Patient satisfaction of different aspects of long-term haemodialysis care: a multinational cross-sectional survey of patients

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Background

Patients with end-stage kidney disease (ESKD) experience high rates of mortality, approaching 15-20% each year and have profoundly impaired quality of life. Better knowledge of how patients experience different facets of long-term dialysis could inform the design of targeted strategies to improve dialysis patients' experience of illness and their quality of life.

Objective

This study aims to assess patients' satisfaction with individual aspects of long-term hemodialysis care.

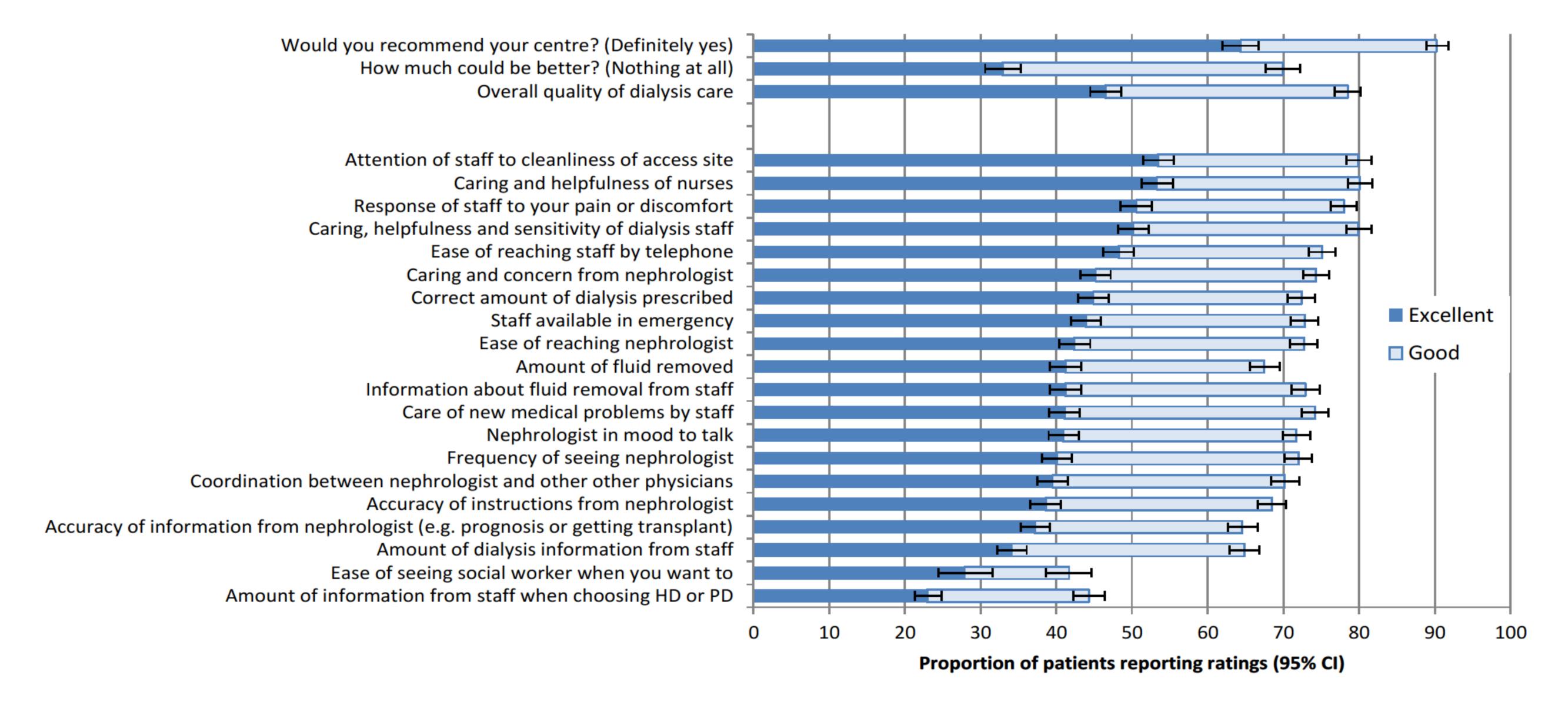
Methods

This is a multinational cross-sectional survey using the 23-item Choices for Healthy
Outcomes in Caring for End-Stage Renal
Disease (CHOICE) questionnaire in 2145 long-term outpatient clinic-based haemodialysis patients in clinics in Europe (Hungary, Italy, Poland, and Portugal) and South America (Argentina). Patients' ratings of satisfaction with overall care and specific aspects of dialysis care were evaluated.

Results

Questionnaire response rates differed by country; patients in Portugal were most likely to respond to the survey (97.4%), with decreasing response rates in Argentina (81.9%), Hungary (81.4%), Poland (74.4%), and Italy (73.6%). Fewer than half (46.5%) of haemodialysis patients rated their overall dialysis care as excellent. Within countries, global perceptions of care were uninfluenced by most patient characteristics except age and depressive symptoms; older patients were less critical of their care and those with depressive symptoms were less satisfied. Aspects of care patients most frequently ranked as excellent were attention of staff to cleanliness of the dialysis vascular access site (54%), caring of nurses (53%), responsiveness of staff to their pain or discomfort (51%), caring, helpfulness and sensitivity of dialysis staff (50%), and ease of reaching dialysis staff by telephone (48%). The aspects of care least frequently ranked as excellent were information provided when patients chose a dialysis modality (23%), ease of seeing a social worker (28%), information provided about dialysis (34%), accuracy of information from nephrologist (for example, about prognosis or likelihood of a kidney transplant) (37%), and accuracy of nephrologist's instructions (39%).

Figure 1 | Probabilities of excellent or good ratings of overall care by dialysis patients



Conclusion

Patients are least satisfied with the amount and reliability of information they receive during care for end-stage kidney disease. Meeting patients' expectations for information including prognosis, the likelihood of kidney transplantation and patients' options when choosing dialysis treatment, are likely to improve patient satisfaction of dialysis care.

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