

USING A THEORY-GUIDED CASE STUDY APPROACH TO DEVELOP  
A NURSING INTERVENTION AND IDENTIFY SENSITIVE OUTCOME  
MEASURES IN A HEMODIALYSIS POPULATION

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**Purpose:** To identify approaches for promoting health and measuring health outcomes in hemodialysis patients who are often judged as non-compliant when they don't follow prescribed protocols. A shift in judgment by nurses caring for these patients may affect willingness to follow protocols.

**Method:** A theory guided case-study approach using Chase's Patient-Nurse Practitioner, Relationship-Centered Care Model directed this evaluation of "non-compliant" hemodialysis patients. The model identifies patient, nurse practitioner, and contextual factors which influence patient-nurse interaction and nurse clinical judgment. The case study approach has been suggested as a useful resource when seeking direction for research. Case study analysis was used with six "non-compliant" patients to identify: 1) critical factors influencing patient-nurse interaction in non-compliant hemodialysis patients, and 2) outcome measures which may be sensitive to a patient-nurse interaction intervention.

**Findings:** Nurse-factors which influenced interaction included knowledge, skill and attitude. Experience-based knowledge of disease trajectory, human and family development, and effects of the stressful hemodialysis environment were critical nurse-knowledge factors. Ability to engage in meaningful dialogue with the patient was the major nurse-skill factor. Openness to the patient's uniqueness and expression of distress were most important nurse-attitude factors. Patient-factors which influenced interaction included unique treatment experience, attempts to manage treatment, personal history, including current lifestyle and support resources. Finally, the essential contextual factors influencing interaction included the amount of time for interaction and the limited privacy in the hemodialysis environment. A move to "compliance" was accompanied by improved lab values, fluid volume control and a sense of empowerment.

**Discussion:** This preliminary evaluation suggests that the nurse conducting an interaction intervention have specific experience-based knowledge, an open attitude and ability to engage in meaningful dialogue. Potentially sensitive outcomes include lab values, such as calcium and phosphorus; fluid volume control, limited to 2 to 4 kilograms; and, measures of empowerment. Intervention and outcomes will be discussed in relation to the Chase Patient-Nurse Practitioner, Relationship-Centered Care Model.