

CARERS' EXPERIENCE OF THE RENAL MULTI-DISCIPLINARY TEAM IN RELATION TO CARING FOR SOMEONE WITH END-STAGE RENAL FAILURE AND WHO IS HAEMODIALYSIS DEPENDENT

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PROBLEM: The experiences of carers when caring for someone who is haemodialysis dependent has not been well researched. Although concepts of caring such as burden and adaptation have been researched, the meaning of caring for carers is less understood. Further, there is no research which specifically explores carers' experience of contact with the renal multi-disciplinary team.

PURPOSE: The aim of this study is to understand carers' experiences of the renal multi-disciplinary team in relation to caring for someone who is haemodialysis dependent. By better understanding carers' personal experiences and experience of contact with the renal multi-disciplinary team, effective assessment and intervention based upon a biopsychosocial model can be developed.

DESIGN: An interpretative phenomenological approach was used to describe carers' personal experiences of caring for someone that is haemodialysis dependent and subsequent interactions with the renal multi-disciplinary team. Twenty one carers participated in this study. Data was collected through individual semi-structured interviews and analysed by the method of content analysis. The study was undertaken in one renal unit in Scotland.

FINDINGS: Five themes were identified with regards to carers' personal experiences. These were multiple loss and burden, resilience and adaptation, living with uncertainty, caring as worrying and working in partnership. Five themes were identified with regards to carers' experiences of contact with the renal multi-disciplinary team. These were quality of relationship, communication, accessing information, roles and responsibilities and early intervention. An overall theme was one of carer isolation.

CONCLUSION: The needs of haemodialysis carers need to be addressed at a political, national and local level. Whilst policies with regards to carers continue to be developed, the impact of caring, particularly under the age of sixty five years, results in major disadvantage. Further, carers' personal experiences need to be further listened to alongside developing assessment and intervention based upon a biopsychosocial model. Finally, this study identifies changes in practice which the renal multi-disciplinary team could adopt immediately to improve carers quality of living. However, this needs to be undertaken alongside ongoing evaluation to assess effectiveness of intervention.

RELEVANCE: Although this study needs to be replicated in other renal units, this study has relevance to all members of the renal multi-disciplinary team in terms of how we communicate, support and involve carers who are caring for a haemodialysis patient. If we do not support carers effectively then ultimately, the care and support of haemodialysis patients will be affected. The renal unit in which this study was undertaken will be developing an action plan in response to the findings of this study. A formal evaluation of interventions taken will be completed at a later date. The action plan will be integrated into the conference presentation if this abstract is successful.