

Chronic Hemodialysis

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A week after the surprise marriage of a prominent Canadian figure, one of our dialysis nurses reported a fascinating dream. She had dreamed that the newlyweds were dialysis patients in our unit and that they insisted on sharing one bed and one machine. Since we use the twin-coil kidney, it was necessary to devise a means of attaching one coil to the two patients, with two sets of arterial and venous tubings. The major difficulty encountered during the dialysis was a novel complication. Both husband and wife had eaten large quantities of peanut butter just prior to dialysis, and this was constantly being dialyzed out of their blood! It was therefore necessary to stop dialysis every half hour to clear all the peanut butter out of the canister and tank!

Heckel and Jordan describe dreams as a form of thinking. "They range from a simple acting out of events and experiences of the day with highly precise and accurate imagery to extreme distortions of thinking, time, and logic." (2) This dream, of course, was a fantastic distortion of many thoughts and ideas stored in this nurse's subconscious. The wedding had made news headlines and was a common topic of conversation that week. The nurse had made peanut butter cookies the evening before her dream. And dialysis, with various improvisations and complications, was an important part of her daily life.

During several years of dialysis nursing, I have myself experienced, and have been told about, many weird and wonderful dreams related to work. Some nurses on our staff tend to dream about work with alarming frequency; others do not remember ever having had such a dream. And this has led me to a keen interest in what might loosely be called "the psychology of dialysis nursing." Medical literature contains many articles on the psychological and emotional problems encountered by patients on long-term hemodialysis. But little has been published about the reactions, responses, and needs of the personnel caring for these chronically and terminally ill people. I therefore prepared a lengthy questionnaire and asked the present and former nurses on our staff to answer the questions thoughtfully and honestly. This paper is essentially the result of their answers and comments, and I gratefully acknowledge their cooperation. (3)

Two Israeli psychiatrists did report in *The Lancet* in 1968 that in a two-year study of dialysis staff, the main reactions were feelings of guilt, possessiveness, over-protectiveness, and withdrawal from patients. (4) Although not a psychiatrist, I found it difficult to trace these specific reactions in the comments of our nurses, which was extremely gratifying.

NURSING AS A CAREER

There is no need to delve into the motivation of medical personnel. Young people become nurses for a variety of reasons. However, everyone must have a goal of some sort

toward which he is working, or life becomes simply a routine of going to bed and getting up, of earning and spending money. To quote one authority, "from a personal philosophy of life must come the basic guides, standards, and ideas of good which give life meaning and enable us to organize abilities around an effective course of action." (5) A sense of function and purpose is essential, whatever a man's vocation may be. Perhaps this is best illustrated by comparing two craftsmen engaged in identical activity. When questioned about their job, one replied glumly, "I'm cutting stones." The other replied with satisfaction, "I'm building a cathedra!" In a service profession such as medicine, this sense of function and purpose is even more important. Either a nurse is pushing pills and rubbing backs or she is using her time and talents to make sick people more comfortable and to promote their recovery. The first role earns income and tired feet; the second earns satisfaction and personal fulfillment as well.

As medicine becomes more highly specialized, there are more and more opportunities for nurses to find challenging and stimulating work. The days when practically all nurses were on general duty on medical and surgical wards are history. Post-diploma courses are available in such diverse specialties as psychiatric, coronary care, intensive care, and pediatric nursing. Obviously a young graduate can choose a field of practice which challenges her intellect and arouses her interest and enthusiasm.

Of the nurses I questioned, four honestly gave the working hours as one important reason for choosing dialysis nursing—our nights and weekends are almost completely free. Seven were attracted by the challenge of a new field about which they knew little or nothing, two of them expressing a specific interest in kidney disease. One who felt the job would be a challenge commented that she was "tired of 'nursing' humans and preferred machines!" She thoroughly enjoyed the technical aspects of the work and the minimal amount of actual nursing care. None of those interviewed regretted joining our staff, but it must be mentioned that some who had not liked dialysis and had left for some other type of nursing were not available to be questioned.

DIALYSIS NURSING

There is no need to describe the details of dialysis nursing to an audience of dialysis nurses and technicians. We are all aware of the type of work done in our various Units; only techniques and procedures vary. The basic task is long-term care of terminally ill, relatively young people, most of whom can be maintained in fairly good health by chronic hemodialysis. We become extremely well acquainted with our patients over the weeks, months, and years that we care for them, and this can lead to serious problems on occasion. The questionnaire contained several questions on attitudes toward dialysis nursing, and I would like to explore the answers carefully.

or:

*"Perchance to dream;
ay, there's the rub . . ." (1)*

All the nurses felt they got to know the chronic patients extremely well, and in many cases, the families as well. And they felt it was easier to "nurse" the patients after they had become well acquainted. One nurse commented that she was more relaxed with these patients and more aware of their symptoms and their responses to therapy. She felt a lack of the tension which is often experienced in caring for acutely ill patients. Some nurses admitted to personality clashes with certain patients, and to dislike or irritation in dealing with them. Another comment related to the nurse's role in helping patients to meet psychological and emotional crises resulting from their dependence of the machine.

This, of course, brings up the necessity of the nurse's knowing and understanding herself and her attitudes toward her work and her patients. Since the time of Socrates, "Know Thyself" has been the basic building block of interpersonal relationships. A dialysis nurse must have, first of all, a healthy outlook on life, disease, and death. She is of no use to a patient if she has not resolved these crises in her own mind and heart. She must be able to control her emotions: irritation in dealing with rude or frustrated patients, grief at the death of a long-term patient, and, above all, the handling of her own personal life so that it is not reflected unfavourably in her work.

In addition, the dialysis nurse must make certain decisions about dialysis itself. My questionnaire asked for opinions on the value of chronic hemodialysis; for example, whether it is "morally and economically justified in a sick and hungry world." "Should hospitals spend large amounts of their limited budgets on this care for a few selected patients?" The province of British Columbia, for example, spent over \$1.7 million on dialysis and transplantation in 1969. This supported a total of 213 patients, averaging over \$8,000 per patient. (6)

One author gives two points of view which are apropos. "To go on pressing for acute, active treatment at a stage when a patient has gone too far and should not be made to return is not good medicine. There is a difference between prolonging living and what can really only be called prolonging dying. Because something is possible does not mean that it is necessarily right or kind to do it." (7) The author was not referring to hemodialysis specifically, but her premise is certainly applicable to it. This attitude is well reflected in the criteria most nephrologists employ in selecting patients for a chronic program. Age, coexisting disease, mental outlook, etc. are all taken into consideration. On a more optimistic theme, the same author writes, "You may ask, 'What is the point of looking after a man for 15 months since he is going to die at the end?' But there are no short cuts to this kind of maturity. Though there may not be a long time for a couple to be together, time is a matter of depth and quality rather than length." (8)

This second attitude was generally reflected in the responses of our nurses. They tended to see little relationship between the need for, and cost of, dialysis and the socio-economic problems of "the sick and hungry world." One nurse seemed to speak for all when she said, "... if a

patient is medically eligible and willing to cooperate, then all means of hope to prolong life and make him a useful being to his family and community should be granted to him." There was a feeling that money not used for dialysis and transplantation would probably not go to feed the world's 'hungry, and, in fact, might be allotted to development of such things as offensive weapons. In 1969, Lester Pearson estimated the expenditure on armaments by the developed countries of the world at \$140 billion. (9) Our nurses emphasized the need for money for research, with the hope of eventually preventing kidney diseases and removing the need for costly dialysis and transplantation facilities.

Half of the respondents felt that strict selection criteria should be maintained, while the other half felt the selection of new patients should depend on circumstances. If ample facilities were available, for example, any patient requiring dialysis should be started on the program.

FRUSTRATIONS

Dialysis nursing can be extremely frustrating in many ways. Not least of these is the small and crowded space available in many Units. It has been common practice to open a Dialysis Unit in some small room which the hospital authorities felt could be spared. Kidney machines, central tanks, beds, desks, file cabinets, and ancillary equipment must then be fitted in, and seldom is there enough room for everything. Only after the value of chronic and acute hemodialysis has been proven will the hospital and government spend the vast sums of money to build a new, large, and adequate Unit. I frequently dream about different aspects of my work, and the most common theme is the geographic layout of our Unit. I dream of rearranging furniture and knocking down walls, and often devise completely fantastic and unworkable schemes. This certainly reflects my constant frustration with the crowded facilities in which we work, and with trying to think and be creative



in a small corner which contains my desk, a file cabinet, extra equipment in storage, and the patients' lockers and change area! For background music, there are several nurses and patients talking and two TV sets delivering soap operas and quiz shows. I accept this frustration as a necessary part of my work life at present only because a new well designed Unit under construction provides a source of hope and optimism.

Another source of frustration was dealt with by a previous author, and is common to all types of chronic care nursing. A nurse cares for a patient for weeks and months, watches his progress in work, family relationships, and general rehabilitation. His death leaves what one nurse called "a certain void." But she expressed the feeling of all the nurses when she added, "I certainly don't feel, though, that we, as part of the medical profession, have failed. And it is comments and expressions of appreciation such as (those given us by relatives) that make me feel we have helped." Another nurse wrote, regarding the value of postponing death through chronic dialysis, "Not only does the patient gain an extra year of life, but he has the opportunity of putting his affairs in order and regulating his family's life so they can be prepared to go on in his absence." This situation was very real in the lives of at least two of our patients, both of whom expressed, to family or to nurses, that they were ready for death when it came, and that their families were prepared as well.

Above all, the staff of a Dialysis Unit must come to terms with death and learn how to react to it. Death of a patient can have a serious effect on the moods and morale of the remaining patients. Most of them realize that they are not far removed from dying themselves, and frequently they are heard wondering aloud who will be next. Death cannot be hidden from them nor will they accept evasion or lying. So it is the lot of the nurses, who are in constant relationship with the patients, to discuss their feelings, concerns, and fears with them. Work published by the American psychiatrist, Dr. Elisabeth Kubler-Ross is invaluable on this subject. (10)

Another source of frustration, which fortunately does not often occur, is personality clashes among staff members. In small Units, with nurses and technicians working closely together, each person must make a special effort to be cheerful and cooperative. "Give-and-take, participation, and teamwork represent the true principle of social living." (11) An informal atmosphere is an advantage in a Dialysis Unit, as it helps the patients feel less like invalids and more like normal people. While a nurse-patient relationship must be maintained, it can be done in a casual, friendly manner by a staff who can laugh together as well as working side-by-side as an efficient team.

One question I asked our staff dealt with the extent to which a nurse should get involved in her patients' problems. The consensus was that we should listen carefully at all times and try to evaluate each patient's needs. Then we are in a position to suggest outside resources and to draw problems to the doctor's attention. But our involvement must stop there. A close personal relationship between nurse and patient can be disastrous and heart-breaking, and is unpleasant for other patients in the Unit. And it can only lead to more frustration for the nurse who is trying to fulfill two roles at the same time.

Finally there is a sense of frustration in dealing constantly with a type of illness which cannot be cured. Ulcers can be healed, pneumonia can be cured, and polio can be prevented. But in terminal renal failure the outcome, whether in months or years, is inevitably death. For this reason, the nurses treating renal failure patients come to dread kidney disease and, at least subconsciously, fear its development in themselves or their loved ones.

Four of our nurses found this fear reflected in dreams. Two admitted they had dreamed they were dialysis patients themselves. To one, the experience was terrifying, and she awoke in a cold sweat. The other described how she was lying in bed, with dialysis in progress. We are careful to secure our venous and arterial lines to the head of the bed, to prevent tension on the shunt or needles. However, in the dream, the lines were long and were lying on the floor. To this nurse's horror, the head nurse was jumping up and down on them and laughing.!

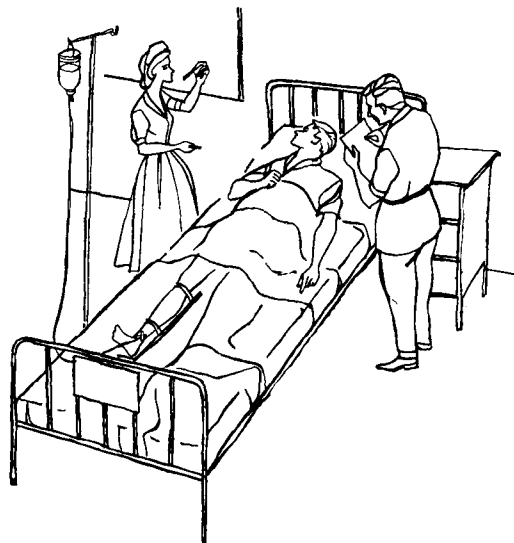
Two other nurses have dreamed about suffering from chronic renal failure. In one case, the nurse dreamed she was in hospital and was told by a strange doctor that she had irreversible kidney disease and would have to go on dialysis. She sat up in bed screaming that it wasn't true, until her roommate woke her up. It took her a few minutes to realize that it had only been a dream, and she still remembers it as an extremely unpleasant experience.

The dream I remember most clearly is related to this. I have always worked closely with our Nephrologist, and he frequently calls me to his office to discuss some project or problem. One night I dreamed that he called me in and explained carefully that I had kidney failure and would eventually require chronic dialysis. Since I had great confidence in his judgement, I believed him to the point of worrying for days that it might really be true. I was actually afraid for a few days to go into his office, for fear that the dream would become a reality!

THE POSITIVE SIDE

All of this has tended to sound depressing and pessimistic, which is really unfair. In general the nurses were optimistic about their work, and felt that it was well worthwhile. And certainly dialysis nursing does have certain advantages and does provide many opportunities not common to general duty nursing. This is a new and growing medical specialty with a promising future. There is much for the dialysis nurse to learn, about nephrology and kidney disease, about the theories and techniques of dialysis, and about organ transplantation. There are opportunities for research, involving both the testing of equipment and techniques and statistical analyses of results and progress in each Unit. Organizations such as CanSECT and AmSECT offer dialysis personnel a forum for exchange of information, social and professional contact with others in their field, and opportunities for learning and professional growth. We have our newsletters and Journal which provide news and papers on developments in dialysis.

From an emotional point of view, there is what one nurse called "a feeling of satisfaction when you think that you



have helped keep this patient alive another day and have kept a family together." A statistical review of our experience over five and one half years showed that combined dialysis and transplantation had saved a total of 63 years of patient life. (12) Another of our nurses expressed it this way: "Generally I did honestly feel that I was doing something, most of the time, for the patients on the chronic dialysis program, bless their courageous hearts!" Then she referred to one of our former patients, a prominent local doctor who went through crisis after crisis, including a transplant rejection, until he finally received a second and successful transplant three years ago. "And when you see someone like Dr. M. as he is today, after all the problems and the fight he had to put up just to stay alive, it certainly makes the whole business well worthwhile, yes? YES!"

SUMMARY

In summary, dialysis nursing is a full-time, challenging, sometimes frustrating and sometimes rewarding field of work. Several nurses replied to questionnaires concerning their thoughts about, and reactions to, chronic hemodialysis. It was gratifying to encounter their real optimism after a long and difficult winter, during which Ottawa was buried in snow, and several of our patients died, most quite unexpectedly.

Many of the nurses seemed to take their concerns home with them, consciously or subconsciously, and often these concerns were reflected in strange or frightening dreams.

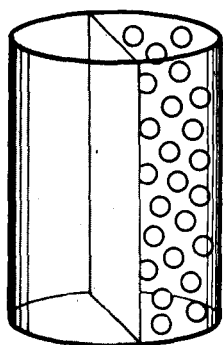
Perhaps the extent of this involvement became obvious as I was writing this paper in the late spring: I began to dream I was dreaming about work! A paper published recently in the American Journal of Nursing described several dreams experienced by hemodialysis staff and patients. In her summary, the author said, "Perhaps the frequent and repeated exposure to a life and death procedure and the close interaction of a relatively small number of persons give cause for a high level of anxiety The after effect of the dreams varies from a great feeling of relief that it was only a dream, to a small gnawing fear that in some way some part of the dream just might come true." (13)

One of our nurses has summed up our attitudes nicely in the closing paragraph of her questionnaire:

"I enjoy working in hemodialysis. The atmosphere is pleasant and relaxed, the hours are great, and the personnel are congenial and interesting. The work has challenge. It certainly gives me a feeling of accomplishment knowing I have been of help to these people in gaining an extra chance of living a fairly normal and productive life. When I see (some of our patients, such as the above mentioned doctor) walking around so healthy and happy to be alive, I am filled with a great sense of accomplishment and fulfillment and satisfaction in my work, and I thank God for the opportunity and privilege of working with other nurses and doctors to accomplish this end."

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DIALYSIS

DIALYSIS TRAINING INSTRUCTOR TRAINING PROGRAM

The University of Utah, Division of Artificial Organs, Institute for Biomedical Engineering (Director, W. J. Kolff, M.D., Ph.D.) announces a one year training program for "Dialysis Training Instructors".

The objective is to prepare paramedical personnel to actively participate in the teaching of patients for home hemodialysis. It is sponsored by the Division of Allied Health Manpower, D.H.E.W. No tuition will be charged. There is no stipend or per diem.

Minimum requirements are; graduation from high school, with courses in chemistry, physics, and biology. Additional education, or experience in hospital or laboratory work will be considered strong assets. A prime consideration will be evidence of maturity and stability.

Upon completion of the course, personnel should have an adequate background knowledge of normal and abnormal renal physiology, fluid and electrolyte balance, dialysis theory and application, and problems peculiar to maintenance dialysis patients. They will be thoroughly familiar with various types of dialysis equipment, its operation and maintenance.

It is anticipated that these individuals will be capable of acting as instructors for patients in home dialysis training programs, working closely with the supervisory nurses and physicians.

Upon satisfactory completion of the training course, appropriate certification will be issued. First enrollment date: September 1, 1971.

For information, contact:

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