

Using images to communicate the hidden struggles of life on dialysis

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Abstract

Background: Nurse–patient communication in the hemodialysis context is unique given the amount of time spent together in a confined clinical room. Poor communication may lead to low-quality nursing care and undesirable patient outcomes.

Aim: To explore the use of images as a visual communication technique for nurses and patients in the hemodialysis context.

Methods: Descriptive qualitative design. Fifty-two cards containing specific photos, illustrations, and words were used to facilitate conversations about being on hemodialysis between patients ($n = 9$) and two nurse interviewers. Interview transcripts were thematically analysed.

Findings: An overall theme titled ‘*revealing the hidden struggles of living on dialysis*’ conceptually captured three sub-themes: (1) the increased importance of relationships; (2) the struggle with money; and (3) quality over quantity of life. The cards assisted in uncovering these often covert (to nurses) aspects of dialysis patients’ lives.

Conclusion: Nurses may need to be aware of the dialysis patients’ hidden struggles which include the importance of relationships, financial issues, and the importance of quality aspects such as travel. The use of images may assist in revealing the important issues for each patient struggling with the restrictive life that is imposed by dialysis.

Keywords: Communication, Dialysis, Metaphor, Nursing, Qualitative Research

Background

Effective communication between healthcare professionals and patients is vital for the optimal care

of people with long-term chronic health conditions. Nurses have a significant role in the provision of healthcare and thus, quality nurse–patient communication is critically important to patient satisfaction and outcomes.¹ However, the impact of effective nurse–patient communication on patient outcomes has not been fully explored and established.^{2,3}

Patients value nurses’ communication skills⁴ and believe communication skills are as important as technical skills.² Effective communication involves nurses using affective styles (i.e. asking and being sensitive to feelings), responding and providing appropriate information, and trying to understand the patient’s position.⁵ This patient-centred approach requires the health provider to understand the preferred communication style of the patient.^{5,6} This is important in the contemporary healthcare environment where patients have greater access to health-related information through access to the internet and expect to be involved in the decision-making process.⁷ In particular, many people with long-term chronic health conditions develop a high level of understanding of their healthcare needs and consequently demand a greater role in the healthcare decision-making process⁸ and expect nurses to respect this role.

Nurse–patient communication in the hemodialysis context is unique. People living with end-stage kidney disease (ESKD) who require hemodialysis may spend more than 15 hours per week with nurses over many years.⁹ The amount of time spent with each other can lead to enhanced relationships and even greater familiarity¹⁰; however, this time together can also lead to communication difficulties, stress, and even violence.^{11–14} Thus, the

ability to communicate in this context is critical to the provision of effective healthcare services for people receiving hemodialysis.

A major challenge for clinicians in the hemodialysis context is the development of strategies to involve people in their own care. Improved communication is one such strategy that can increase patients' involvement in decision-making about their care,¹⁵ improve their adherence to healthcare regimens,¹⁶⁻¹⁸ and maximize health outcomes.² For example, Lindberg *et al.*,¹ demonstrated that improved communication, setting goals, and self-monitoring, resulted in improved fluid adherence for hemodialysis patients. Conversely, non-adherent hemodialysis patients have identified a lack of trust associated with disrespectful communication by health professionals.⁴ Hemodialysis nurses require empathetic communication skills to deal with the unique conflicts and dynamics that arise for the person who receives hemodialysis,^{19,20} but may also require novel communication strategies.

Novel strategies to improve hemodialysis patient-nurse communication have included motivational interviewing,^{1,7} videotaped interviews,⁴ and visual communication techniques.²¹ Visual communication techniques include storytelling using personal artefacts and visual images and may result in increased hemodialysis clinician empathy when communicating with patients.²¹ Visual communication techniques, although not new,²² are synergistic with society's general move towards a more visual literate society.^{23,24} This area has had limited research in the hemodialysis context.

The aim of this pilot study was to explore the use of images as a visual communication technique for nurses and patients in the hemodialysis context for patients who have difficulty adhering to fluid restrictions. It employed a descriptive qualitative design using a set of 52 cards containing specific photos, illustrations, and words that encouraged patients to lead the conversation. The cards were originally developed for corporate team building purposes being produced in the form of a 'deck of cards' similar to those played in card games.²⁵ The study involved communication episodes using the images and words on the cards to generate open

communication between hemodialysis nurses and people receiving hemodialysis.

Methods

The participants were people receiving hemodialysis who were classified as non-adherent to fluid restrictions as defined by an interdialytic weight gain of greater than 3.5% dry body weight, averaged over 4 weeks.²⁶ Historically, these particular patients have been rightly or wrongly classified as non-adherent to treatment.²⁷ This non-adherence has been associated with poor patient/health professional communication.⁴ Thus, we chose to explore the use of cards with participants who may have found adherence to fluid regimens challenging, and been defined as requiring improved education and communication experiences.

Out of a pool of 166 hemodialysis patients from four separate hemodialysis centres, 33 patients were classified as non-adherent to fluids; nine patients from three separate centres agreed to participate after responding to an advertisement placed on the patient's notice board. Although not intentional, the recruitment process resulted in an all-male cohort. Participant numbers of nine was considered acceptable for this type of pilot study. Neergaard *et al.*²⁸ and Sandelowski²⁹ support the use of semi-structured interviews to facilitate greater depth of information about the experiences of the participants rather than researching larger numbers through survey methods.

Participant demographic data were recorded as well as their average interdialytic weight gains over a period of 4 weeks (Table 1). Participants were interviewed on one occasion. Two nurses, who were experienced hemodialysis nurses but not directly involved in caring for participants, were trained in the use of the communication cards and interview skills. One nurse interviewed five patients and one nurse interviewed four patients.

Visual image communication

Step 1

The interviews consisted of one, 60-minute semi-structured interview, performed during the first two hours of a hemodialysis treatment. The

Table 1: Patient participant demographic details.

Variable		N	%	Variable	Min	Max
Gender	Male	9	100	Age (years)	29	67
	Female	0	0	Weight (kg)	60.5	161
Marital status	Married	6	66.7	Dialysis hours (per week)	13.5	15
	Unmarried	3	33.3			

interviewer used visual communication cards as a tool to engage with patients and to open up the conversation. Interview questions were: What three cards best represent how you feel about being on dialysis? What three cards best represent how you feel about the prescribed dialysis fluid restriction? What three cards represent how you might celebrate success in your life? They were able to select less than three cards if only one or two cards resonated strongly with them for a particular question. Once cards were selected, the patient was then asked to explain the reasons for their card selections. The nurse interviewers were trained to use silence and prompting phrases such as 'can you tell me more about that?' and 'what do you mean by that?' to encourage patient participant responses. The interviews were audio-taped and transcribed verbatim.

Step 2

Following the patient interviews the nurses were interviewed by the chief investigator, to gauge feedback on their experience as an interviewer. This consisted of a 2-hour group interview (Table 2) that was audio-taped and transcribed. This group interview commenced with broad questions such as 'What did the cards do?' and 'What role did the interviewer take?' This was followed by more focussed questions such as 'What did you find out about the participants that you didn't know about before?' and 'Did you think you became more used to the cards and used them better as you had more experience with them?'

Ethics

Ethics approval was received from the health service's Human Research Ethics Committee

Table 2: Interview questions for nurse participants.

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1. What did the cards do?
 2. What were the physical aspects of the cards that may have enhanced or prevented their application?
 3. Do you have any comments on the content of the interviews?
 4. What role did the interviewer take?
 5. What did you find out about the participants that you didn't know about before?
 6. Are there any comments about the use of the cards with those with English as a second language?
 7. Did you think you became more used to the cards and used them better as you had more experience with them?
 8. The themes that were generated from the cards were quality not quantity of life, relationships, money and holidays. Can you comment on these themes?
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(#11224B) and fully informed consent was received from patient and nurse participants. Pseudonyms have been used to de-identify participants.

Data analysis

There were three sources of data in this study: (1) the actual cards chosen by the patient participants, (2) the transcript of the interview conducted with each patient regarding their card selections, and (3) the transcript of the interview with the nurse interviewers. Braun and Clark's³⁰ thematic analysis method was initially performed by one experienced qualitative researcher. Thematic analysis involved the following phases: (1) familiarizing with the data; (2) generating of initial codes; (3) identifying themes; (4) reviewing themes; and (5) defining and naming the themes. During phases 3 and 4, other members of the research team contributed to the analysis. Auerbach and Silverstein's³¹ qualitative bottom-up coding method was used to analyse the relevant raw text to identify repeating ideas. These repeating ideas were a collection of references about a specific area of interest from the interviews. These initial codes were then categorized into themes that were relevant to the aim of this study.

Findings

Most patient participants were able to relate the card images to the three questions, although there were some participants who initially struggled with using the cards. One participant thought the cards were tarot cards and the interviewer was going to read his future. Another participant, who spoke and understood English well but was from a non-English speaking background, thought that the cards were being used because of his poor English. These participants' first impressions of the cards required a second explanation on the purpose of the cards with the nurse interviewers providing examples of the use of the cards from their own lives. Following these explanations the participants were able to use the cards to respond to the interviewers' questions.

The first question was quite broad in its focus and asked patients to select three cards that best represented how they felt on dialysis. All participants selected multiple cards, with 10 cards chosen by two different participants (Fig. 1) and 8 cards chosen by one participant. The second question was narrower in its focus and asked participants to choose cards that best represented how they felt about their fluid restriction. Several patients selected only one or two cards in response to this question. There was only one card that was chosen by two

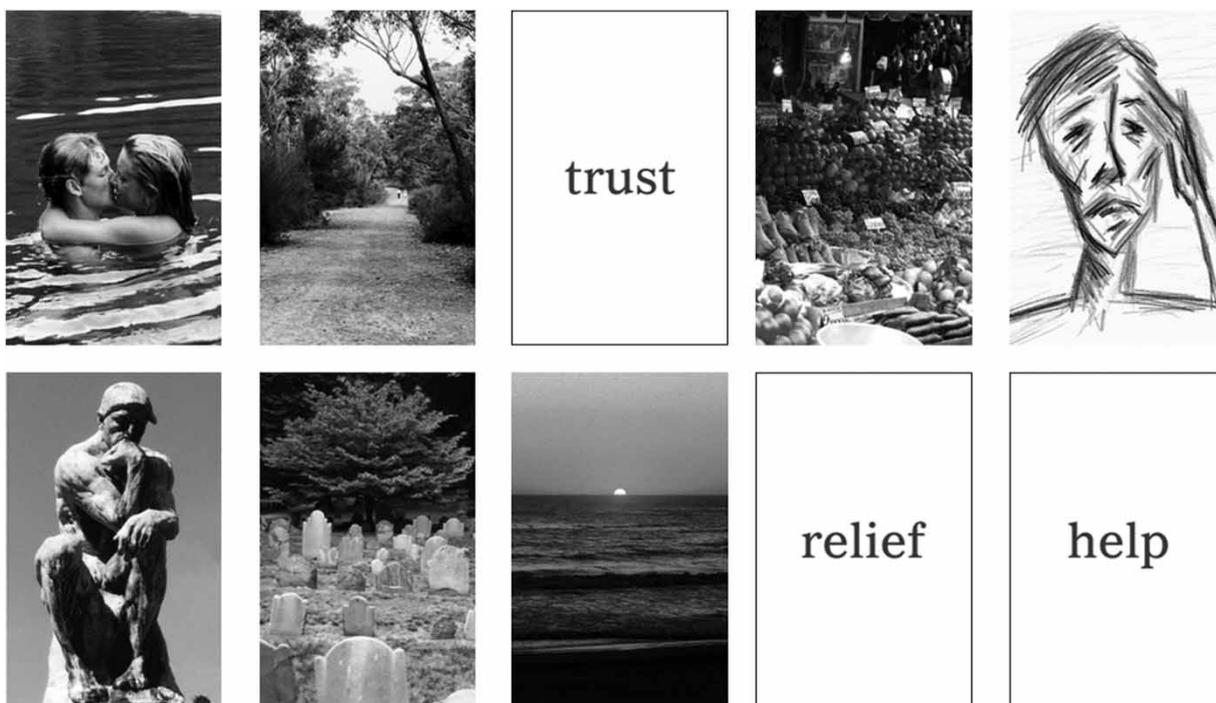


Figure 1: Cards that best represented how patient participants felt on dialysis^a. Lovers^b; Bushtrack; Trust; Fruit; Stress; Thinker; Graves; Sunrise/sunset; Relief; Help. ^aNote that card titles are nominal identifiers only and are not meant to imply meaning. ^bThis card was also selected by two patient participants in response to Question 2 – What three cards best represent how you feel about the prescribed dialysis fluid restriction?

people (refer to Fig. 1) and 10 cards were chosen by one person. Similarly, the third question was quite narrow in its focus and asked participants to choose cards that best represented how they might celebrate success. There were three cards that were chosen by two people (Fig. 2) and seven cards chosen by one person. Of the 52 individual cards, 26 cards were selected by patient participants in this study, including 13 cards that were chosen in response to two different questions and 13 cards that were only selected in response to one question. A summary of the cards chosen is shown in Table 3.

Themes were generated from the initial patient participant interview transcripts. One overarching theme emerged during the analysis which

encapsulates the three sub-themes; this theme was labelled as ‘revealing the hidden struggles of living on dialysis’.

Revealing the hidden struggles of living on dialysis

Conceptually, this theme describes aspects of the patients’ lives that they had not commonly discussed with nurses. The cards may have brought to more conscious level aspects that they had been previously unable to articulate. The theme title included the words revealing and hidden because these words reflected how the cards assisted in uncovering these aspects of their lives that were otherwise covert to nurses.

The increased importance of relationships

The first sub-theme, the increased importance of relationships, developed through the participants’ initiating discussion of how dialysis affected their relationships with significant people in their lives and how important these relationships were to each of them. Significant people consisted of family, friends, and dialysis staff. The combination of the cards and the targeted questions stimulated sensitive, passionate, and personal responses about relationships. Although polite relationship talk is common in day-to-day dialysis conversation, the realities of the effects on loved ones is rarely revealed.



Figure 2: Cards that best represent how patient participants might celebrate success^a. Fruit; Dollar sign; Globe. ^aNote that card titles are nominal identifiers only and are not meant to imply meaning.

Table 3: Number of participants that selected each card in response to the three questions.

Card title	What three cards best represent how you:		
	Feel on dialysis?	Feel about the prescribed dialysis fluid regimen?	Might celebrate success in your life?
Lovers	2	2	
Fruit	2		2
Sunrise/ sunset	2		1
Relief	2	1	
Help	2		
Bush-track	2		1
Trust	2		
Stress	2		
Thinker	2	1	
Graves	2	1	
Black	1		
Marbles	1		
Construction	1		1
Baby	1		
Cafe	1	1	
Cross	1	1	
Dollar sign	1		2
Church	1		1
Sportsground		1	1
Target		1	
Fantasy		1	
Reader		1	
Traffic		1	
Globe			2
Pond			1
Oriental statues			1

Jack exemplified the importance of family relationships by stating:

I see my grandchildren in this card and that gives me the reason for dialysing. People say if I keep coming in at 4 over [4 kg] I'm going to have a heart attack.

Jack used the baby card (#7) to reveal the importance the relationships with his grandchildren and further discussed the importance of his relationship with his wife and children. Even though he was talking about his important relationships he chose the baby card to represent his reasons for being on dialysis. He also linked the fluid regimen by acknowledging that he had been told if he does not adhere to the dialysis fluid restriction and drank over 4 l in between dialysis he was likely to have a heart attack and would not be able to see his grandchildren grow up. This was Jack's struggle

with living on dialysis. Similarly, Trent, who has a 1-year-old son, stated that:

It makes me sad because I may not be alive and see my son grow up. The graveyard card made me think of my mortality and I'm not the healthiest person and probably won't live as long as everybody else.

A dialysis-related challenge for Trent was to be alive for his son and wife. He chose the graves card (#11) and related the cemetery with a place he wanted to avoid in order to continue living his life with his family. Both Jack and Trent used different cards to express very similar reasons for being on dialysis. They revealed that dialysis meant staying alive for their families.

Relationships important to the participants were not limited to traditional family and loved ones. Peter chose to include both family and dialysis staff in one. He spoke of his wife at home and that 'the nurses are my dialysis wives'. Peter related the relief card (#15) to these relationships: the dialysis staff gave him relief and made him feel better, while his wife was very supportive and he experienced relief when she cared for him. The card assisted in Peter using the dialysis wives metaphor to reveal the relief the dialysis provided in their care for him, not dissimilar to his wife.

Jeff used the lover's card (#3), to reveal the struggle that dialysis places on him and his wife

It's hard because I can't work and I've been in a lot of hospitals and ... [my wife] is very highly strung and because of that she hasn't a lot of experience and gets very tired and because I'm so slow with everything so I take a back step because people in dialysis can only do so much. She doesn't really understand that.

Jeff revealed his struggles in his current marriage and expressed the hidden social effect of the dialysis treatment. Similarly Michael chose the fruit card (#8) to signify the relationships and what was happy in his life. Just by using the cards and with no prompting, Michael talked openly about his past marriages, past girlfriends, and current female friend.

Bart chose the stress card (#9) which depicted a sketch of a sad looking man with his hand to his face and revealed his fear of loneliness. Bart expressed the importance he placed on relationships stating he did not want to live his life alone. He described the person depicted on the card as someone who is lonely and wanted attention. He contrasted this lonely man with him and his social situation and revealed that dialysis has a significant

effect on the most important aspect of his life, his group of friends.

The struggle with money

A second sub-theme of revealing the hidden struggles on dialysis was the willingness to discuss financial struggles. Participants initiated conversations around dialysis affecting their income capacity. The dollar sign card (#17) was the first card Ron chose when asked how he felt about dialysis. Ron kept revealing his frustration that he does not have enough money to do what he wants and he blames the restrictive life on dialysis for this.

I want to earn more money and change my situation, but I can't because of dialysis. It's all about money. We need money to live, we need money to celebrate.

Similarly, Jeff was frustrated about dialysis limiting his career and income concluding that:

I do a lot of waiting and wasting time because I have lost my career and my money potential. My wife is my income.

Jeff's frustrations were stimulated through choosing the marbles card (#2) which pictures rocks known as the Devil's Marbles. Jeff used the rocks as a metaphor for *getting over the many hurdles* that dialysis throws up. He chose this image to represent the hurdle of increased financial commitments and reduced income, all affected by dialysis.

Trent chose the stress card (#9) which he related to the stress and sadness that he felt by not being able to earn money and provide for his family. He stated:

It's a bit of a struggle financially because my girlfriend is not working and I am only working three days per week which restricts my work.

Trent was only able to work 3 days per week even though he was 29 years old and clearly wanted to work more days in his family business. In addition, he did not feel well on the days between dialysis which caused him to have a limited capacity to generate an income. Conversely, Peter commented on how dialysis actually saved him money. Peter was a retired male who stated that:

I save a few dollars when I am on my fluid restrictions.

Peter used the dollar sign card (#17) to demonstrate how the fluid restrictions on dialysis contributed to

him not going out socially and consuming fluids. He concluded that this saved him money. For all of these examples it is important to note that the patient initiated the money conversation, not the interviewers.

Quality not quantity of life

This theme related to the patient participants' reflections on how they wanted to live their lives to the fullest; quality of life for these participants was more important than length of life. When asked to choose a card about life on dialysis, Bart chose the cafe (#12) image. He went on to state that:

After about six or seven hours after dialysis I have a drink because I have to take a tablet or something and once I do that its about 2 hours and I have a drink and then the times between drinks gets less and less and less. Sure I then go over 2 litres. My mind and my body are like telling me, one says I don't drink but the other saying I have to drink. I look at 2 litres and then I look at and I say to myself that should last till tomorrow morning. And when I drink, I just don't like myself. When I have the water in my mouth then I don't want to swallow. You know when you are making love and you want to stop half way, how many people can control that. So when I have that water in my mouth it's like something is holding my hand, maybe god, and then I give up and I say, oh well I'll have it all. Half an hour I regret it but it happens again and again, and I struggle with that, and it becomes like a struggle between life and death. Do I want to live or drink? Sometimes I lose the battle and sometimes I do well. If I am going to live thirsty, I don't want to live.

Bart used the image of the outdoor cafe, relating it to fluid and how he enjoyed drinking tea and coffee. This was in the context of enjoying life through socializing and how the dialysis fluid restriction regimen affected his social life. He explained his desire to drink consumed him to the point where he felt addicted to fluid. He went on to compare the fluid restriction with making love. The lovers card (#3) was the catalyst for his comment. Bart's reference to stopping halfway through making love was his way of explaining how hard it is to stop drinking even when he knows it goes against his fluid restriction regimen.

Participants were open about stating that they did not adhere to restrictions required by the hemodialysis regimen. Michael chose the fruit card (#8) which led to him to describe the challenge he had with the dialysis food and fluid restrictions.

So I say I eat anything I like, but I am not eating to be heavy, I eat to make me happy. I know if I eat too much I kill myself. They say don't eat grapes and I eat grapes. I like ice cream and yoghurt. I mix yoghurt and water and garlic and salt and that is beautiful.

Using images of the fruit Michael described his attitude towards eating and drinking, and that his goal was to be happy in life, even if it killed him.

Gary used the relief card (#15) to describe the tension he felt between these restrictions and quality of life. He stated:

I like to drink lots of water, even before I started dialysis. I try my best, but at the end of the day I'll be dead anyway. Like today, I have two half cups of coffee and water for my pills.

Gary could justify his goal of trying to enjoy life no matter what the consequences were. When he had something to drink it physically relieved him but he knew that too much fluid would contribute to his fluid overload. He found pleasure in drinking, reflecting on how his quality of life was more important than living a long life.

The restrictions of dialysis were not only related to food and fluid. Restrictions of dialysis were also related to the limited potential for travel and holidays which typified the participants struggle for quality of life. Trent typified the holiday restriction theme by stating that:

We can't go anywhere at the moment because every second day I am here (on dialysis), and we've been going out for 5 years this July and we've never been on a proper holiday, I just really want to see more of Australia.

Stimulated by the stress card (#9), Trent described the stress he currently felt as a result of not being able to provide and enjoy a holiday with his family. Similarly two other participants freely discussed the frustration of not being able to go on a holiday. Simon used the globe card (#19) to describe how he used to like travelling before he went on dialysis and how he would like to travel again if he was able to receive a successful kidney transplant. When asked about celebrating a successful event in his life he stated that he would like to:

Try and travel a bit more.

Richard used the dollar sign (#17) card when asked how he felt about dialysis. He related his lack of income with his inability to travel because of the cost of dialysis overseas. Richard kept returning to the holiday theme and chose the oriental statues card (#48) when asked how he would celebrate success. He stated:

Thai statues represent holidays where I will go to statues and celebrate, coz I haven't really been able to go on holidays either overseas or interstate while I've been on dialysis. I went to Brisbane, Adelaide, Perth, Queensland before dialysis and would like to visit them again. Especially with my family.

Richard reflected on his pre-dialysis travel around Australia and overseas and was adamant he wanted to go on a holiday again. He used several different cards to express his hope for future holidays, reflecting a commonly expressed impact of dialysis on everyday life.

Nurse participant perceptions

Following the patient interviews the two nurses who conducted the interviews were asked to participate in an interview together to capture their experience with using the cards. Specific questions were generated for the group interview (Table 3). The nurses reported gaining a better understanding of the challenges faced by people on dialysis. They expressed their surprise about how open and honest the patient participants were in discussing their personal relationships and their financial struggles; commenting that the cards stimulated ...more personal (non-dialysis) information. This contributed to their conclusion that the cards increased their own empathy towards the patient participants and that:

... we can understand better and sort of try and make dialysis fit in with their lives as much as possible.

The nurse participants felt that the cards did make a difference in the responses that the patient participants provided. They stated that the cards brought out goals that the patients may not have previously identified if they had just been asked what are your goals and how would you celebrate successfully meeting these goals.

The card-based interviews provided the nurse interviewers with an opportunity to self-reflect and walk in the patient's shoes. They were both experienced dialysis nurses who were unable to recall

conversations with patients that they had which were similar to the card-generated conversations. One nurse commented:

I felt very humbled by these people.

This comment reflected the perception that the patients actually have a life outside of the dialysis unit even though the dialysis nurses do not see this life. Thus the patient is seen only in the dialysis context and not in their own social context. By listening to the card-generated stories the nurse interviewers were humbled by how much the patients could do despite the restrictions of dialysis.

Discussion

Communicating in interviews with people on dialysis

Establishing a personal dialogue is important so that health professionals can effectively understand and support patients.³² Effective communication in the development of a working patient–nurse partnership is crucial. Improvement in nurses' communication, aiming at adapting it to the characteristics, limitations and specific needs of the situation is significant to this process.¹⁷ Supporting those patients who are struggling with various areas of their life will only be possible if the health professionals are able to uncover the real struggles that a person on dialysis is facing.

Health professionals regard interviews with patients as the gold standard, through observation, listening, and conversing to provide true and honest information.³³ By using the set of image cards nurses found that patient participants were surprisingly open about discussing their personal relationships and financial struggles. It also assisted some patients who the nurses considered less articulate and more reserved to reveal their struggles by talking openly with staff. Using the card images in interviewing the patients, the nurses were surprised by what the patients were prepared to discuss. Although the increased importance of relationships,³⁴ the struggle with money¹⁷ and the importance of quality of life³⁵ have been identified previously in studies, the emphasis that these patients placed on these three aspects of life, in addition to the willingness to discuss these personal aspects was unexpected.

A study by Al Arabi,³⁵ which used semi-structured interviews to elicit patient perspectives on quality of life, revealed three overall themes: life restricted, staying alive and feeling good. Al Arabi identified the importance of relationships and the restrictive lifestyle. Similarly Martin-McDonald, using semi-structured interviews, identified the struggle with restrictions and the importance of

relationships among the six themes that related to life on dialysis.³⁶ Neither study elicited the financial struggles faced by dialysis patients as readily as the image-facilitated interviews in this study.

This study confirmed the effect of dialysis on income and the ability for men to cope financially is an aspect of dialysis treatment that is somewhat overlooked by health professionals.^{37,38} Sadala *et al.*,¹⁷ who interviewed nine men and five women who were all on home peritoneal dialysis, reported a male patient recounted his great financial difficulty because of the restrictions of dialysis. This may reflect the importance the western male places on being the provider of money, or the breadwinner, for himself and his family. Interestingly our study only interviewed males and the financial restrictions associated with dialysis were foremost in the participants' responses. The context of mainly female nurses' communication with male patients may also contribute to the males not wanting to discuss financial insecurity for the same reasons. In saying this, the images on the cards certainly stimulated responses from the male participants that highlighted the financial effects of dialysis as an important component of their quality of life.

Quality of life is severely influenced not by the financial restrictions, but by other restrictions associated with life on dialysis. These include restrictions to diet, fluid, medication, and the ability to travel. Adherence to these restrictions is a multifaceted and seemingly never-ending struggle for patients.⁷ The importance of quality over quantity of life has been identified in previous studies.^{39,40} In focussing on the beliefs of dialysis patients, Krespi *et al.*,⁴¹ described patients' strategies to improve quality of life by 'getting round' (p. 194) the restrictions placed on them. Conversely, Al Arabi³⁵ reported people on dialysis just wanted to stay alive and survive. Life quality was frequently related to being able to do normal family pursuits such as holidays and travel. Our study supported previous reports of the emphasis people on dialysis place on the restrictions of not being able to get away for a holiday.^{41,42}

Healthcare professional using images in interviews

The concept of using visual images to enhance patient education is not new. Images in a variety of forms have been increasingly used in healthcare communications, and can be powerful ways of communicating important messages. Images have been used for health education to explain disease processes, forthcoming operations, and health promotion (i.e. showing pictures of lung cancer caused by smoking).⁴³ Kakkilaya's study used structured interviews and visual aids (containing

graphics and short messages) in counselling and enhancing parents' knowledge about neonatal delivery and resuscitation. Findings indicated visual aids improved provider communication.⁴⁴

In saying this, relatively little is known about the use of visual images in communication,²⁴ especially in communication between dialysis nurses and patients. Sinclair and Parker²¹ conducted in-depth interviews where participants were asked to bring an artefact (i.e. a photograph, montage, or statue) to the interview which they thought would assist the researcher in understanding their experiences with dialysis. Participants were able to reflect on their experiences with managing interdialytic weight gain through a descriptive mechanism with the use of artefacts. Both Sinclair's study and our study used images to capture an essence of peoples' experience that was not easily expressed in words. Thus, the images assisted in cognitively stimulating the patients to respond to questions not normally requiring the use of images.

Although the spoken word can be interpreted in many different ways, images may stimulate a greater array of interpretations. Images consist of different colours, sizes, shapes, realism qualities, and dynamic qualities that can stimulate varying narrative responses.²⁴ Furthermore, they have different meanings to each different person which can remind someone of an experience or future goal that may not be stimulated by word alone.²¹ We concur with Sinclair and Parker by suggesting that the cards were a less threatening method for people to better describe the struggles encountered with living with dialysis. Furthermore, in this world of increasing bombardment of visual multimedia images, people may be more able to relate to visual images to get to the truth of a person's story.⁴⁵ The contribution of this pilot study has been to identify and confirm the potential of a set of visual image playing cards as an uncomplicated, user-friendly strategy which can be employed by health professionals to facilitate communication and uncover the experiences of people as their daily lives interact with their healthcare.

Are images therapeutic?

There are many questions that arise with the use of images in communication that require further exploration. The most important question to clinicians is 'will the use of images be helpful for a person?' What do nurses do with the information if they are not prepared for what they will hear and do not have the ability to respond therapeutically to the patient? Would nurses have the ability to help a person with their relationship, financial,

or travel issues? How would this personal information be documented? Or is the patients' 'talking' an end in itself? Is this helpful for them and is this therapeutic? Does simply knowing the patient better contribute to the nurse providing more holistic care? What are the barriers or facilitators that can lead to improved or poor communication? These are just some of the questions that require further investigation to determine whether images can be therapeutic for people with significant challenges in their lives. What this study has uncovered is the potential for images to change the flow and direction of the normal nurse-patient discussion opening up a different dialogue between patients and nurses.

Conclusion

This study aimed to use visual images as a communication technique and found that the images can be a catalyst for a different dialogue between patients and nurses which included discussions around topics that are often hidden (e.g. financial issues, quality of life, and personal relationships). The visual images enabled patients the freedom to discuss topics in a non-threatening and open environment, and seemed to assist patients to reveal their daily life struggles with the severe restrictions imposed upon them by having ESKD and receiving dialysis treatment. Strategic use of the cards by nephrology nurses may facilitate more insightful communication when working with patients and their families over many years. We recommend health professionals in other chronic disease contexts consider the use of images to improve communication with their long-term clients.

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