

# Barriers to (more) PD in Germany – the providers’ perspective

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## Background

In our 3-year-project “MAU-PD” a multidimensional approach is used to identify reasons for the low PD-rate (2017: < 7%) in Germany [1]. As an important project component, qualitative research with patients and providers allows for a deeper understanding of involved actors’ attitudes and needs. Interviews and focus groups were used to explore the field and to generate hypotheses for following surveys [2]. One of the project’s key questions was central to the focus group discussions with providers: Which factors in everyday practice inhibit or support the decision to implement PD?

## Methods

On the providers’ side, 4 focus groups were conducted with resident nephrologists (n=14, mean age 51.5) and dialysis nurses (n=12, mean age 55). Nephrologists had been recruited during conferences, nurses by phone. Focus groups audios were transcribed and analysed. Structured content analysis followed established standards for qualitative content analysis [3], was supported by MAXQDA 12 software and as a result, core issues could be identified.

### Sample characteristics

	Nephrologists	Dialysis nurses
Recruitment	Nationwide, Annual Congress	Regional, by phone
Place	Congress	IMVR Institute
Participants	n = 14 (6+8)	n = 12 (6+6)
Age (MED)	FG1: 46 years FG2: 57 years	FG1: 59 years FG2: 51 years
Duration	FG1: 1h 44min FG2: 1h 19min	FG1: 2h 08min FG2: 1h 42min

## Results (Dialysis nurses)

Caregivers stated, the local PD rate primarily depends on nephrologists’ attitudes towards PD and thus the centre’s dialysis policy. PD nursing staff appreciate their work, especially the closer relationship with PD patients, although it is described as more demanding. In everyday practice, PD often has to be managed alongside HD due to the absence of a separate PD nurse. Often, conflicts exist between HD and PD staff, due to a lack of knowledge about PD care needs.

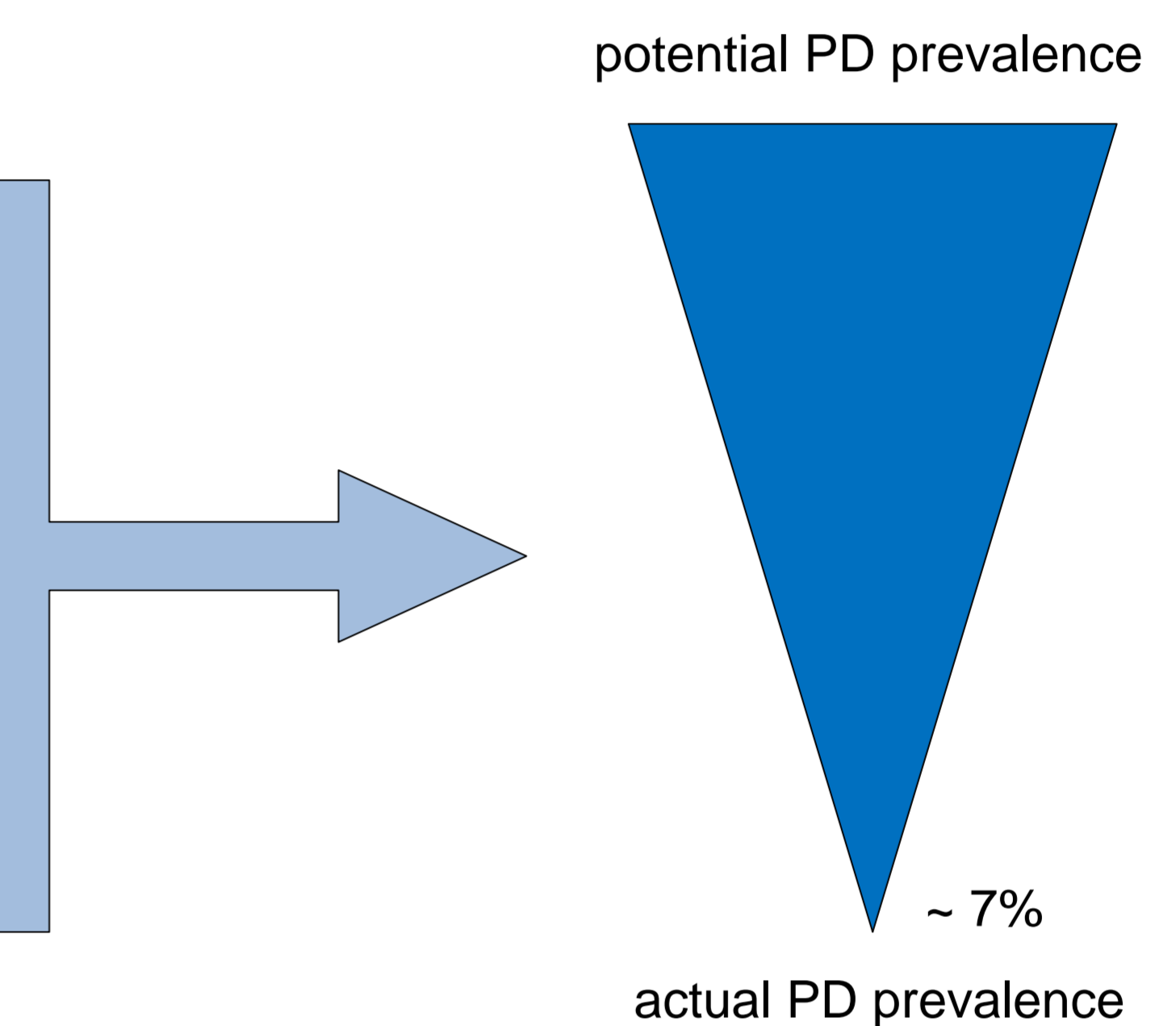
### Caregivers’ views on PD (core issues)

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dependence on doctors’ attitudes towards PD	doctors’ steering role
demanding + time-consuming	closer relationship, fulfilling job
conflicts between HD and PD staff and their needs	separate PD nurse

## Results (Nephrologists)

Nephrologists claim a lack of content on PD during their specialists’ education. Although attitudes towards PD have changed and younger doctors in particular are more interested in PD, training opportunities are still rare in everyday practice. Initial costs for establishing a PD programme in the dialysis centre also have a discouraging effect. As a consequence, knowledge of PD remains on a low level.

- lack of PD contents during specialists’ education
- no “PD-colleagues” in hospital and later in centre
- “two worlds” (HD/PD) within nephrologists’ profession
- concerns about initial costs
- missing monetary incentives for PD
- low self-motivation



## Conclusions

All providers, regardless of their attitudes towards PD, agreed that more patients are suitable for PD as first choice modality. However, massive barriers to more PD can be identified in personal education and attitudes as well as in structural obstacles. One aim on the providers’ side should be to establish a positive “PD culture” in dialysis centres. For this objective, efforts on many levels are needed.

## References

1. Potthoff F et al., Jahresbericht 2017 zur Qualität in der Dialyse [German annual report 2017 on quality in dialysis], 2018.
2. Scholten N et al., Multidimensional analysis of factors responsible for the low prevalence of ambulatory peritoneal dialysis in Germany (MAU-PD): a cross-sectional Mixed-Methods Study Protocol, BMJ Open 2019 Apr 20;9(4)
3. Kuckartz U, Qualitative Text analysis: methods, practice, computer assistance, London 2014.

## Contact

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