the patient. Walshe

(2020) conducted a study to understand the role of home care nurses in the United Kingdom and found that nurses lacked preparation to discuss undesirable end of life news to patients with life limiting illnesses. Nurses often spend a large amount of time with the patient. If the nurse did not initiate advance care planning, it is still beneficial for the nurse to support patients during their advance care planning decision making process (Shepherd et al, 2018).

Ethical Issues. End stage renal disease is a complex and life-limiting disease. Patients receiving dialysis often experience symptom burden related to complications of advanced chronic kidney disease, complex comorbidities, and the dialysis treatment process (Axlesson, 2019a; Axelsson et al., 2020; Luckett, 2017; Lund et al. 2015; Watcherman et al., 2017). Patients can benefit from advance care planning to help lessen unnecessary symptom burden and improve quality of life of the patient. Healthcare professionals including nurses must provide ethical care and advocate in support of patient and surrogate wishes (Axelsson et al. 2019b). Axelsson et al. (2019b) conducted a study in Sweden to gain insight into health care professionals and their perspective of health trajectories as it related to patient withdrawal from dialysis and their decision to initiate end of life care. Axelsson and colleagues found that health care professionals experienced challenges with upholding ethical standards of care such as beneficence, non-maleficence, self-determination, and increased moral distress (Axelsson et al., 2019b).

In another study, Axelsson et al. (2020) revealed that there was a need for staff education on ethical issues. Bublitz et al. (2017) conducted a qualitative study in

Southeast Queensland that focused on the nurse’s experiences of caring for adult patients on dialysis approaching the end of life. Bublitz et al. (2017) argued that the demographics in dialysis has changed in the region, which includes an increase in older adults with more complex co-morbidities and that dialysis nurses experience moral discomfort due to complex decision making related to end-of-life care. Son et al. (2020) conducted a mixed methods study in Korea, which focused on exploring the nurses’ experiences with advance directives and end of life issues prior to the implementation of Korea’s new Well-Dying Law, which is similar to the Patient Self Determination Act in the United States, which provides patients of their right to accept or refuse medical treatment and the right to complete an advance directive. In the study, Son et al. (2020) found that nurses recognized the importance of patient engagement in the decision-making process; however, nurses acknowledge the possibility of ethical issues when interpreting the new law such as understanding the ethical dilemmas of death and dying and understanding workplace policies.

Kerr et al. (2017) conducted a study and found that people with chronic kidney disease are less likely to receive the opportunity to die in the home setting versus those patients who do not have chronic kidney disease. Kerr et al. (2017) argued that although patient deaths mainly occur in the hospital setting, many patients prefer to die at home on in a comfort care facility such as hospice. Kerr et al. (2017) added that home deaths can contribute to health care savings. Nurses can partake in beneficence by supporting patients’ advance care planning requests for end-of-life care in the home, and this can help to limit aggressive medical care and unwanted hospitalizations while simultaneously meeting the needs of the patient and family (Kerr et al., 2017).

Advance care planning is described as an ongoing patient centered discussion regarding health care options (IOM, 2014). Healthcare professionals, such as nurses, may experience complex ethical issues during the advance care planning process. Nurses can uphold ethical standards by reviewing the dialysis organization’s ethics policies, by engaging in ethics continuing education, and by providing dignity and respect to patients by supporting them in the decision-making process.

Other Barriers. Other barriers were noted in advance care planning readiness. Nurses identified time as a barrier to completing advance care planning with the patient (Chan et al, 2020; Miller, 2018; Moran, 2018; Rogers et al., 2020). Hutchinson et al. (2017) argued that some nurse participants in their study reported that they did not have time for advance care planning conversations with patients and would often delegate a staff member to complete the task. Moran (2018) revealed that the nurse’s role of operating the dialysis machine and managing patient symptoms is only one important task of many, and due to daily care management of patients, time is indeed a barrier to completing advance care planning. Chan et al. (2020) argued that healthcare workers such as nurses who received training in advance care planning were less likely to report time constraints as a barrier. Providing time for advance care planning for the patient can provide the opportunity for the patient to engage in the decision-making process that will enhance end of life care.

Luckett et al. (2017) conducted a study, which included nephrology clinicians from Australia and New Zealand to define advance care planning in the nephrology setting and discussed barriers to education. Luckett et al. (2017) revealed that advance care planning is advocated but facilities are often deficient in providing advance care planning to patients in the dialysis setting. The authors found that barriers included clinician discomfort, patient/family discomfort, lack of patient engagement, lack of privacy to discuss advance care planning, and lack of organizational policies on how to conduct advance care planning (Luckett et al., 2017). By focusing on addressing barriers to advance care planning this can help to strengthen nursing practice and improve advance care planning outcomes for the patient.

Specific Learning Needs for Health Care Professionals

The literature revealed specific learning needs for health care professionals such as nurses in regards to advance care planning. For example, Axelsson et al. (2019a) conducted a study that focused on describing the nurses and physicians' perspectives on end of life palliative care of patients receiving dialysis and found that health care professionals needed improvements in options or approaches to advance care planning implementation. Axelsson et al., (2019a) stated there is a need for the implementation of advance care planning communication for patients receiving dialysis. Incorporating advance care planning communication as a more natural and routine conversation into the dialysis workplace culture can help to address patient health concerns and fulfill patient wishes (Axelsson et al., 2019a). Axelsson et al., (2019a) revealed that conducting home visits to patients may help to provide the nurse with a more holistic view of the patient and improve advance care planning discussions that provide the opportunity for the patient and family to partake in decision making communication that could be discussed in the privacy of their own home. Smith and Wise (2017) conducted a study to understand the nurse's experience when they implemented the Patient Outcome Scale-Symptom Renal (POS-S [Renal]) assessment tool to understand symptom burden, and they found that this tool was useful in providing advance care planning implementation, tracking patient symptom deterioration, and prompting communication regarding end of life communication.

Organizational Support

Dialysis managers and other healthcare leaders who manage operations in the dialysis setting were found lacking in providing the organizational support needed to implement advance care planning effectively within the organization (Ampe et al. 2017; O'Hare et al., 2016; Shepherd et al., 2018; Singh-Carson et al., 2020). For example, O'Hare et al., (2018) conducted a study to explore nephrology provider's perspectives with patients and found that advance care planning had limited organizational support in the dialysis organization. Luckett et al. (2017) revealed that dialysis settings lacked formal policies and procedures to support ongoing advance care planning and communication. Similarly, Hunt et al. (2020) who conducted an advance care planning study in a hospice setting found that the lack of organizational resources and regulatory bureaucracy hinder advance care planning outcomes. O'Hare et al. (2018) declared that systemic change is needed to enhance interdisciplinary collaboration of advance care planning in the dialysis setting.

Goff et al., (2019) conducted a quantitative study about barriers to advance care planning with dialysis patients who were estimated to be within the last six months of life. Goff et al. (2019) found that leadership supporting an organizational culture of advance care planning awareness and training was needed for dialysis professionals because advance care planning can improve patient outcomes. Elliott and Gessert (2016) conducted a study in Minnesota that involved interventions of end-of-life care with patients and their family members. Elliot and Gessert (2016) found that some patients and and caregivers considered advance care planning as a personal matter or family matter and they perceived that advance care planning matters did not need to be discussed with the doctor since the caregiver and family had been informed. When leadership embraces a culture of advance care planning within the dialysis organization this can help to improve advance care planning nursing practices in the dialysis setting.

Training and Confidence

Nurses' increased knowledge and skill in advance care planning can improve consistency and quality of advance care planning in the dialysis setting (Yee et al., 2020). Additionally, Yee et al. (2020) revealed that advance care planning training can increase confidence in advance care planning implementation. For example, Khairuddin et al. (2020) argued that there needs to be organizational support in the form of providing clear advance care planning directives for staff to meet patient outcomes. O'Halloran et al. (2018) added that the organization should assess their mission, values, and resources, and then develop a training program that will support and sustain a culture of advance care planning. Maintaining organizational support through advance care planning training, policy implementation, and professional care practices will increase confidence in conducting advance care planning with the patient (Chan et al., 2020; Luckett et al., 2017).

Nursing Roles and Responsibilities

Nurses are often unclear of the role that they play in providing advance care planning (Bergenholtz et al., 2019; Hutchinson et al., 2017; Miller et al., 2018; Pereira et al., 2019; O'Hare et al, 2016; Son et al., 2020). O'Hare et al. (2016) found that healthcare professionals such as nurses revealed they were unclear of whose job or responsibility it was to complete advance care planning. To answer the research question of what are the experiences of nurses who provide advance care planning in the dialysis setting, this section of the literature review will focus on a theme called, nursing roles and responsibilities. This section will include a discussion of the individual nurse role. Second, the nurse's role as a member of the health care team will be reviewed. Lastly, nurses' need for more time to conduct advance care planning will be revealed.

Individual Nursing Role

Dialysis nurses specialize in providing care management for patients with end stage renal disease (ANNA, 2015). Nurses have a unique expertise in providing advance care planning (Hutchinson et al., 2017). Hutchinson et al. (2017) and Pereira-Salgado et al. (2019) declared that nurses play a critical role of enhancing engagement and supporting both the patient and family members in the decision-making process.

Chan et al. (2019) and Miller (2018) revealed that physicians may be the initiators of advance care planning by discussing the prognosis and end of life care options with patients; however, it is often the nurse’s role to work at the chairside, implement advance care planning strategies and communication with patients. Rogers et al. (2020) added that the nurse’s role of establishing trust and rapport with the patient is important in facilitating advance care planning. When nurses recognize their role in the advance care planning process this can help to increase advance care planning engagement with the patient and improve quality outcomes for the patient.

Nurse as Member of the Healthcare Team. Nurses are unclear of their role as a member of the healthcare team as it relates to providing advance care planning (Bergenholtz et al., 2019; Luckett et al., 2017; Izumi, 2017; Purtell et al., 2018; Vanderhaeghen et al., 2018). The dialysis interdisciplinary team consists of the physician, nurse, social worker, dietician, and patient (CMS, 2008). CMS (2008) requires the interdisciplinary team to partake in routine meetings to collaborate and review the patient’s current health status and discuss patient needs.

O’Hare et al. (2016) found that there was a lack of advance care planning collaboration between healthcare providers that were caring for the same patient. Izumi (2017) and Vanderhaeghen et al. (2018) stated that hospital professional’s perceived tension with other hospital professionals regarding the implementation of advance care planning because multidisciplinary professionals have differing opinions. For example, some professionals differed on when to discuss advance care planning, and some differed on treatment strategy or care policy. When healthcare professionals such as nurses participate as a member of the health care team to provide advance care planning this can help to promote patient advocacy and improve continuity of care that will meet the end of life needs of the patient (Arnett et al., 2017; Axelsson et al., 2019a).

Adding Value. The nurse's role as a member of the healthcare team can add value to the advance care planning process. Izumi (2017) and Lupu et al., (2021) stated that confirming the patient's advance care plan and collaborating with the interdisciplinary team can add value to team decision making. For example, at one health care facility, a nurse and social worker worked together to educate the front-line staff, such as medical assistants, on how to engage the patients in basic advance care planning communication with care and dignity (Izumi, 2017). Luckett et al. (2017) revealed that nephrology professionals were supportive of advance care planning education for all members of the nephrology team, and a collaborative approach to advance care planning was advised. Vanderhaeghen et al. (2018) confessed that health care professionals' personal convictions and discussion of death with colleagues and patients may create feelings of fear and discomfort with fellow colleagues because some perceived that talking with patients about death might increase anxiety. However, Purtell et al. (2018) argued that collaborating openly and honestly as a member of a interdisciplinary team was noted as a more respectful and more patient-centered advance care planning strategy. When the nurse is working as a member of the health care team it is important to collaborate and communicate to maximize quality of advance care planning for the patient (Axelsson et al., 2019a).

Approaches, Strengths, and Weaknesses

The current literature revealed a variety of approaches to the problem. The main approach was the researcher's focus on interviewing participants consisting of nurses, doctors, and other members of the healthcare team to understand advance care planning (Axelsson et al., 2019a; Bublitz et al., 2017; Lazenby et al., 2017; Smith, & Wise, 2017). Conducting interviews with participants that contain open-ended questions provided an opportunity for the participant to explore their experiences and provide rich data that will add value to the research study (Ravitch & Carl, 2021).

The main strengths were that the researchers provided clear and concise details throughout the research study to enhance replication of the study in other healthcare disciplines and in various regions around the world. Another strength that was noted was the transparency and disclosure of contributors (Bublitz et al., 2017; Song, Metzger, & Ward, 2017). For example, Bublitz and colleagues (2017) acknowledged several individuals who made contributions to their study. Likewise, Song et al. (2017) revealed that their study was funded by National Institutes of Nursing and this funding source did not play a role in the study. The most common weakness was that studies were often limited to one region, facility, or culture group (Axelsson et al., 2019a; Chen et al., 2018 ; Lazenby et al., 2017; Smith, & Wise, 2017; Song, Metzger, & Ward, 2017).

Rationale for Concept Selection

Important rationales were noted in the literature. The most common rationale was that ESRD is a life limiting disease (Eneanya et al., 2015; Goff et al., 2019; Smith & Wise, 2017). Patients often experience increased complexity of multiple co-morbidities

(Gomez et al., 2015), and the increased complexity of chronic diseases can create an increase in symptom burden (Holly & Davison, 2015; Smith & Wise, 2017; Watcherman et al., 2017).

Dialysis professionals including dialysis nurses are often ill-equipped to provide effective and high quality advance care planning in the dialysis setting (Culp et al., 2016). Providing ongoing advance care planning is an accepted goal for clinical care as it promotes clarity of options, quality decision making, and improved quality of life outcomes (Deng et al., 2020; Goff et al., 2019; Smith & Wise, 2017). The rationales support the concept of exploring the experiences of nurses' who provide advance care planning to patients in the dialysis setting.

What Is Known and Not Known

What is known in the literature is that advance care planning is underutilized in the dialysis setting (Feely et al., 2016; Hutchison et al., 2017; Lazenby et al., 2017; Schmidt, 2017). Conducting advance care planning is known to enhance patient engagement and decision making (Chen, & Chiu Chiu, 2021; Goff et al., 2019; Song, Metzger, & Ward, 2017). Patients have communicated that they would like to have transparent information about their health status and trajectory (Davison, 2010; Eneanya et al., 2016). Education and skills training is needed for staff including dialysis nurses to provide effective advance care planning (Berzoff et al., 2020; Corbett, 2017; Goff et al., 2019; Korfage, Rietjens, & van der Heide, 2017; Smith, & Wise, 2017). What remains to be studied are nurses' experiences with providing advance care planning in the dialysis setting, which includes both hemodialysis and peritoneal dialysis modalities (Bublitz et al., 2017). Overall, if dialysis nurses do not have the appropriate knowledge, guidance, and tools to provide advance care planning discussions with patients then there will be a limited opportunity to engage with the patient and partake in patient centered advance care planning and decision making (Smith, & Wise, 2017).

Rationale for Meaningful Approach

The meaningful approach selected for this study was a qualitative descriptive approach. The rationale for using this approach was to create an opportunity to obtain rich data to promote clarity and meaning of the nurse's experience with providing advance care planning in the dialysis setting (Axelsson et al. 2019a; Bublitz et al., 2017; Goff et al., 2019). Individual semistructured interviews were conducted with dialysis nurse participants to gain insight into their experience with providing advance care planning to patients in the dialysis setting. In addition, this approach is meaningful as it can help strengthen nursing practice and promote a focus on advance care planning policies that can add value to the dialysis patient by improving patient quality outcomes (ANNA, 2015).

Summary

There was a major theme that stood out in the literature. The main theme was the lack of clinical knowledge and skill to conduct effective advance care planning (Berzoff et al., 2020; Corbett, 2017; Goff et al., 2019; Korfage et al., 2017; Smith, & Wise, 2017). Failure to provide ongoing advance care planning may decrease the patient's opportunity to partake in high quality decision making that could impact their care (Feely et al., 2016). By completing training in effective advance care planning, can help to enhance patient quality outcomes and end of life care (Berzoff et al., 2020).

What is known in the discipline is that advance care planning is infrequently implemented in the dialysis setting (Feely et al., 2016; Luckett et al., 2017; Moran, 2018). Advance care planning is a cyclical process (Centers for Disease Control, 2018; Centers for Medicare and Medicaid Services, 2019; IOM, 2014). Advance care planning communication must be tailored to meet the needs of the patient (Korfage et al., 2017).

It is important to improve advance care planning with patients in the dialysis setting. The study filled a gap in the literature. Bublitz et al. (2017) recommended that further studies into the nurses' experience with providing advance care planning in the peritoneal dialysis setting was needed. Carr and Luth (2017) stated that further studies were needed regarding productive advance care planning communication among health care professionals. My qualitative study focused on exploring nurses' experiences with providing advance care planning with patients in the dialysis setting, which included both hemodialysis and peritoneal dialysis modalities.

In Chapter 3, the qualitative inquiry of the nurses' experience with providing advance care planning in the dialysis setting will continue. First, the research design and rationale will be revealed. Second, there will be a discussion of the role of the researcher. There will be an explanation of the methodology, and lastly, the issues of trustworthiness will be described.

Chapter 3: Research Method

Introduction

The purpose of this qualitative descriptive research study was to explore dialysis nurses' experiences with providing advance care planning to patients receiving dialysis. In Chapter 3, I focus on the research method. Methodology is described as a specific process or systematic approach a researcher uses to examine a phenomenon during a study (Ravitch & Carl, 2021). In this chapter, I discuss the research design and rationale. Second, I describe my role as the researcher. The description and purpose of the research methodology will be covered, and there will be an explanation of issues of trustworthiness.

Research Design and Rationale

The research question that guided this study was: What are dialysis nurses' experiences with providing advance care planning in the dialysis setting? The central concept in the study was nurses providing advance care planning to patients in the dialysis setting. Advance care planning communication is often limited or delayed in the dialysis setting (Feely et al., 2016; Luckett et al., 2016). Such a delay can create a barrier to improved end-of-life care management for dialysis patients. Hutchison et al. (2017) argued that there is little advance in the advance care planning process, and this care planning was often delayed until moments closer to the end of life. Focusing on nurses' experiences with providing advance care planning in the dialysis setting can help gain insight into promoting nursing practices that will improve advance care planning with patients (Hutchison et al., 2017).

A review of the literature revealed both qualitative (Axelsson et al., 2019a; Lazenby et al., 2017; Song et al., 2017) and quantitative (Axelsson et al., 2018; Chen et al., 2018) research studies that have been conducted to explore the phenomenon of advance care planning in the dialysis setting. Although researchers have used qualitative and quantitative methods to research the phenomena, conducting a quantitative research study would not produce the rich data needed to understand the nurse's experience with providing advance care planning in the dialysis setting.

I used a qualitative descriptive design for this study; data were collected through semistructured interviews and these data were then interpreted via a thematic analysis approach. A qualitative descriptive study does not seek to answer how or why a phenomenon occurred; however, it does address the what of the phenomenon (Kim et al., 2020). The descriptive qualitative study was appropriate for use because it has boundaries that are flexible and simplistic that provided an opportunity for the researcher to obtain rich data to answer the research question (Doyle et al., 2020; Magilvy & Thomas, 2009). The data collected from semistructured interviews were analyzed via a thematic analysis approach. Thematic analysis is a tool used to interpret and obtain meaning from data. The thematic analysis was appropriate because this approach is a flexible method and is not bound to any one epistemological or theoretical perspective (Maguire & Delahunt, 2017; Braun, & Clarke, 2006). Conducting a qualitative study was appropriate because it provided an opportunity for me to observe and collect rich data from the participants (Ravitch & Carl, 2021). More importantly, a qualitative design was appropriate for this study because it provided an opportunity for the participants to fully express themselves and describe their experiences in their own words (Kahlke, 2018; Ravitch, & Carl, 2021). Participants willing to participate in the study took part in individual semistructured interviews that contained open-ended questions so they could feel free to provide rich data to help with understanding the experiences of nurses providing advance care planning in the dialysis setting.

Role of the Researcher

In qualitative research, a researcher is the primary instrument and central to shaping all phases of the study (Ravish, & Carl, 2021). A researcher must be mindful of their ethical principles and engage in reflexivity. Reflexivity involves self-analysis, documentation, and clarification of one’s own biases. In this section, I explain my role as researcher. Second, I describe personal and professional relationships with study participants. Lastly, I reveal potential biases and ethical issues.

The main role of a researcher is to maximize benefit and minimize harm of research participants (Heale & Shorten, 2017). A researcher’s role is to gain understanding of a phenomenon by exploring the thoughts and feelings of those who participate in the research study (Sutton & Austin, 2015). For example, if a participant feels uncomfortable or does not want to continue participating in the study, the researcher must make sure they respect the participant’s right to discontinue participation and make sure the participant has the appropriate contact information to credible resources that can help the participant (Heale & Shorten, 2017; Walden University, 2020).

My role as researcher included conducting a screening and recruitment process for participants. Screening candidates included sending out a recruitment flyer to get the attention of and the opportunity to screen for participants (See Appendix A). I used purposive sampling to select participants. Purposive sampling involves the selection of participants who share similar characteristics (Houser, 2018). For example, the study included nurses as participants that worked in the dialysis setting. The nurses were required to have at least 1 year of dialysis nursing experience. The study included nurses from multiple dialysis settings throughout the Northeastern region of the United States. Nurse candidates who met the criteria during the screening were selected to participate.

My role as researcher was to provide a thorough explanation of the research study to the participant, discuss the importance of a researcher's duty to adhere to federal laws and protect the rights of participants, and obtain informed consent. A consent form contains information regarding the details of the research study and a statement about the importance of adhering to participant confidentiality. Obtaining an informed consent from a participant ensures the participant has the necessary information about the study, including benefits and risks, which help them in making an informed decision to participate in the research study (Nusbaum et al., 2017). The participants provided a return demonstration that confirmed they understood conversations regarding consent prior to accepting participation.

Upon initial contact and acceptance into the research study, I established a rapport with participants to establish trust. Establishing rapport through open and honest communication enables a respectful and trusting space that helps participants feel comfortable to fully express themselves and provide rich information in a study (DiCicco-Bloom & Crabtree, 2006; Ross, 2017). A list of interview questions were created to guide the one-on-one semistructured interviews via Zoom online conferencing (See Appendix B). During the interview, I engaged in active listening, documentation, and observation of the participant's verbal and nonverbal cues. The interviews were transcribed verbatim via Zoom online conferencing. Next, the transcripts were reviewed, coded, and analyzed. A thematic analysis approach was used to understand the data and inform the qualitative research question (Braun & Clarke, 2006; Maguire & Delahunt, 2017). If more participants were needed for the research study, I would have conducted snowball sampling and shared my recruitment flyer with inquiring candidates (See Appendix A).

Personal and Professional Relationships

As the researcher, I disclosed that I had prior experience working in the dialysis setting. In addition, I had a professional relationship to the topic of nurses who provide advance care planning in the dialysis setting. I did not have any relationships with the research participants that involved the use of power or manipulative behavior.

During the study, some participants described familiar dialysis policies and procedures. For example, participants discussed dialysis specific terminology and described specific procedures such as dialysis initiation and discontinuation procedures that occur in the dialysis setting. I asked follow-up questions that allowed participants to elaborate and provide rich data. As the researcher, I did not disclose my personal experiences with providing advance care planning in the dialysis setting. I did not want to encourage any thoughts or feelings that could influence the participants' interpretation and elaboration of their experiences as this would have compromised the research study.

Managing Researcher Bias

Researcher bias is a limitation that may cause a reader to be skeptical of the research findings (Houser, 2018). Ravitch and Carl (2016) claimed it is important to partake in self-reflection in order to recognize and control bias, which will strengthen the research study. As the researcher, it was important to recognize the importance of controlling bias. My past experience working as a dialysis nurse could have increased the risk of bias in this study; however, there were processes that were put in place to manage bias. For example, during the interview, I asked open-ended questions about the phenomenon that allowed participants to freely describe their feelings and experiences. Bracketing was also used. Bracketing is when a researcher sets aside their own thoughts, experiences, and assumptions during a research study (Ravitch & Carl, 2021).

I informed participants that I was a registered nurse and that the study was being conducted as part of a dissertation in Walden University’s Nursing PhD program. I disclosed that I formerly worked as a dialysis nurse; however, I did not disclose my experience regarding advance care planning to participants. I kept a journal to document my personal thoughts, feelings, and decision making. Lastly, I conducted member checks. Member checks occur when a researcher checks with the participants to obtain feedback on any words or phrases recorded in interview transcripts that may add clarity and meaning to the study (Ravitch & Carl, 2021). As the researcher, I recognized and accounted for my personal experiences; however, I focused solely on the participants and their experiences. When a researcher maximizes the opportunity to limit bias this helps to strengthen the validity of the research study (Ravitch & Carl, 2021).

Ethical Issues

As the researcher, I limited ethical issues during the research study by disclosing my previous experience in nephrology nursing and by adhering to IRB guidelines. I displayed dignity and respect for all participants. I protected all the participants from harm and upheld ethical standards according to Walden University and federal guidelines. I obtained approval from the Institutional Review Board (IRB) to ensure that ethical standards were met for all research participants. Walden University's IRB is an administrative body that consists of Walden University staff and faculty (Walden University, 2020). The IRB advocates and protects vulnerable populations in research. In addition, the IRB is responsible for ensuring that all research conducted adheres to ethical standards and federal regulations (Heale & Shorten, 2017; Walden University, 2020).

I addressed ethical issues of informed consent. I described the purpose of informed consent, and I obtained consent from participants. I ensured that the participants demonstrated understanding of the research study prior to giving consent. I asked them if they had any questions or concerns regarding participating in the interview. Candidates were informed of their right to refuse participation in the research study. Additionally, participants had the option to withdraw from the interview at any time and for any reason without their data being used (Doody & Noonan, 2016).

I addressed the ethical issue of confidentiality, and I kept the identity of the participants confidential. I promoted safety and confidentiality by using an identification number to identify each participant instead of using their name and other identifying data. During the review of interview transcripts, I focused on cleaning the data, which included the removal of any participant-identifying information. I deleted the audio recording after I completed the interview transcript cleaning process. Removing identifying information from transcripts and other study documentation ensures participant confidentiality (Ravitch & Carl, 2021). Maintaining confidentiality of participant data helps to promote participant safety and limit harm.

Methodology

Methodology is described as a specific process a researcher uses to examine a phenomenon during a research study (Ravitch & Carl, 2021). I used a descriptive qualitative methodology with a thematic analysis approach to conduct my study. In this methodology section, I will discuss participant selection, instrumentation, recruitment, and plan for data analysis.

Participant Selection Logic

The population included dialysis nurses who currently worked in the dialysis setting. This study was open to all nurses who work in dialysis such as registered nurse, licensed practical nurse, licensed vocational nurse, advance practice registered nurse, and nurse practitioner. Purposeful sampling was used to select participants from within this population. Purposeful sampling is used when a researcher focuses on a specific population in order to answer a specific research question in a qualitative study (Ravitch & Carl, 2021). Using a purposeful sampling strategy provided access to information-rich participants, such as dialysis nurses, who provided information that answered the research question of what are the experiences of nurses who provide advance care planning in the dialysis setting (Ravitch, & Carl, 2021).

In order to answer the research question, “What are nurse’s experiences with providing advance care planning in the dialysis setting?” Dialysis nurses were recruited to participate in the study. My sampling strategy included posting a research study recruitment flyer on social media outlets, such as Facebook and LinkedIn (see Appendix A). The flyer contained recruitment details and dialysis specific participant criteria that needed to be met in order to participate in the study. My email address and phone number was provided for dialysis nurse volunteers to contact me. The criterion for participation was listed on the recruitment flyer. Volunteers were asked to contact me if they were eligible to participate according to the eligibility requirements listed in the recruitment flyer. If the volunteer met the requirements to participate in the study they were invited to participate in the study an interview was scheduled.

Ravitch and Carl (2021) described the relationship between saturation and sample size. The authors stated that the sample size is how many participants who started off in the research study. In contrast, saturation is where the sum of participants meets the point where no more new information is received in the interviews. If data saturation is not reached then snowball sampling could be helpful in the recruitment of additional participants, and data collection can continue until data saturation is reached.

Data was collected from the first 10 to 15 nurse participants who responded and met the inclusion criteria. Boddy (2016) suggested that a sample size of approximately 12 participants is appropriate in conducting a qualitative study of a homogeneous population. In contrast, Braun and Clarke (2013) and Ravitch and Carl (2021) argued that there are no set rules regarding sample size in qualitative research and that data saturation is reached when no more new themes emerge from the data.

Participant Communication

There were specific procedures for how participants were identified, contacted, and recruited. A recruitment flyer was created that outlined the details of my study (see Appendix A). My contact information was noted on the flyer for volunteers interested in participating in the study. I contacted the potential candidate, introduced myself, and thanked them for their interest in the research study. The screening process included questions to make sure that the candidate met the requirements for the study. In addition to purposive sampling, snowball sampling was also proposed to recruit participants especially if additional participants were needed for the study. Each interview was between 15 and 45 minutes in length, and the participants received a list of interview questions prior to the start of the interview.

Research Instrumentation

Data collection instruments such as interviews and observations were used in the study; however, according to Patton (2015) and Ravitch and Carl (2021), the researcher is the primary research instrument in the qualitative research study. Due to the restrictions related to COVID-19, no in-person interviews were conducted. Semistructured interviews were conducted via Zoom online conferencing, which enabled me to listen and observe for nonverbal cues. The semistructured Zoom interviews contained open-ended questions. When no more new information was noted from the data, saturation was determined, and the interviewing of participants concluded (Patton, 2015).

Procedures for Data Collection

An informed consent was obtained from participants prior to participating in the study. In the consent form, I reminded participants that their data would remain confidential (Ravitch, &Carl, 2021). Failure to transcribe, store, and maintain confidentiality of data properly may increase the risk of inconsistency of the data thus causing potential harm to the participant and research study (Houser, 2018).

One-on-one semistructured interviews were conducted with participants via Zoom online conferencing. I reminded the participants that the Zoom interview would be recorded and the interview would be transcribed verbatim. Participant permission to record the video was obtained prior to starting the interview. The interviews lasted 15 to 45 minutes. The length of the interview varied according to participant engagement.

The participants were informed prior to the start of the semistructured interview that they would have the option to participate in member checking. After the interview, I thanked the participant for taking the time to participate in the research study, and I reminded them of next steps such as member checking. Validation strategies included member checking to demonstrate credibility of the study (Patton, 2015; Ravitch &Carl, 2021). Member checking is a high-quality standard of practice that qualitative researchers should put to use because this practice can increase the authenticity and credibility of the research study (Madill & Sullivan, 2018; Thomas, 2017). Member checking occurs when the researcher gives the participant the chance to review the transcript, and the participant would take the opportunity to clarify and validate statements in the transcript (Thomas, 2017). I informed the participants I would answer any questions they might have and I informed them to contact me if they had any questions or concerns regarding their participation in the study. No participants responded back with questions or concerns regarding participation in the study.

Data Analysis Plan

A data analysis plan is a roadmap to ensure there is a rigorous and systematic connection of all the steps of the research process (Houser, 2018). Data was collected and used to understand the nurses' experience with providing advance care planning to patients in the dialysis setting. The data analysis plan included a thematic analysis. An inductive approach was used in the coding process. Thematic analysis is widely used as a foundational qualitative analysis method, and it is a flexible approach to analyzing the data (Braun & Clarke, 2006). Saldana (2016) argued that inductive coding involves the process of relying on the data to discover and create codes and that inductive coding is a legitimate approach to coding qualitative data. Any discrepancies that occurred in the data would be revealed in the research study to promote transparency and validity.

To enhance the strength of qualitative analysis there must be effective management of transcribed and coded data collected by the researcher. The Zoom online platform was used to record and transcribe the one-on-one semistructured interviews. Next, I conducted an initial review and manually coded the transcripts.

Braun and Clarke (2006) revealed a six-step procedure for conducting a thematic analysis. The six steps include, getting familiarized with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and lastly, producing the report.

Step 1 of thematic the analysis process was to become familiar with the data. Step 1 involved, transcribing the data, reading all interview transcripts, and documenting initial ideas (Braun & Clarke, 2016). After I collected the transcripts, I took time to review the documents and wrote detailed notes.

Step 2 of the thematic analysis process involved generating initial codes, which involved systematically coding all of the data into meaningful words and short phrases. I read through each transcript line by line. When I conducted an initial code, I manually highlighted and isolated certain words and phrases that stood out.

Step 3 involved a search for themes. Step 2 included sorting codes into potential themes and gathering data relevant to potential themes. In this phase, I organized the codes into broader themes that informed the research question.

Step 4 consisted of reviewing the themes. I reviewed the themes to make sure they were distinct and did not overlap. In addition, I often went back to step 3 to review the codes and modify themes that contained subthemes. I reviewed the themes to ensure that each theme was relevant to the data it represents.

Step 5 involves the defining and naming themes. After a thematic map has been created in Step 4, Step 5 will include an ongoing refining analysis of each theme and the overall story. In this step, I generated names for the themes and generated clear and concise definitions of the themes.

Step 6 was the final step. Step 6 involved writing the report and providing a final opportunity for analysis. This phase included the selection of coded extract examples.

This phase included a final opportunity to review the data prior to writing and producing a scholarly report of the analysis.

As stated earlier, thematic analysis is a useful method for analyzing qualitative data. Braun and Clarke (2006) listed six phases for thematic analysis; however, the authors warned that the six phases are not strictly a linear process. Braun and Clarke revealed that the six phases are a flexible process where the researcher may move back and forth between the phases to analyze the data as needed. A flexible process of moving between the six steps of the thematic analysis process is important to my research because this flexibility allows for the researcher to go back to review the transcript, identify the patterns in the data, and modify themes that can best answer the research question. Triangulation of multiple data sources, such as participant interviews and member checks limit discrepancies in the data and strengthen validity of the data analysis.

Issues of Trustworthiness

Trustworthiness is a critical component to the qualitative research design (Ravitch & Carl, 2021). Trustworthiness relates to the accuracy, validity, and rigor of the research study (Patton, 2015). A researcher can ensure trustworthiness by upholding and maintaining accuracy and integrity of the study. There are four criteria used to assess trustworthiness. The four criteria that will be discussed include credibility, dependability, conformability, and transferability.

Credibility

Ravitch and Carl (2021) stated that credibility is directly linked to research design and the researcher’s instruments. In other words, credibility relies on the research design and alignment. My qualitative study focused on the dialysis nurse’s experience with providing advance care planning to patients in the dialysis setting. The qualitative descriptive study method and semistructured interviews are in line with the purpose. In addition, credibility was enhanced when I conducted participant validation and member checks after the interviews (Ravitch & Carl, 2021).

During the interview, I obtained feedback from participants on the researcher’s interpretation of the data analysis (Ravitch, & Carl, 2021). For example, I often summarized communication received to ensure that I understood the participant’s experience with providing advance care planning in the dialysis setting. I continued to engage with the participants throughout the research study and established rapport by engaging in active listening. Establishing a rapport with the participant provided an increased level of comfort and trust prior to conducting the interview and member checks. After the interview was transcribed, summarized, and reviewed, the participants were emailed and allowed time to review and provide clarification of data, if needed. No participants provided clarification of data during the member checking process.

Transferability

Transferability refers to the ability of a researcher to use rich descriptions that frame or shape the study so that other researchers will be able to examine or replicate the study (Ravitch & Carl, 2021). I increased transferability of the study by providing a thick description of the data so the reader could make a comparison to the context based on the thick descriptions (Ravitch & Carl, 2021). For example, I provided clarity to the research study location, and I provided detail of the one-on-one semistructured interview environment that was conducted via Zoom online conferencing. Also, I included description of participants' emotions and direct quotes when needed. Therefore, outsiders can conduct a similar study by the transferring and use of methodological constructs in a different group or setting and still yield rich data.

Dependability

Dependability relates to the consistency and stability of data collected to answer the research question (Ravitch & Carl, 2021). Other researchers who desire to conduct the same study will be able to achieve similar outcomes if a study is noted as dependable. I used triangulation to achieve dependability. I achieved dependability through creating an audit trail and documenting the steps that were conducted in the study. I also maintained a reflection journal that contained personal thoughts and notes. In addition, my dissertation committee to reviewed and provide feedback on my study to ensure alignment. Ravitch and Carl (2021) declared that a strong and aligned research design and analysis is an important component, which enhances dependability (Ravitch & Carl, 2021).

Confirmability

Confirmability derives from rich data and the ability to create a clear audit trail of the study (Ravitch & Carl, 2021). At least two or more researchers can review the same data and conclude with the same meaning. I documented various processes and steps during the study that provided clarity to data collection, data analysis, and any thoughts or ideas that contributed to decision making. For example, a goal of confirmability is to acknowledge biases and explore how the biases can influence interpretation of data. I participated in researcher reflexivity during the research study to explore values, assumptions, and potential biases, which could influence decision making throughout the research process.

Ethical Procedures

It is important for researchers to become familiar with and adhere to ethical standards (Patton, 2015). Walden University’s IRB focuses on protecting vulnerable populations from harm, and the IRB ensures that all research conducted adheres to ethical standards and federal laws (Heale & Shorten, 2017; Walden University, 2020). The IRB approved initiation of research study. The approval number for this study is 06-22-21-0867456. I also completed a human subjects protections training course through the Collaborative Institutional Trainings Initiative (CITI) Program. The record identification number for the CITI training is 42171478. A plan of the qualitative research experiment and supporting documents were submitted to the IRB. I adhered to ethical standards and federal guidelines. No actions or contact were made with participants until the IRB provided authorization to proceed with the research study. The participants were treated with dignity and respect. Institutional permissions including IRB approvals were obtained.

Ethical standards were upheld during recruitment. All participants’ information was kept confidential. I had a conversation with the participants about confidentiality, and I obtained an informed consent from participants prior to participation in the study. The consent form contained information regarding the assurance of confidentiality throughout the research study. The participants’ data was de-identified by removing names and any identifiable information obtained during the study. An identification number was created to replace the participant’s name to protect the participant. A consent form containing the IRB’s phone number was provided to ensure safety of the participant and transparency of the research study. In addition, the participant received resources to contact for help. For example, the Substance Abuse and Mental Health Services Association was a resource provided to participants to call for help, if needed. Participants verbalized understanding of participation and their right to refuse participation and withdraw from the study at any time. The study data will be kept on file for at least five years in compliance of the federal guidelines.

Summary

In Chapter 3 I described the research design that will be used to answer the question regarding the nurses’ experiences with providing advance planning to patients on dialysis. The research design and methodology that was used for this study was a qualitative descriptive study to explore nurses’ experiences with providing advance care planning and obtain rich data through one-on-one semistructured interviews. A thematic analysis was chosen so that themes could be identified in the data that would help with understanding the nurse’s experience with providing advance care planning to dialysis patients. My main role as the researcher was to protect all participants and do no harm (Heale, & Shorten, 2017). Other researcher roles included creating recruitment tools, participant selection, data collection, data analyzation, and researcher instrumentation. Purposive sampling was used to specifically access dialysis nurses who provide advance care planning to dialysis patients in the Northeastern region of the United States. Issues of trustworthiness and ethical procedures were described. Walden University IRB’s role is to monitor and protect the safety of human subjects who are involved in research studies. I conducted an oral discussion and obtain informed consent documentation that described the importance of participant safety and confidentiality. Protecting participant confidentiality is critical. I removed participant identifying information from the research report, and I deleted all audio recordings after transcription. I adhered to ethical standards according to Walden University’s IRB and federal regulations.

In Chapter 4, I will describe the setting, demographics, data collection, data analysis, evidence of trustworthiness, and results of the qualitative research study.

Chapter 4: Results

Introduction

The purpose this qualitative thematic analysis was to gain insight into the experiences of nurses who provide advance care planning in the dialysis setting. I conducted one-on-one interviews with participants via Zoom online conferencing. During the interviews, I asked semistructured and open-ended questions to maximize the opportunity to obtain rich data (DiCicco-Bloom & Crabtree, 2006; Ross, 2017). In Chapter 4, I describe the research study setting and provide demographics of the participants. Also, I review data collection, discuss data analysis, and reveal evidence of trustworthiness. Lastly, I describe the results from the study and relate it to the research question: What are nurses’ experiences with providing advance care planning in the dialysis setting?

Setting

The research study was approved by the IRB on June 22, 2021. Recruitment for participants took place between July 1, 2021, and September 1, 2021. I posted a recruitment flyer on LinkedIn, and I posted a flyer on Facebook. Several nurses I worked with in dialysis 10 years ago wanted to participate; however, I informed them that they were not eligible to participate in the study. I informed the nurses that I could not interview them due to bias of our previous work relationship. Overall, a total of 13 nurses responded to the flyer. Eight nurses were eligible to participate in the study. Five nurses were found ineligible to participate. All participant interviews were conducted and transcribed verbatim via Zoom online conferencing, Zoom audio to text transcription services, and Otter.ai online transcription services.

Demographics

I conducted eight one-on-one semistructured interviews using open-ended questions to collect data for this qualitative study. Inclusion criteria were that all participants must be a licensed nurse and have at least 1 year of experience as a dialysis nurse. The participants needed to currently work in a dialysis setting in the Northeastern United States. Four participants worked in Maryland, three worked in Virginia, and one worked in the District of Columbia. Seven participants were female, and one was male. All the participants were registered nurses. The length of time working in dialysis ranged from 3 years to 30 years. A breakdown of years of dialysis nursing experience among participants is shown in Table 1.

Table 1

Years of Dialysis Nursing Experience

Years experience in dialysis nursing	Number of participants
1–5 years	1
6–10 years	2
11–15 years	2
16–20 years	1
21 > years	2
Total	8

Data Collection

Thirteen nurses inquired about the study; however, a total of eight participants met the criteria to participate. I contacted the eight participants regarding their interest to participate in an interview. A total of eight participants consented to participate in the study, and eight participants completed the interview process.

Location, Frequency, and Duration

Walden University’s IRB granted permission to move forward with the recruitment process of the research study on June 22, 2021. The approval number provided for this study is 06-22-21-0867456. I focused my recruiting process on the Northeastern region of the United States. The recruiting and interviewing process started on July 1, 2021, and ended on September 1, 2021. I used a flyer that contained the criteria for participation in the study. The flyer was posted on Facebook and LinkedIn. I included my phone number and email address on the flyer so that potential participants could contact me if they were interested in participating in the study. I conducted individual semistructured interviews. I used Zoom online conferencing to conduct the interviews. The length of participant interviews ranged from 17 minutes to 25 minutes. I asked open-ended questions to obtain rich data from the participants. The interview questions contained the theory of planned behavior’s three major constructs; attitude toward the behavior, social norms, and perceived behavioral control. The interview included the following questions:

1. Can you talk to me about advance care planning in the dialysis setting where you work?

2. Let’s discuss any personal attitudes or feelings toward advance care planning behavior. Can you describe any positive feelings you associate with providing advance care planning in the dialysis setting?

3. Let’s continue to discuss any personal attitudes or feelings you may have toward advance care planning behavior. Can you describe any negative feelings you associate with providing advance care planning in the dialysis setting?

4. Now let’s discuss social norms in regard to providing advance care planning. What social norms and sociocultural perceptions have influenced your ability to provide advance care planning, and why?

5. The following question relates to an individual’s perceived behavioral control toward providing advance care planning in the dialysis setting. What have been your previous experiences with providing advance care planning in the dialysis setting?

6. Let’s continue to discuss perceived behavioral control. What obstacles do you see that may hinder you from performing advance care planning in the dialysis setting?

7. The last question relates to perceived behavioral control. What improvements would you make to improve advance care planning in the dialysis setting?

During the interview, I asked follow-up questions to gain understanding of the participant’s experience. For example, I asked one participant to provide an example of their experience. Another example included asking an open-ended probing question so the participant could provide rich data that would help me to better understand what they were communicating. Also, during the interview, I summarized the participant’s experience to ensure clarity and understanding during the interview process.

During the interviews, I took notes in my journal. I took note of my thoughts and feelings. I also took note of what I observed during verbal and nonverbal communication. Lastly, there were times when I repeated the information back to the participant. I did this for two reasons; the first reason was to make sure that I clearly understood what the participant was communicating. The second reason was that I demonstrated that I participated in active listening and was engaged in the participant’s conversation. All the interviews were transcribed via Otter.ai online transcription service. While reviewing the transcripts, I continued to write notes in my journal to help with capturing verbal and nonverbal feedback as well as document my thoughts and feelings.

Variations in Data

Several variations took place during the data collection process. First, Zoom online conferencing, which consists of audio and video communications with participants were to be conducted on all participants; however, one participant chose not to participate in the video portion of the Zoom online interview. Instead, the participant chose to use Zoom audio recording only. Also, the plan was to include peritoneal dialysis nurses; however, no peritoneal dialysis nurses volunteered to participate prior to reaching data saturation. Lastly, there was a technical difficulty in the transcription process. Initially, I used Zoom transcription services; however, I experienced technical difficulties when transcribing the interviews. Instead, I used Otter.ai, an automatic online transcription service. I found Otter.ai useful in transcribing the interviews. I reviewed each interview and made corrections to some of the interviews where the transcription service failed to translate unclear words, slang, and some medical terminology.

Data Analysis

Thematic analysis was used to analyze the data; Braun and Clark (2006) recommended using thematic analysis as a flexible approach to understand the data. I followed the six steps that Braun and Clarke described. In Step 1, I took time to familiarize myself with the data by reading and rereading and writing initial codes on the transcript. In Step 2, I generated initial codes by highlighting them on the transcript and writing down the codes on the chart I created. In Step 3, I searched for themes. In Step 4, I reread the transcript to check and make sure the themes best reflect the data. In Step 5, I took time to name the themes, and during this step, I often found myself trying to find an appropriate word that provided a strong description of the theme. Finally, in Step 6, I took a final review of the data and made sure the themes informed the research question. I used the inductive coding process for my study. Saldana (2016) suggested that using inductive coding is valuable in qualitative research because the process of inductive coding focuses on using the participants' data to create categories and themes.

I reviewed the data by completing a first pass review of the data. I used Braun and Clarke's thematic analysis. This was completed by thoroughly reading the data and writing short meaningful notes on the transcription page. I also reviewed the notes that I wrote in my journal during the interviews. In addition, I reread my interview transcripts, and I wrote additional notes as I continued to reflect on the interviews. I created a Microsoft Word document for each participant interview. I created a chart on the document that contained three columns: Column 1, Column 2, and Column 3. All the words and phrases that were listed helped to answer the research question.

Column 1: First Coding

The first column consisted of Steps 1 and 2 of the thematic analysis. Column 1 contained the raw data and consisted of a manual first pass of coding words. The first pass included an initial review and initial manual coding that highlighted repetitive words, important phrases, and short meaningful quotes from participants. The first column was the longest column as it contained all the meaningful words and participant phrases noted during the initial review of the transcript.

Column 2: Second Coding

The second column moved between Steps 3 and 4 of the thematic analysis. Column 2 was a consolidated list and consisted of analyzing and merging together similar meaningful words and phrases from Column 1. I sorted and merged words and meaningful phrases from Column 1 to create a list of categories in Column 2.

Column 3: Themes

The third column moved between Steps 4, 5, and 6 of the thematic analysis. I merged the categories from Column 2 to create a smaller generalized list of themes. I reviewed the interviews one last time to make sure I obtained meaningful data to answer the research question. I double checked the three columns to make sure that I categorized the words and phrases appropriately. I reviewed the themes to make sure I provided a generalized term to represent the categories. The three major themes listed in Column 3 were: (a) education, (b) support, and (c) environment.

Theme 1, education, is described as a nurse’s limited knowledge and training related to conducting advance care planning in the dialysis setting. Theme 2, support, is described as patient support, family support, and dialysis nursing support needed to conduct advance care planning in the dialysis setting. Theme 3, environment, relates to a nurse’s work environment in the dialysis setting.

I conducted member checks after all the data were analyzed. I emailed the participants and reminded them that their interview and feedback would be confidential. I also informed them that all identifying information would be removed to protect their identity. I informed the participants that if they found inaccuracies in my member check summary to feel free to make corrections and email back with any additions or changes. No participants responded back with additions or changes.

Discrepant Cases

One participant revealed that they rarely conduct advance care planning in their environment because the doctor completes an advance care planning task prior to the start of dialysis. However, the majority of participants revealed that they provide advance care planning, but they find it challenging to complete because they are often left to take on patient care assignments while simultaneously functioning in a supervisory charge nurse role. A nurse working in a supervisory charge nurse role may have less time to focus on providing one-on-one advance care planning with the patient because charge nurses often focus on supervising staff, providing care management, and overseeing urgent care needs in the dialysis setting.

Codes, Categories, and Themes

I recognized similarities in the data collected in the interviews and was able to create categories and themes. I achieved data saturation after conducting eight interviews. Education, support, and environment were the three major themes noted in the data.

Evidence of Trustworthiness

Evidence of trustworthiness is critical as it adds rigor to the research study (Ravich & Carl, 2021). I ensured trustworthiness by maintaining integrity and accuracy. For example, I adhered to Walden IRB guidelines and federal laws while informing the research question. In this segment, I will discuss the four criteria to support evidence of trustworthiness; credibility, transferability, dependability, and confirmability.

Credibility

Credibility was achieved by using triangulation strategies consisting of multiple methods and sources such as data collection, investigator review, and theoretical frameworks that can cross-reference and strengthen the credibility of the study (Burkholder et al., 2020; Lemon, & Hayes, 2020; Patton, 2015). I achieved triangulation by way of conducting a qualitative descriptive study, and I used the theory of planned behavior as the theoretical framework of the study. I also achieved triangulation by asking open-ended questions in semistructured interviews with participants, creating an audit trail, obtaining feedback from my dissertation committee, and by documenting my thoughts in a reflective journal throughout the research process. I conducted interviews and obtained rich data from eight participants. I reached saturation at the eighth participant. I conducted one on one semistructured interviews via a Zoom online conferencing and I asked open-ended questions. I maintained consistency in the interview method by asking open-ended questions to obtain rich data from the participants.

I also achieved credibility of the study by conducting member checks as described by Ravitch and Carl (2021). For example, after I received and reviewed the transcription, I wrote a summary of the interview of what I understood from the interview, and I asked each participant if I captured the essence of their experiences. The participants did not have any updates or corrections to make to the summaries.

Transferability

Transferability is achievable as it can be generalized, or transferred to other settings and contexts (Ravitch & Carl, 2021). I conducted interviews with participants who work in the northeastern region of the United States, which included Maryland, District of Columbia, and Virginia. My study is transferable because this study can be conducted in other regions throughout the United States.

Another example of transferability included conducting one-on-one semistructured interviews and asked open ended questions. Conducting a one-on-one interview provided the opportunity for the participant to feel comfortable to partake in a private conversation verses participating in a group interview setting (Burkholder et al., 2020; Patton, 2015). I also used direct quotes to describe participants' experiences and emotions. Asking open ended questions allowed for the participant to feel free to elaborate and provide detailed information related to their experience with providing advance care planning in the dialysis setting.

Dependability

Dependability was achieved by documenting steps and creating audit trails of what was conducted in the study for consistency of data collection as described in (Ravitch & Carl, 2021). During each interview I took thick notes in my journal. I participated in reflection and notetaking during each interview, after the reviewing the interview transcripts, during the coding process, and while creating the themes. I ensured dependability of the study by reaching out to my dissertation committee. My dissertation committee reviewed my interview transcript and provided feedback regarding my coding process to make sure that I maintained alignment with the data collection and thematic analysis.

Confirmability

Confirmability was met in the study by implementing triangulation strategies, such as creating audit trails, writing in reflective journals, and by acknowledging biases through reflexivity (Ravitch & Carl, 2021). After conducting the interview and coding the interviews, I checked and rechecked the data to make sure that I obtained meaningful data that captured the nurse’s experiences with providing advance care planning in the dialysis setting. I explored and acknowledged my biases during the study, and I focused on limiting any biases while interpreting the nurse’s experiences.

Results

The research question related to my study was: What are the experiences of nurses who provide advance care planning in the dialysis setting? Interviews were conducted with participants that provided rich data to help answer this question. There were three themes noted from the study. The themes were: (a) education, (b) support, and (c) environment.

Theme 1: Education

The first theme that emerged from the data was education. Education was a characteristic that was described by nurse participants as it related to providing advance care planning in the dialysis setting. In this segment I will discuss nurses' experiences with providing advance care planning education to patients regarding ESRD modality options, education to reduce hospitalizations, and education for the dialysis nurse.

The majority of the participants stated they educate patients on modality options such as outpatient clinic hemodialysis, peritoneal dialysis, and home hemodialysis. Participants provide education such as getting on the kidney transplant list or choosing hemodialysis if the patient is no longer able to perform peritoneal dialysis at home. Participant 11 added that "hospice is also given as an option", but "some of them, you know, respond positively, and some don't." Participant 12 argued that, some patients may have "personal feelings with death." Participant 16 said, "So, you know, the negative thing is you just don't know how people's emotions are and how they're going to receive having a conversation about advanced care planning."

Several Participants stated that the nephrologist has already educated the patients on advance care planning modality options and that is why the patient has already consented to receiving dialysis and received a special dialysis vascular access such as a fistula, graft, or a central venous catheter to receive dialysis therapy. Participant 12 explained that the nurses do a lot of dialysis education with newly diagnosed ESRD patients in the hospital setting, so by time the patient arrives to the outpatient dialysis clinic "the patient has already established that they want dialysis." Participant 12 declared that nurses focus their advance care planning education on proper care management such as medication education and infection prevention that will help to prevent hospitalizations and minimizing deterioration.

Some participants reported that they felt frustrated when they provided ongoing advance care planning education to some patients who were noncompliant to minimize health deterioration and hospitalizations, but the patients still wanted the option to continue on dialysis and receive all health care options. Participant 12 shared a patient's response while providing education during advance care planning. The patient said, "You just want to keep me coming here so you can get me on this dialysis machine and get paid." Several participants revealed that some patients intentionally skipped dialysis treatments and they did not feel sick after missing prior dialysis treatments. Participant 16 stated that sometimes when advance care planning education is provided to noncompliant patients they don't want to hear it and they don't want to discuss health trajectories or options. Participant 16 stated that there is "kind of a denial there". Participant 12 revealed that some patients fail to engage in advance care planning education because of decreased interest or low health literacy level. Participant 12 added that some patients revealed that they were too busy to think about advance care planning and decision making due to working a full time job and raising children and grand-children.

Nursing Knowledge Deficit Barrier

Some nurses stated that they would like to participate in advance care planning professional education classes so they know what is expected of them. Axelsson et al. (2019a) revealed that healthcare professionals such as nurses could benefit from educational resources and support to provide high quality advance care planning. Participant 18 revealed that nurses need more education on how to properly provide advance care planning. For example, Participant 17 stated that providing advance care planning education could be included in an “admission packet” and this tool could be helpful for both patient and nurse. For example, the nurse can use the educational tool as a guide to prompt advance care planning communication and the patient can take the education material home to review with family. Participant 17 added that nurses should have an advance care planning conference that they can attend to learn more about the importance of advance care planning and partake in role play scenarios and case studies that will enhance advance care planning communication with patients.

Sociocultural Barriers

Some participants revealed that sociocultural barriers can play a role in educating and communicating advance care planning. When providing advance care planning education the nurse must be mindful to provide communication and education that aligns with the sociocultural aspect of the patient. Examples of sociocultural characteristics include, age, sex, culture, religion, economic status, and health literacy level. One nurse stated that providing advance care planning information is different for each patient. Advance care planning must be tailored to fit the needs of the patient. Participant 14 stated that educating “female patients may be different from male patients”. Participant 12 said that you have to understand their cultural needs when discussing advance care planning with the patient. Participant 12 revealed that patients from countries where dialysis is non-existent or not covered by health insurance “would never even think about getting off the dialysis machine early”. Participant 12 declared, “They’re gonna love every minute they can get on that dialysis machine.” Participant 15 said that “language barrier” can be a hindrance to the nurse providing advance care planning education to the patient because if a patient were to speak another language “in my unit, we don’t really have a translator.”

Patient as a Barrier to Provide Education

Some nurses expressed dealing with patients’ emotions when providing advance care planning. For example, Participant 14 said, you have to “address the patient’s fears” and “acknowledge my own emotions” before you can provide information related to advance care planning because some patients may not be able to absorb the information provided to them. Participant 14 declared, “From what my experience has always been is that fear of being on dialysis, causes them act out because they don’t know what to expect.” Also, in regards to emotion as a barrier to advance care planning, Participant 16 said, “So yeah, I think the negative part of it is that people do get emotional, when you start talking about that, and sometimes they just kind of blow you off because they don’t want to have that conversation.” However, Participant 16 confirmed, “I tailor my conversation based on their level of understanding.”

Theme 2: Support

The second theme that emerged from the data is called support. Nurse participants shared their experiences with three areas of support needed in regards to advance care planning in the dialysis setting. The three areas of support that will be discussed in this segment will be patient support, family support, and dialysis team support.

Supporting the Patients

Participants discussed the patients need for support in the advance care planning and decision making process. For example, Participant 13 said “The biggest thing I have experienced with my patients are those that live alone. They live alone and have no family support.” Some nurses reported that emotions can interfere with the patients’ ability to thrive on dialysis. Patient 14 stated that it is important to support patients who are “fearful” so they can maximize control over their life decisions. In addition, Participant 16 shared an example of supporting the patient during advance care planning by stating, “We kind of want to drill down and figure out what’s going on with them to see if everything is okay at home, and do they need me to reach out to the social worker and have him or her come and speak with them about some things that can help them”.

Nurses Experience Observing Family Support

The participants shared their views about family support. Participant 11 declared, “family support, if you have a support system that is very important.” Participant 15 also encourages family support with advance care planning. However, Participant 16 declared, “Whatever pieces of the puzzle that are missing are what I would try to fill for the patient’s needs.”

Dialysis Team Support for Patients

Some of the nurses shared their views about dialysis team support. For example, Participant 12 shared an experience of support in the dialysis setting. Participant 12 said, “As nurse’s, we’re going to have them (patients) like family, be their friend, be there for them to give them some comfort.” Participant 12 continued by stating “They become like our family and we become part of them as such an important person in their life. So, because of that, we as a dialysis team can make lot of difference.”

Participant 14 described advance care planning as an experience of supporting patients by following up with patients on their healthcare needs and providing advance care planning if patient has experienced frequent hospitalizations. Participant 18 stated "There's a lot of collaboration on many different levels in the healthcare setting to support the patient to see the best plan for that patient individually." Overall, Participant 17 stated that during the advance care planning process the dialysis nurse must "honor your wishes and I think you know, there has to be a security in knowing that what the patient says will be honored." Participant 18 said we've got to help to continuously advocate for the patient and encourage them.

Theme 3: Environment

The third theme that emerged from the data is called environment. In this segment there will be a discussion the nurse's experience with providing advance care planning with regard to the dialysis workplace setting. This section will discuss the participant's experience with advance care planning and short staffing in the dialysis setting, and there will be participant recommendations that will help to improve advance care planning in the dialysis setting.

Inadequate Staffing

The majority of the participants interviewed stated that adequate staffing is needed to provide ongoing advance care planning. The majority of participants stated that they had did not have enough time to conduct advance care planning in the dialysis setting. For example, Participant 17 stated that the environment was short staffed, fast paced, and there was not enough time to conduct high quality advance care planning in the dialysis setting. Participant 18 requested a full staff when discussing advance care planning in the dialysis setting. Participant 15 suggested extra support staff like nurses that go around to all the patients and complete advance care planning with the patients. Participant 15 also suggested that daily huddles with floor staff may be beneficial to discuss observations of patients who may need urgent attention regarding advance care planning conversation. Participant 15 added that support staff can go around in the clinic and help provide advance care planning to the patients. Participant 13 declared, “The reality is that there are times where you do not get the chance to connect with patients. I would like to have a four to five patients to one nurse to get that patient the best care and talk about advanced care planning options.”

Nurse Participant Recommendations

The participants provided ideas that may be helpful in providing advance care planning in the dialysis setting. For example, Participant 15 discussed the idea of conducting huddles that included the topic of providing advance care planning with patients. Participant 13 recommended creating “engaging activities for the patients that are more like learning activities” about advance care planning and make learning fun that will help patients understand their illness and participate in decision making regarding advance care planning. Participant 12 said “I would like the patient care techs, to get training in advance care planning communication”. Participant 17 said the “patients need privacy” so they can express themselves without their neighbors listening beside them. Participant 18 said, “I believe in being fully staffed, invest in your team; you can get some safe practice, communication, and collaboration.”

Summary

Chapter 4 addressed the research question: What are the experiences of nurses who provide advance care planning in the dialysis setting? Data was provided to support the three themes: (a) education, (b) support, and (c) environment. Discrepant cases were discussed and an example was provided. I conducted semistructured interviews with nurse participants that currently work in the dialysis setting. The majority of nurses described an overwhelming need for adequate staffing in the dialysis environment. The participants discussed the task of taking patient care assignments in addition to performing supervisory charge nurse duties limit the ability to provide ongoing advance care planning in the dialysis setting.

In the final chapter, Chapter 5, I interpret the findings from the study. Second, I will discuss limitations, recommendations, and implications of the study. Lastly, I will conclude with a summary of highlights of the research study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of my study was to explore the experiences of nurses who provide advance care planning to patients in the dialysis setting. The nature of the study was a qualitative descriptive study with a thematic analysis approach. The study was conducted to understand nurses’ experiences with providing advance care planning in the dialysis setting. I conducted one-on-one semistructured interviews with eight participants. Key findings of the study revealed three major themes regarding nurses’ experiences with providing advance care planning in the dialysis setting: (a) education, (b) support, and (c) environment.

Interpretation of the Findings

Health care workers such as nurses were interviewed to gain insight into advance care planning (Axelsson et al. 2019; Benzein et al., 2019a; Bublitz et al., 2017; Fowler et al., 2017; Lazenby et al., 2017; Smith & Wise, 2017). The theory of planned behavior was used to underpin the study as this theory focuses on participants’ experiences regarding the motivation and intention to perform advance care planning in the dialysis setting. In my study, I interviewed eight nurse participants. The nurse’s responses were analyzed and used to answer the research question: What are the experiences of nurses who provide advance care planning in the dialysis setting? My study findings confirm what I found in the literature. I will use the identified themes: (a) education, (b) support, and (c) environment to discuss the interpretation of the findings.

Theme 1: Education

The first theme, education, involves the knowledge and skillset needed to provide high-quality advance care planning. Bublitz et al. (2017) found that the nephrology nursing specialty is caring for a growing older adult population; however, nephrology nursing lacks preparedness in addressing effective advance care planning in the dialysis setting. Yee et al. (2020) declared that advance care planning education and training are needed to increase nursing knowledge and experience in providing advance care planning. Some of the nurses revealed they had little knowledge or limited education in conducting ongoing advance care planning in the dialysis setting. The findings in my study confirm the literature in regard to knowledge deficit with providing advance care planning in the dialysis setting. While some participants revealed they discussed modality options, such as peritoneal dialysis and kidney transplant, few described conducting ongoing or frequent advance care planning with patients in the dialysis setting. Nurses are often unsure of the role they play in providing advance care planning (Hutchinson et al., 2017; Miller et al., 2018; Pereira et al., 2019; O’Hare et al., 2016; Son et al., 2020). My study findings also confirmed this; some participants understood the need to complete an advance directive form to determine whether to implement a patient’s wishes, such as implementing do not resuscitate protocols; however, some participants stated that they if a patient arrives to the center for dialysis, the nurses assumed the patient has discussed advance care planning with the doctor and there is no need to have ongoing advance care planning discussions.

The theme of education aligns with the theory of planned behavior's first construct, attitude. The nurse participants' attitudes with providing advance care planning was positive and the nurses were willing to perform the behavior regardless of comfort level, knowledge deficit, or past experiences related to advance care planning. The second construct in the theory of planned behavior is subjective norms. Some participants shared their experiences with subjective norms; however, some participants did not describe personal social pressures, such as religious beliefs regarding death and cultural health practices, to perform advance care planning in the dialysis setting. These participants stated they do not think about any sociocultural pressures that might hinder them from providing advance care planning, but rather, most of the participants described putting patients' needs for advance care planning as the main focus and not any personal sociocultural pressures. Finally, the third construct in the theory of planned behavior is perceived behavioral control. Perceived behavioral control focuses on an individual's past experiences and perceived future barriers to perform the actual behavior (Ajzen, 1991). Some participants described advance care planning as easy to implement since they have the opportunity to communicate frequently with patients. However, some participants stated that some patients were resistant to advance care planning education and discussion and this resistance often creates a challenge to complete advance care planning with the patient. Also, some participants described a lack of time to learn during the workday, which creates a barrier to learning and performing advance care planning.

Theme 2: Support

The second theme, support, involves the care and backing of nurses who provide advance care planning in the dialysis setting. Organizational support for dialysis nurses is needed to perform advance care planning in the dialysis setting (Ampe et al., 2017; O’Hare et al., 2016; Shepherd et al., 2018; Singh-Carson et al., 2020). Organizational support is needed to provide clear advance care planning policies (Khairuddin et al., 2020). Maintaining organizational support can increase confidence in performing advance care planning (Chan et al., 2020; Luckett et al., 2017). My study confirms that participants would like support from leadership on how to best conduct advance care planning in the dialysis setting. For example, Participant 15 suggested that leadership create an advance care planning document for nurses to complete that provides clear talking points and check-off boxes to guide the nurse in providing high-quality advance care planning.

The participants in my study confirmed the literature in regard to support in patient advocacy. Nurses play a critical role in supporting patients in the decision-making process (Hutchinson et al., 2017; Pereira-Salgado et al., 2019). Some of the participants revealed they have worked with patients who did not have any support from family. Several participants stated they worked with homeless patients who were on dialysis and needed support. O’Halloran et al. (2018) revealed that understanding socioeconomic factors, cultural values, and religious practices is important to providing advance care planning because the planning must be tailored to each patient’s needs. In addition, Riordan et al. (2021) revealed that educational factors such as health literacy level could impact patient engagement in and reception of advance care planning, which could create a challenge for the health care provider. Overall, nurses support patients by establishing a rapport and providing active listing and education throughout the advance care planning process (Rogers et al., 2020). When nurses experience support from leadership, this promotes confidence and quality in performing advance care planning. Overall, Lazenby et al. (2017) recommended that patients deserve decision support as this can help to contribute to enhance life care decision making. Nurses providing support to patients can help improve quality patient outcomes.

The theme of support reflects the concepts of the theory of planned behavior. In regard to the first construct, attitude, when nurses feel supported they are more likely to have a positive attitude to perform the task of advance care planning. Nurses who have a decreased concern of personal social pressures focus on patient-centered strategies to support patients throughout the advance care planning process. Lastly, in regard to perceived behavioral control, nurses will demonstrate increased confidence because of the organizational leadership’s supportive work culture of nurses as they provide advance care planning in the dialysis setting.

Theme 3: Environment

The third theme, environment, involves nurses’ experiences with providing advance care planning in the dialysis work setting. My study findings confirm the literature in regard to environment. The majority of participants described lack of time and inadequate staffing as barriers to providing advance care planning in the dialysis setting.

Participating as a member on the dialysis interdisciplinary team is noted as a patient-centered advance care planning strategy (Purtell et al., 2018). This was also confirmed in my study as one participant confirmed that they participated on a interdisciplinary team to provide advance care planning meetings with the patients in the dialysis setting. CMS (n.d.) mandates the dialysis team meet and conduct care planning, which includes information such as assessments, dialysis prescriptions, and dietary plans. The dialysis team must inform the patient of their right to participate in care planning, but it is not mandatory for the patient to participate. Similarly, CMS mandates that the patient be informed of their right to formulate an advance directive; however, CMS does not mandate the patient complete an advance directive. CMS defers to the dialysis facility's policy as advance care planning communication tools such as advance directives, medical powers of attorney, and living wills are recognized by state law. Chan et al. (2019) and Miller (2018) revealed that physicians may be the initiators of advance care planning by discussing the prognosis and health care options; however, nurses spend the most time at patients' side to perform ongoing communication and education in regard to advance care planning and decision making.

Inadequate staffing and lack of time were barriers to performing advance care planning. (Chan et al, 2020; Miller, 2018; Moran, 2018; Rogers et al., 2020). Nurse participants in this study revealed that lack of time impacts a nurse's ability to conduct ongoing advance care planning in the dialysis setting. Nurses' who perform supervisory charge nurse duties while simultaneously performing patient care assignments often have limited time to conduct advance care planning in the dialysis setting. Finally, several nurse participants stated they felt that performing advance care planning in close proximity to neighboring dialysis patients may limit privacy and the patient's ability to freely to discuss private concerns. Health Information Portability and Accountability Act of 1996 is a law that focuses on the protection of patient information in the health care setting (CDC, 2018; U.S. Department of Health & Human Services, n.d.). Dialysis nurses are charged with the responsibility of adhering to the law, which includes protecting sensitive patient information by providing a private space for patients to discuss private matters during advance care planning communication. For example, some nurses may work in a dialysis setting where privacy is limited or where patients may feel uncomfortable participating in advance care planning discussions. If privacy is limited in the dialysis environment, patients may have option to schedule an office visit with their health care provider to engage in advance care planning discussions (CMS, 2020). Nurses can advocate to the nephrologist and dialysis team to provide a private space where the patient will feel safe to participate in advance care planning and discuss sensitive details about their health care needs.

The theme, environment, reflects the concepts of the theory of planned behavior. When a nurse has increased time and increased comfort level in the dialysis environment, the nurse's attitude to perform advance care planning will be favorable. Nurses who disregard social pressures from patients, staff, and other stakeholders will be more likely to implement patient-centered advance care planning strategies. Lastly, providing adequate staffing on the floor can minimize perceived barriers to perform advance care planning. Nurses will have time to prepare patient-centered advance care planning strategies and engage the patient in private advance care planning communication that will enhance quality of life outcomes for the patient.

Limitations

There were a few limitations noted in the study. For example, one limitation was that the research study was limited to the Northeastern region of the United States, and dialysis nurses who live in other regions or cultures in the United States may have different experiences with providing advance care planning in the dialysis setting. Another limitation was that the study was limited to dialysis nurses who currently work in the dialysis setting as nurses who work in other healthcare specialties may reveal different experiences with providing advance care planning to patients in their specific healthcare setting. Another limitation was observed. This study was open to nurses in the dialysis setting, which includes both hemodialysis and peritoneal dialysis. The limitation was that no peritoneal dialysis nurses participated prior to reaching saturation in the study. Peritoneal dialysis nurses may have different experiences with providing advance care planning to patients in the dialysis setting. As it relates to trustworthiness, I assessed and acknowledged any biases during the research study. I focused on reducing any biases while interpreting the nurses' experiences, and I documented my thoughts and feelings regarding these biases in my reflective journal.

Recommendations

Three major themes emerged from the data: (a) education, (b) support, and (c) environment. Of the three major themes, education stood out as the primary theme in the study. The findings revealed the need for education for dialysis nurses to provide effective advance care planning in the dialysis setting. My recommendation for future research includes education and support for dialysis nurses on how to provide advance care planning communication in the dialysis environment, as this can benefit nursing practice and improve patient quality outcomes. I also recommend further research aimed at the dialysis nurses understanding of regulations on the state and federal level in regards to providing advance care planning the dialysis setting.

Implications for Social Change

The study can reveal positive social change by strengthening the nursing practice by providing high quality advance care planning in the dialysis setting, which can help improve patient quality outcomes (Chen, & Chiu Chiu, 2021; Dixon, & Knapp, 2018). Positive social change can be achieved by informing advance care planning policies that may enhance nursing knowledge and quality of life outcomes for dialysis patients. The findings from the study support what was discussed in current literature. Nurse participants revealed that education is needed for both staff and patients. Support is needed for nursing staff to maintain ongoing advance care planning and provide support for patients. Lastly, dialysis nurses need adequate staffing on the floor, which will increase time to focus on nursing tasks such as timely advance care planning. Likewise, nurses must protect patient privacy while communicating at the chairside to prevent neighboring patients from listening to advance care planning discussions that may contain sensitive patient information.

Walden University teaches the importance of promoting positive social change to promote the development and value of individuals. My study will contribute to positive social change in the dialysis nurse community. The study can make dialysis nurses more aware of advance care planning in the dialysis setting. In addition, the study fills a gap in knowledge and this may inform policies that contribute to best practices that will support dialysis nurses in providing advance care planning to dialysis patients. The theory of planned behavior relates to the likeliness or intention of the individual to conduct a task or behavior. My study relates to this theory because the study showed that the stronger the dialysis nurse's motivation and intention to perform advance care planning with the patients the more likely the nurse will complete advance care planning with the dialysis patient, which will improve quality of care for the patient.

Conclusion

In my study, I explored the experiences of nurses who provide advance care planning to patients in the dialysis setting. The problem is that patients receiving dialysis experience increased symptom burden and multiple hospitalizations (Axelsson et al., 2020; Luckett, 2017; Watcherman et al., 2017). The IOM states that advance care planning communication is critical throughout the illness trajectory to promote patient decision making that will promote patient care of care outcomes (IOM, 2014). I conducted a qualitative thematic analysis, which consisted of conducting one-on-one semistructured interviews via Zoom online conferencing. Eight participants participated in the study. Education, support, and environment were the three themes that arose from the data, and education was noted as the overarching theme in the study.

The findings of the study revealed that dialysis nurses could benefit from receiving education in regards to providing effective advance care planning to patients in the dialysis setting. The nurse participants revealed that they would like to participate in an advance care planning education class that is tailored to dialysis nurses so they can learn what is expected of them when they conduct advance care planning communication.

The findings of the study revealed that support is needed for both nurses and patients when they perform in advance care planning. Nurses often support patients and families as they engage in the advance care planning communication and decision-making process. However, the dialysis organizational leadership can support dialysis nurses in providing advance care planning. When the leadership supports the nurses by creating clear and concise policies and providing tools specific to advance care planning, this will improve nursing confidence in providing advance care planning in the dialysis setting.

Findings of the study revealed that dialysis nurses could benefit from improved environmental conditions when performing advance care planning. Leadership can improve environmental conditions such as creating a supportive workplace culture for nurses to provide advance care planning in the dialysis setting. Leadership can create adequate staffing that allows time for nurses to focus on charge nurse duties which includes focusing on supervising the dialysis clinic setting and completing advance care planning tasks. Health care professionals such as dialysis nurses and leadership must adhere to the law and protect patient privacy. Providing patients a safe space to engage and discuss sensitive information during advance care planning can increase comfort with expressing their health care needs. When nurses receive education and support, and their needs are met in the dialysis environment, nurses can provide high quality advance care planning communication that will enhance patient decision making and promote quality patient outcomes.

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Appendix A: Recruitment Flyer and Screening Tool

Volunteers Needed

Nurses Working in Dialysis

Walden University Doctoral Nursing Student is looking for volunteers to participate in an academic study. This study can help to generate to new knowledge and improve nursing skills that can improve quality outcomes for dialysis patients.

This study involves participating in one interview that will last between 15- 45 minutes. The interview will be kept confidential to protect your privacy.

Volunteers must meet the following criteria to participate:

-Are you an RN, LPN, LVN, NP, APRN, Nurse Case Manager, or Nurse Educator?
- Are you 21 years of age or older?
-Do you speak English?
- Are you currently working in a dialysis setting in the Northeastern U.S.?
-Do you have at least 1 year of dialysis experience?
- Would you be willing to have your confidential interview audio recorded?

If you are interested in participating in this study, please contact:

Sheree Mullen
Sheree.Mullen@waldenu.edu

Appendix B: Interview Guide and Questions

Researcher: Hello ______________:

Thank you for agreeing to participate in this Zoom interview. The purpose of my study is to explore the nurse’s experiences with providing advance care planning with patients who have end stage renal disease and who kidney dialysis. You have received the consent form that I sent to you via email, and I thank you for consenting to participate in the study and consenting to participate in this interview. In the consent form, I mentioned that this interview will be recorded using the Zoom software platform. After the interview, I will check and review the interview to make sure that the interview recorded without any technical difficulties. If any technical difficulties occur, or if we are disconnected during the interview, please log back in to the Zoom meeting using the link that was provided to you in the email. This interview will take approximately 15 to 45 minutes. After the interview has ended, I will create a written transcript of the interview, and I will reach back out to you to have you review it for accuracy. Please note that your wellbeing is important to me. If at any time you feel uncomfortable answering a question or if you no longer wish to continue with the interview, please let me know. Do you have any questions before we begin?

Participant’s Response: _________________________.

Researcher: As you reflect on your workplace and prepare to answer each question, please feel free to include a description of any feelings and emotions that you may have in your responses.

Interview Questions

1. Can you talk to me about advance care planning in the dialysis setting where you work?

2. Let’s discuss any personal attitudes or feelings toward advance care planning behavior. Can you describe any positive feelings you associate with providing advance care planning in the dialysis setting?

3. Let’s continue to discuss any personal attitudes or feelings you may have toward advance care planning behavior. Can you describe any negative feelings you associate with providing advance care planning in the dialysis setting?

4. Now let’s discuss social norms in regard to providing advance care planning. What social norms and sociocultural perceptions have influenced your ability to provide advance care planning, and why?

5. The following question relates to an individual’s perceived behavioral control toward providing advance care planning in the dialysis setting. What have been your previous experiences with providing advance care planning in the dialysis setting?

6. Let’s continue to discuss perceived behavioral control. What obstacles do you see that may hinder you from performing advance care planning in the dialysis setting?

7. The last question relates to perceived behavioral control. What improvements would you make to improve advance care planning in the dialysis setting?

Conclusion

Researcher: We have reached the end of the interview. Thank you for taking time out of your day to participate in this research study. I would like to take these last few moments to ask if there anything else that you would like to share in regards to your experience with providing advance care planning in the dialysis setting? If so, please feel free to share.