

Investigating barriers and facilitators to staff asking patients  
about their psychological well-being post-transplant in Leeds  
Teaching Hospitals NHS Trust (LTHT) Renal Transplant Team

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## 1. Introduction

Chronic kidney disease (CKD) is a condition which involves damage to the kidneys, resulting in decreased ability to filter waste from the blood (National Kidney Foundation, 2022). Research has shown patients undergoing a renal transplant are more likely to experience psychological distress, which can lead to higher rates of transplant rejection (De Pasquale et al., 2020). However, a recent survey by the UK kidney Patient Reported Experience Measure (PREM) found that a large proportion of renal patients were not being asked about their psychological well-being during the transplant process. Therefore, the Leeds Teaching Hospitals NHS Trust Renal Department commissioned this Service Evaluation Project (SEP) to investigate barriers and facilitators to staff asking patients about their psychological well-being post renal transplant. A link to an online survey was distributed to staff in the Renal Department. Literature on renal transplant is discussed, followed by methodology, results, discussion of findings, and recommendations for the service.

## 2. Literature review

Chronic kidney disease (CKD) is a progressive condition characterised by structural and functional changes to the kidney. It is estimated that approximately 10% of adults worldwide are affected by some form of CKD (Bikbov et al., 2020) and that roughly 3.5 million people in the United Kingdom (UK) are currently diagnosed (Kidney Care UK, 2022). There are several risk factors associated with CKD such as diabetes, high blood pressure, drug use, socioeconomic status, and being from a Black or Asian Ethnic Minority background (Kazancioğlu, 2013).

There are currently two life sustaining treatment options for patients which are dialysis (peritoneal dialysis and haemodialysis) and renal (kidney) transplant (National Kidney Foundation, 2022). The most common form of dialysis is haemodialysis which involves creating access to the blood supply and using this to allow blood to flow outside the patient's body through a filter which removes waste and extra fluid before it is returned to the body (Kidney Care UK, 2022). However, renal transplant is often the most effective treatment for patients with CKD and has significantly improved survival rates compared to dialysis treatments (Neale, 2015). For patients who experience Stage 5 CKD, transplantation is the only treatment option for survival and improving quality of life (Ay et al., 2015). Research has found that due to the demanding nature of the transplant, patients often experience a range of psychological, relational, and social challenges (Lonargáin et al.,

2017). Some of these can include, difficult or upsetting thoughts about the donor, struggling to adjust to new work/ life routines, feeling pressure to live life to the full and experiencing distressing emotions such as anxiety, depression, and anger (American Kidney Fund, 2022). Typically, renal transplantation focusses more on the anatomical and physiological aspects of the process rather than cognitive and emotional difficulties (De Pasquale et al., 2020). As the prevalence of major depression is 3–5 times higher in the advanced stages of CKD compared to the general population (Zalai et al., 2012), embedding a biopsychosocial model (Engel, 1977) of health would allow for all aspects of care to be considered in a holistic and patient-centred way (See Appendix A).

Research by Noohi et al. (2007) investigated whether anxiety and depression impacted patients' morbidity rates post renal transplant. The Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) was administered to 88 patients (Mean age = 42) who were placed into two out of four groups e.g., score <11 anxiety, score >11 anxiety, score <11 depression, score >11 depression. The study found that higher levels of anxiety and depression were associated with higher rates of morbidity among renal transplant patients. However, despite the researchers capturing lots of demographic data (gender, age, history of dialysis etc) no attempt was made to explore the relationship between these variables and depression and anxiety. Perhaps this may have provided additional information as to how much these factors are also correlated with lower or higher levels of depression and anxiety in renal transplant recipients.

Recent research by De Pasquale et al. (2020) conducted a systematic review (2006-2018) on the psychopathological and psychological aspect of renal transplant. They examined 62 studies and found that kidney transplant recipients were exposed to higher risks of developing a psychiatric disorder (anxiety and depression) with repercussions on quality of life, and higher rates of transplant rejection. The study also recommended that psychosocial assessments should be administered to all renal transplant patients and include in-depth knowledge of coping strategies as well as discussions around access to psychological therapy post-transplant.

However, despite this, recent data from the 2020 UK Kidney Patient Reported Experience Measure (PREM; Kidney Care UK, 2020) found that a large proportion of renal patients reported that they were not being asked about their psychological well-being during the transplant process. Patients also expressed concerns regarding their mental health and the impact of staff shortages. These findings are concerning given the evidence base around high levels of psychological distress, suicide rates, and graft failure post renal transplant (De

Pasquale et al., 2020; Noohi et al., 2007). Therefore, it is important that this is explored further to get a better understanding of any difficulties or support staff may need to enable them to engage in discussions with renal patients around their psychological well-being post-transplant.

## **2.1 Rationale and commissioning of the project**

The Service Evaluation Project (SEP) was commissioned by Dr Chloe Miller (Senior Clinical Psychologist), Dr Janette Moran (Consultant Clinical Psychologist), and Dr Sunil Daga (Consultant Nephrologist) in LTHT Renal Department. It is hoped that the findings of the project will be helpful in providing information regarding any barriers or facilitators staff may be experiencing which are impacting on their ability to engage in discussions about psychological well-being post-transplant in the Renal Transplant service. Furthermore, as a large proportion of the current literature focuses mostly on anxiety and depression (Corruble et al., 2011; Damery et al., 2019) the current study broke down psychological well-being into four areas e.g., Depression, Anxiety, Stress, and General well-being. This was to explore whether other elements of psychological well-being (stress and well-being) were being discussed and also to give staff the opportunity to provide feedback on different areas of psychological well-being they may find easier or more difficult to engage in with patients.

## **2.2 Aims of the project**

The SEP involved the distribution of an online survey to all professionals within LTHT Renal Department who have contact with patients post renal transplant. The project aims to:

- Investigate barriers and facilitators to staff asking patients about their psychological well-being (Anxiety, Depression, Stress, General Well-being) post renal transplant

## **3. Methodology**

### **3.1 Design**

A mixed methods design was used to identify barriers and facilitators to staff asking patients about their psychological well-being post renal transplant. A purely quantitative design was initially considered to allow the researcher to generate categorised baseline data around prevalence rates with regards to staff asking patients about their psychological well-

being e.g., anxiety, depression, stress, and general well-being. However, after discussion it was decided that by also incorporating qualitative data it would add breadth and depth to the research (Carayon et al., 2015) and help increase understanding from a staff perspective which may not have been captured using a purely quantitative design. The epistemological stance adopted within this SEP is pragmatism which acknowledges that phenomena exists and operates independently from researchers' own ideas, as well as acknowledging that researchers can only interpret this phenomenon through their own ideas and values (Kelly & Cordeiro, 2020). This epistemological stance operates as a middle ground between positivism and interpretivism (Wahyun, 2012).

### 3.2 Participants

An online survey was distributed via email from the LTHT Renal department Business Manager to all staff who regularly had contact with patients post renal transplant. Some of the distribution list included Transplant Coordinators, Transplant Nurse Specialists, Pharmacy Team, Registrars, Surgeons, and the Service Matron. The email was sent to 49 members of staff, 27 took part, resulting in a 55% response rate. This is an estimate as some staff members may have forwarded the email to their colleagues within the department.

### 3.3 Data collection

Data collection took place between June and September 2022. The online survey was developed in collaboration with the project commissioners and was cross checked for feedback by two service managers. The survey consisted of 20 questions which included a mixture of multiple-choice single answers, a dependency grid, and free text boxes.

In the multiple-choice single answers staff were asked to use a 5-point Likert scale to rate how 'Important' (Not at all important – Extremely important), 'Confident' (Not at all confident – Extremely confident), and 'How often' (Never – All of the time) they ask patients about their psychological well-being post renal transplant. For the dependency grid staff were asked to use a 10-point Likert scale (Unhelpful – Helpful) to rate six facilitators to determine how helpful or unhelpful they may be e.g., *'How much do you think the following might help?'* (See Figure 1). A dependency grid is a matrix (Powell, 2013) which was used in the study to help identify whether certain facilitators may be useful in supporting staff in the future when discussing psychological well-being with patients. The free text boxes incorporated looked at additional barriers e.g., *'Are there any other things which prevent you*

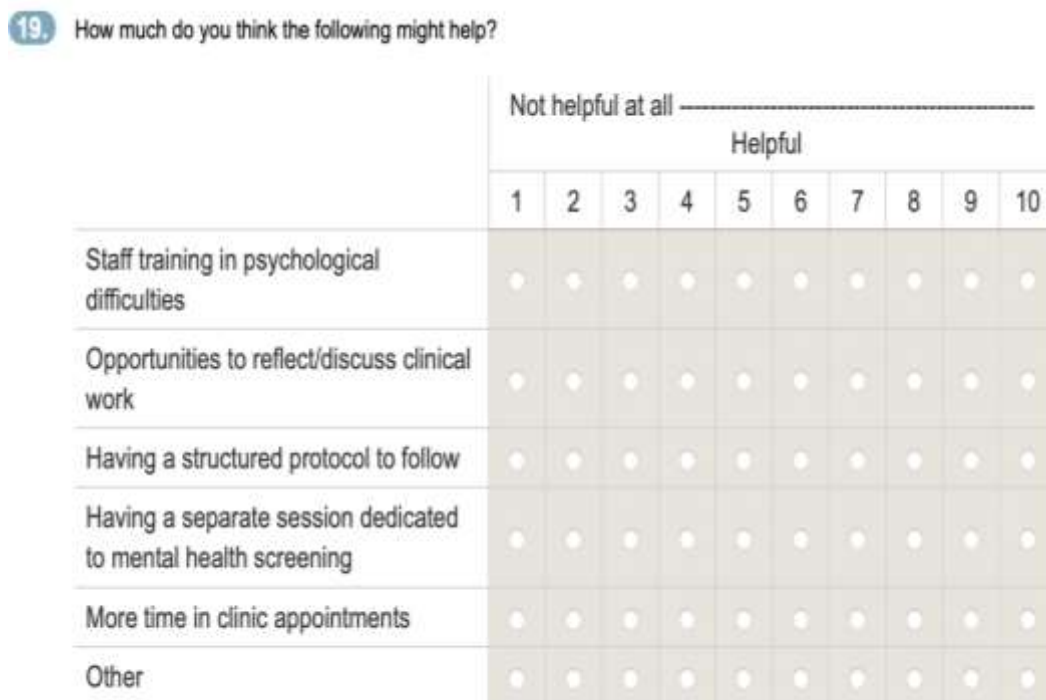
from asking patients about these things’, other facilitators e.g., ‘If you selected other, please specify’ and a ‘Any other comments’ box at the end of the survey. The use of free text boxes may help provide context to the quantitative components of the study (Riiskjaer et al., 2015), and give staff the opportunity to comment on additional aspects which were not included in quantitative part of the study. See Appendix B for full survey.

### 3.4 Ethical considerations

The project was approved by the School of Medicine Research Ethics Committee on 27<sup>th</sup> May 2022 (Ref number: **DClinREC 21-012**). When staff clicked the link to the online survey, they were presented with a Participation Information Sheet (PIS) which outlined the aims and purpose of the project, what the project would involve, benefits of taking part, how data would be securely stored, and how to withdraw from the project (See Appendix B). Staff were not asked to disclose any identifiable information throughout the survey and were given contact information for the researcher and project commissioners in case they had any questions or needed support with the survey.

### Figure 1

Example of dependency grid



### 3.5 Procedure

Staff were invited to take part in the project via email which was developed by the researcher and forwarded to the Renal Department Business Manager who distributed it to key staff members who have contact with patients post renal transplant. Three emails were sent in total each containing the link to the online survey e.g., one initial email, and two prompt emails (See Appendix C, D and E). Staff were informed in the email to click the link provided to begin the survey. They were also reminded of the aims of the study and any ethical considerations mentioned above. Staff were then asked to read a PIS and a consent form. Consent was granted by staff clicking 'Yes' to five questions and then clicking the 'Next' arrow at the bottom right of the screen. Once staff consented, they were taken directly to the survey questions. See Appendix B for full survey.

### 3.6 Analysis

Quantitative data from the survey was analysed using Microsoft Excel to produce descriptive and frequency statistics.

Qualitative responses were analysed using rapid qualitative analysis which is a rapid assessment process designed to obtain actionable and targeted qualitative data on a shorter timeline than traditional qualitative methods such as thematic analysis (Gale et al., 2019). Rapid qualitative analysis is often used to analyse data in services where there is a need to determine cost-effective and timely results in rapidly challenging situations (Beebe, 2014). Typically, this involves using matrix summaries to analyse and amalgamate data rather than in-depth coding (Nevedal et al., 2021). See Appendix F for blank matrix example. Therefore, it was considered that for the purpose of the SEP rapid qualitative analysis would be the best form of analysis for the qualitative section of the project. See below for stages of the analysis.

Rapid qualitative analysis has a series of stages (Gale et al., 2019) which researchers follow during the analysis phase:

1. Create a neutral domain name that corresponds with each interview question
2. Create a summary template for use in analysis
3. Take the summary template for a "test drive" and assess its usability and relevance
4. After consistency has been established use summary template for each question to analyse data and create a summary



5. Transfer summaries into a summary matrix

### 3.7 Credibility checks

Steps taken and themes identified during the analysis were reviewed with one of the project commissioners. An additional level of quality checking was also undertaken with themes being reviewed by peers on the Doctor of Clinical Psychology Training programme. This corroborated with the themes identified by the researcher and commissioner. Qualitative extracts are also provided within the results section of the project to enhance transparency.

## 4 Results

### 4.1 Likert Data: Prevalence of asking patients about their psychological well-being

All but one quantitative question was rated using a 5-point Likert scale e.g., importance, confidence, and how often staff ask patients about their psychological well-being post renal transplant. Psychological well-being was split into four categories (Anxiety, Depression, Stress, General well-being) to give staff an opportunity to rate whether they found certain parts of psychological well-being easier or more difficult to discuss. Responses to quantitative questions have been summarised into graphs below. Due to the volume of data a summary of each section will be discussed below.

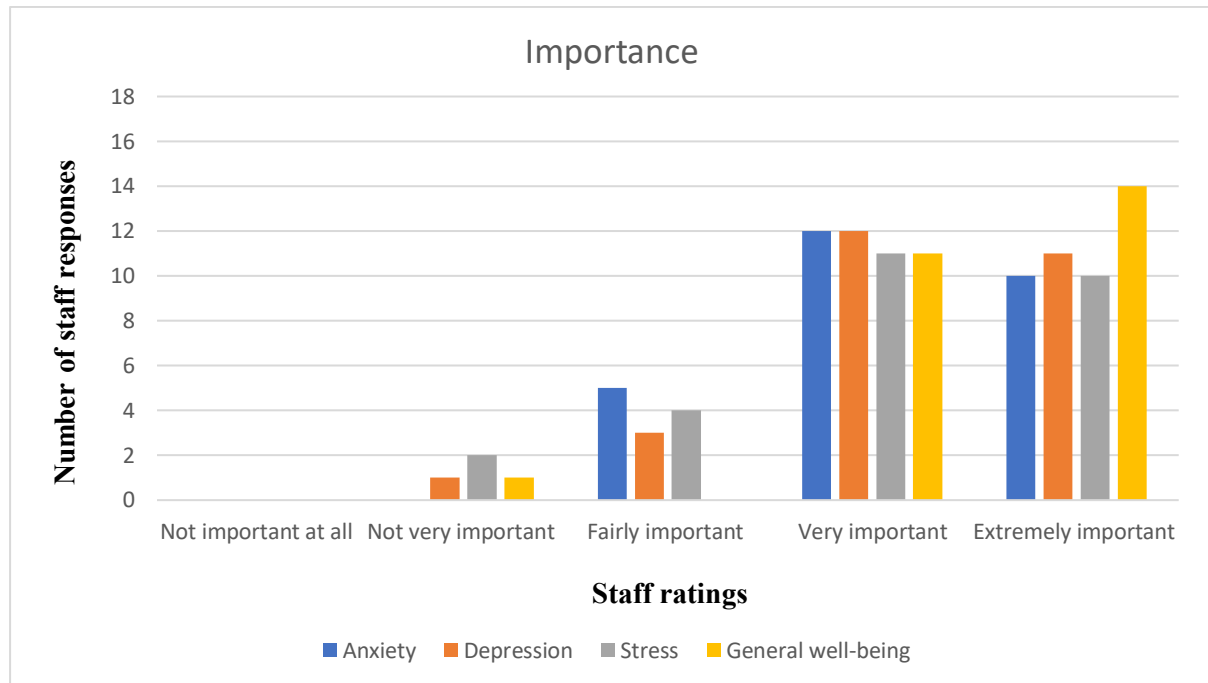
#### 4.1.1 Importance

Number of responses and correlating percentages to how 'Important' staff feel it is to ask patients about their psychological well-being post renal transplant are presented in Figure 2. See Appendix G for comparison table.

Most staff reported that it is 'Very important' or 'Extremely important' when asked how important they feel it is to ask patients about their psychological well-being post renal transplant e.g., Twenty-two (81.4%) respondents for Anxiety, twenty-three (85.1%) for Depression, twenty-one (77.7%) for Stress and twenty-five (96.1%) for General Well-being. More staff reported that they felt it was 'Extremely important' to ask about patients' general well-being (53.8%) compared to anxiety (37%), depression (40.7%), and stress (37%). Some staff reported that it is 'Not very important' to ask patients about their levels of depression (3.7%), stress (7.4%) and general well-being (3.8%). No staff members reported that it is 'Not at all important' to ask patients about their psychological well-being post renal transplant.

**Figure 2**

*Staff ratings of how important they feel it is to ask asking patients about their psychological well-being post renal transplant*



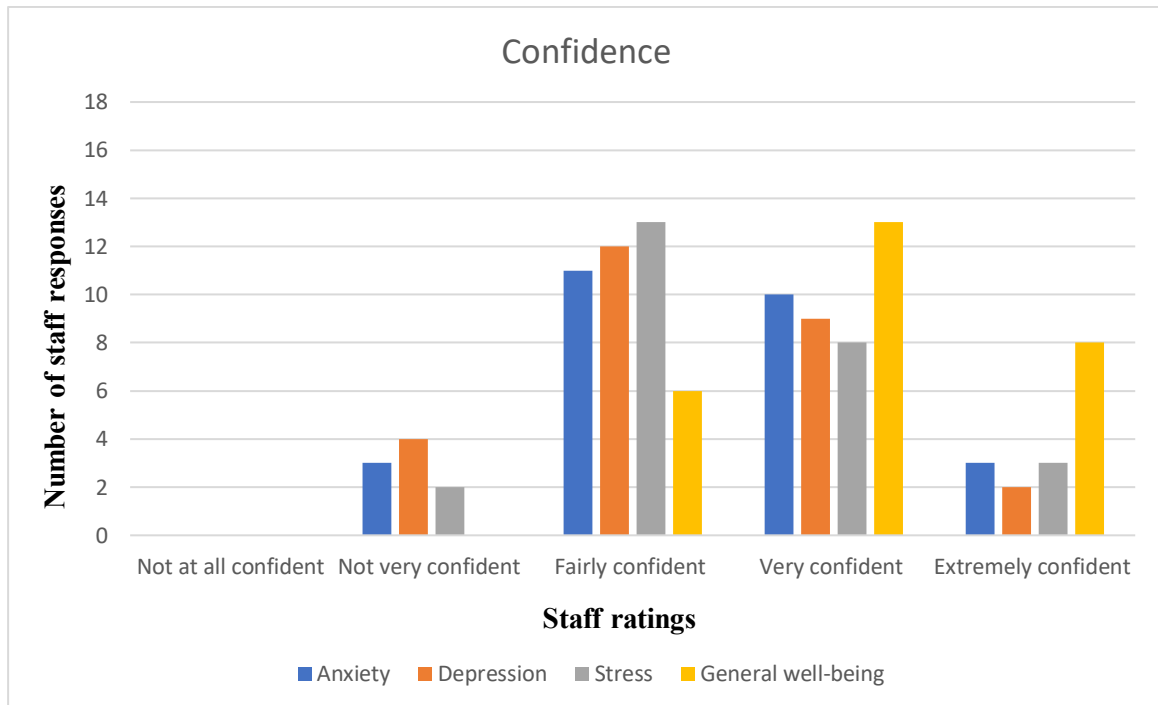
**4.1.2 Confidence**

Number of responses and correlating percentages to how ‘Confident’ staff feel asking patients about their psychological well-being post renal transplant are presented in Figure 3. See Appendix H for comparison table.

Most staff reported that they were ‘Fairly confident’ or ‘Very confident’ when asked how confident they feel asking patients about their psychological well-being post renal transplant e.g., twenty-one for anxiety (77.7%), twenty-one (77.7%) for depression, twenty-one for stress (80.8%), and nineteen (70.3%) for general well-being. More staff reported that they felt ‘Extremely confident’ asking patients about their general well-being (29. 6%) compared to anxiety (11.1%), depression (7.4%) and stress (11.5%). Some staff members responded that they were ‘Not very confident’ asking patients about their levels of anxiety (11.1%), depression (14.8%) and stress (7.7%). No staff members reported that they were ‘Not at all confident’ asking patients about their psychological well-being post renal transplant.

**Figure 3**

*Staffs' rating of how 'Confident' they feel asking about psychological well-being post renal transplant*



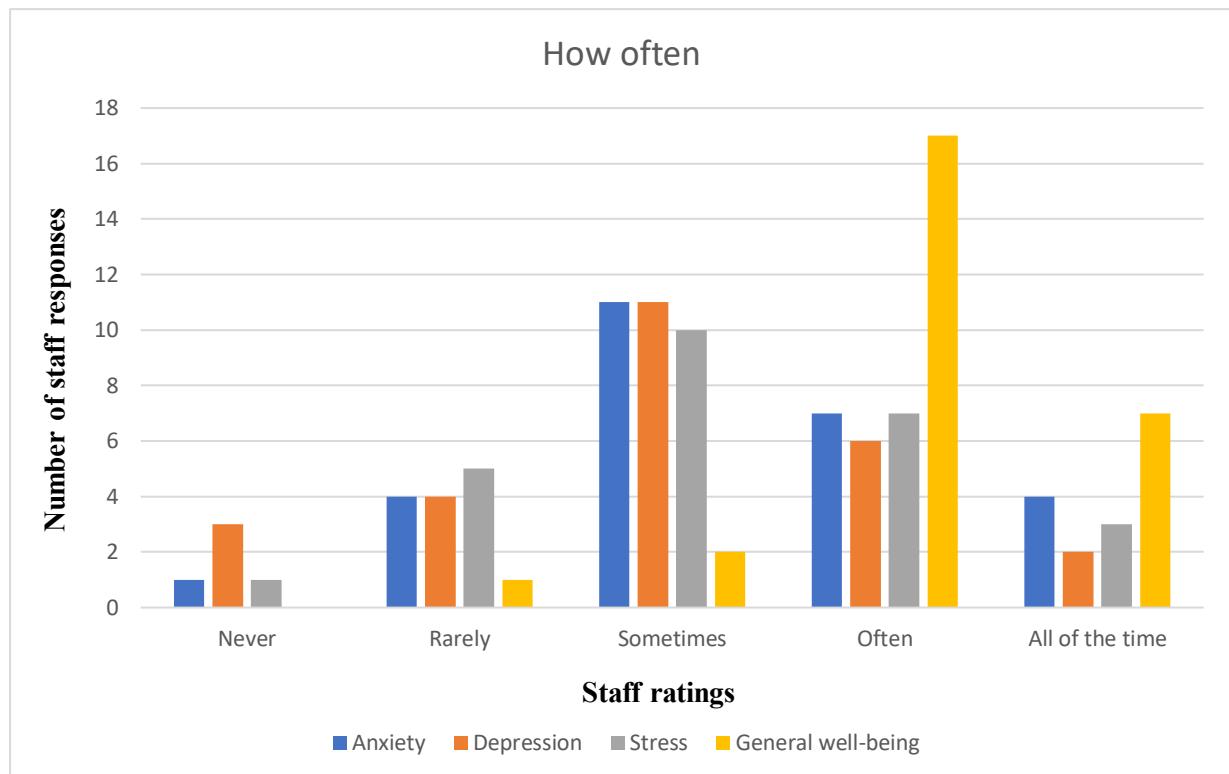
**4.1.3 How often (Frequency)**

Number of responses and correlating percentages to 'How often' staff ask patients about psychological well-being post renal transplant are presented in Figure 4. See Appendix I for comparison table.

Most staff reported that they 'Sometimes' or 'Often' ask patients about their psychological well-being post renal transplant e.g., eighteen for anxiety (66.6%), seventeen for depression (65.4%), seventeen for stress (65.4%), and nineteen (70.4%) for general well-being. More staff reported that they ask about patients' general well-being 'All of the time' (25.9%) compared to anxiety (14.8%), depression (7.7) and stress (11.5%). Some staff reported that they 'Rarely' ask about anxiety (14.8%), depression (15.4%), stress (19.2%) and general well-being (3.7%) post renal transplant. Similarity some staff reported that they 'Never' ask patients about their levels of anxiety (3.7%), depression (11.5%) and stress (3.8%). No staff members reported that they 'Never' ask patients about their general well-being post renal transplant.

**Figure 4**

*Staffs' rating of 'How often' they ask about psychological well-being post renal transplant*

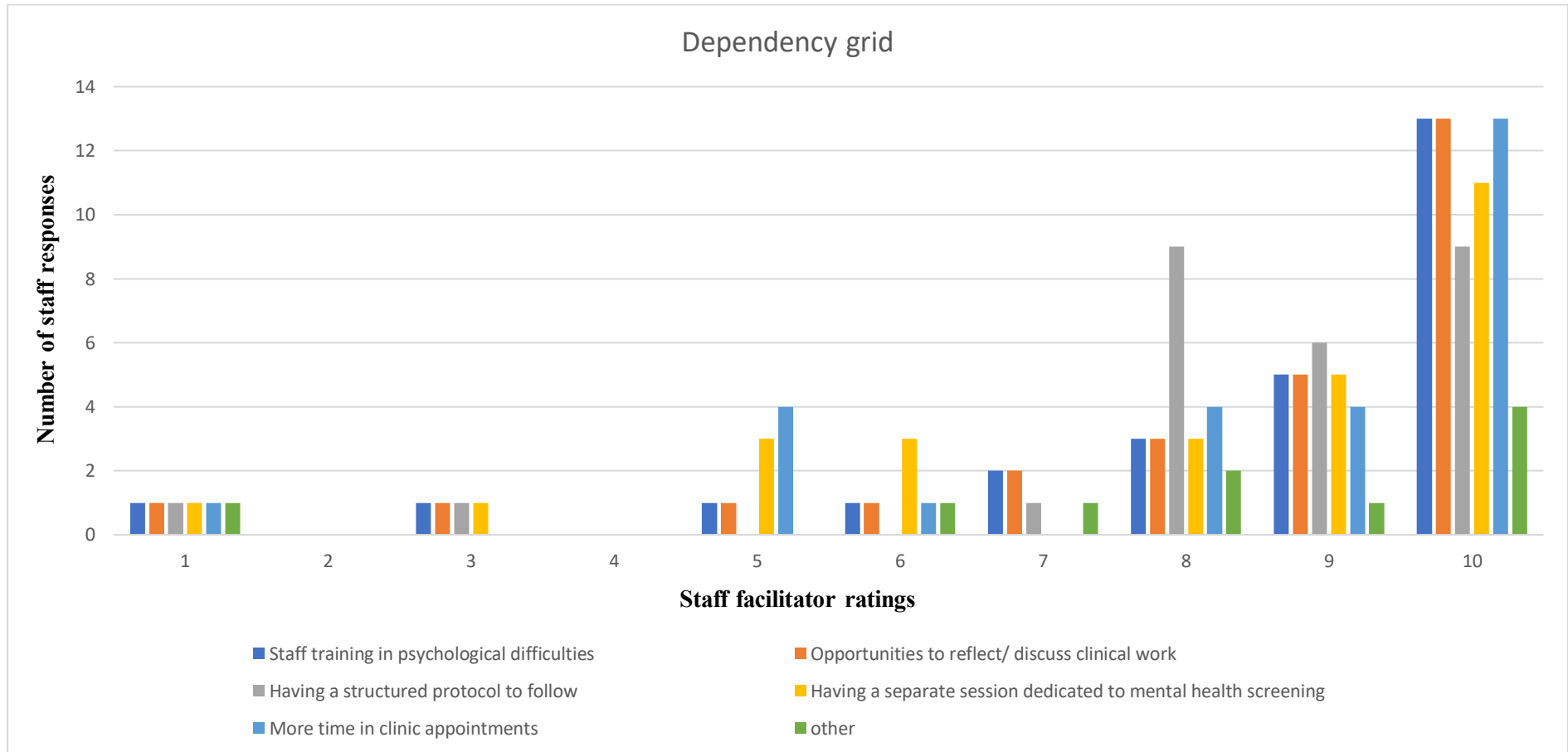


#### 4.2 Dependency Grid: Aspects that Help

Staff were asked to rate *'How much do you think the following might help?'* using a 10-point Likert scale (unhelpful to helpful). Staff were able to rate each of the following options: Staff training in psychological difficulties; Opportunities to reflect or discuss clinical work; Having a structured protocol to follow; Having a separate session dedicated to mental health screening; More time in clinic appointments and Other. If staff selected 'Other' they were given the opportunity to share their suggestions in a free text box. See Figure 5 for number of staff and correlating percentages for each answer. See Appendix J for comparison table.

**Figure 5**

*Facilitators to staff asking patients about their psychological well-being post renal transplant*



When asked how helpful or unhelpful staff found the above strategies, staff reported (scores 8>) that they would find it the most useful to have opportunities to reflect and discuss their clinical work (88.8%), more staff training in psychological difficulties (77.7%), more time in clinic (77.7%) and to have a separate session dedicated to mental health screening (77.7%). Ten staff selected 'Other'. Free text responses to this question are discussed in the qualitative section below.

### 4.3 Qualitative

Free text sections of the survey were analysed using rapid qualitative analysis. Staff were asked '*Are there other things which prevent you from asking patients about these things?*', in response to how 'Important', 'Confident' and 'How often' they asked patients about their psychological well-being post renal transplant. In response to the dependency grid staff were also given the option to select 'Other' and were asked '*If you selected other, please specify*' and were presented with a free text box. Finally at the end of the questionnaire staff were asked '*Do you have any other comments*' and were again given a free text box to respond. The responses to these questions have been amalgamated into themes below. Three main themes were identified for Barriers: 1) Lack of time; 2) Not feeling confident; 3) Lack of privacy. Two themes were identified for Facilitators: 1) Increase in psychological staffing; 2) Staff training.

#### 4.3.1 Barriers

##### 4.3.1.1 Time pressures.

The largest barrier identified was lack of time. Staff reported that they are unable to assess patients' psychological well-being due to time pressures within their job. Some of this included busy workloads and having other tasks to complete which take priority. Others reported that they felt they needed a larger proportion of time dedicated to discussing patients' psychological well-being due to unpredictability in patients' responses.

*'Time within the appointment, we often concentrate on the aspects that the patient feels are important first e.g., kidney function, constipation, with less time to concentrate on their psychological well-being'*

*'Working in a Patient facing role, time is a severely limiting factor. I think one of the main reason staff don't ask these questions is that they don't have adequate time to allocate to dealing with the response'*

This theme demonstrates that when staff are feeling limited by time pressures within the service, they are less likely to ask patients about their psychological well-being post renal transplant.

#### **4.3.1.2 Confidence.**

Staff also reported that they do not feel confident or equipped to ask about patients' psychological well-being. One staff member reported that they felt more confident asking about some aspects of psychological well-being but not all. Another reported that they were not sure how to deal with patients' psychological distress in the right way.

*'I feel confident to ask patients about stress or their general well-being, but I may not feel confident to ask their level of depression as they may not identify that they are depressed, and this could be a challenging conversation to have'.*

*'Worry of being unequipped to deal with responses from patients and knowing how to deal with them appropriately'.*

Theme two demonstrates that staff do not feel confident and/ or feel that they do not have sufficient skills to ask about patients' psychological well-being post renal transplant. Therefore, this may lead to limited discussions around patients' psychological well-being during appointments/ interactions.

#### **4.3.1.3 Privacy.**

Staff also mentioned that lack of privacy is a barrier to assessing psychological well-being. Privacy also had links to time constraints and staff feeling like they do not have the opportunity to ask about psychological well-being when clinics are busy.

*'Time pressures, lack of privacy and/or opportunity'*

*'Time constraints, not very private rooms, busy clinics'*

The final theme for barriers demonstrates that staff may not feel that they have designated private areas or spaces to discuss psychological well-being with patients post renal transplant. Due to busyness of clinics staff may not feel safe or comfortable initiating these conversations, and therefore may not initiate discussion about patients' psychological well-being.

#### **4.3.2 Facilitators**

##### **4.3.2.1 More access to psychological support.**

The largest theme for facilitators was around staff feeling that there is not enough access to psychological support for patients who are struggling with their psychological well-being. One staff member mentioned that it would also be helpful if waiting times reduced for patients who need to access psychological support.

*'Greater access to psychology input and reduced waiting time from referral to patient being seen'*

*'More Psychology availability'*

*'I believe there is no point in asking people how they are if we have nowhere or nobody to assist them'*

This theme demonstrates that staff would find it useful to ask about patients' psychological well-being if there were more access to psychological support within the service. Staff feeling like psychological support is limited may lead to feelings of anxiety and further resistance around asking patients about their psychological well-being post renal transplant.

##### **4.3.2.2 Staff training.**

Staff also reported that attending training would be a useful facilitator. One staff member stated that specific training on mental health issues would be helpful. Another staff member reported that training (alongside extra time) would be the two most important facilitators to them asking patients about their psychological well-being post renal transplant.



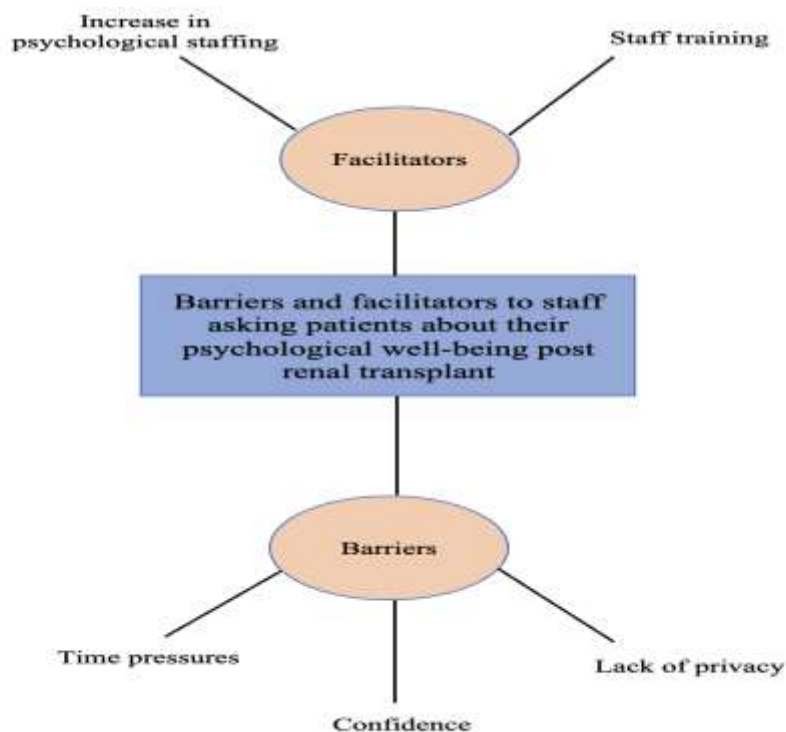
*‘I would be very open to attending more training and sessions involving how to help patients with mental health issues’*

*‘Time and training in psychology would be two most important things especially when we are struggling to get appointments with our psychology team’*

The final theme for facilitators reveals that staff would find it useful to receive training around some of the psychological aspects renal transplant patients may be experiencing. Receiving training may also improve staff confidence (previous barrier), which would further increase the likelihood of staff asking patients about their psychological well-being post renal transplant. See Figure 6 for themes and Appendix K for a table containing themes and quotes

**Figure 6**

*Main themes identified for barriers and facilitators*



## 5. Discussion

### 5.1 Key findings

#### 5.1.1 Likert Data: Prevalence of asking patients about their psychological well-being

The findings from the first quantitative section revealed that most staff feel it is important to ask patients about their psychological well-being post renal transplant. However, despite this, staff rated their levels of confidence and how often they ask about psychological well-being lower. If staff are feeling lower in confidence this may be impacting on how often they engage in these discussions with patients. This can also be supported by previous literature (Damery et al., 2019) which interviewed renal staff at the West Midlands to explore their attitude towards patient distress (anxiety and low mood). They found that staff reported struggling to recognise and respond to patients' distress due to feeling less confident to provide acceptable and appropriate support.

However, an additional finding was that staff did feel confident having discussions around patients' general well-being and that they engaged in these conversations more often compared anxiety, depression, and stress. Perhaps staff feel more comfortable asking about general well-being as it could be perceived as less threatening or invasive to initiate discussion around. Furthermore, staff may feel that having discussions around more distressing emotions such as anxiety or depression, may increase the likelihood of provoking emotional distress in patients, which staff may not feel equipped or skilled to deal with.

#### 5.1.2 Dependency Grid: Aspects that Help

Findings from the second quantitative section revealed that staff reported that having an opportunity to reflect and discuss clinical work, receiving staff training in psychological difficulties, having more time in clinic, and having a separate session dedicated to mental health screening would be the most useful facilitators in supporting staff to engage in discussions with patients about their psychological well-being post renal transplant. Overall, these findings reveal that staff are suggesting that extra time to engage or facilitate these conversations would be helpful. This not only applies to extra time in clinics etc but also having time to reflect about their patients' psychological well-being with other staff members. One example of this could be the implementation of reflective practice groups. Benefits of these groups include helping staff to further understand their patients, professional development, and peer support (Lutz et al., 2013). Although literature regarding

reflective practice in renal is sparse, recent research by Harrison et al. (2021) explored staffs experiences of psychoeducation and reflective practice groups on a Trauma and Orthopaedics ward in Bristol. Staff reported an increase in confidence regarding understanding and discussing psychological presentations with patients. In addition staff also reported that the reflective practice sessions helped them feel safe discussing patient difficulties, that they valued sharing and learning through common group experiences, and that they felt better supported by peers.

### ***5.1.3 Qualitative Findings***

Findings from the qualitative data were split into barriers and facilitators. Barriers included time pressures, lack of privacy and lack of confidence engaging in discussions regarding psychological well-being. Time pressures was the dominant barrier throughout and featured as a facilitator in the second quantitative section of the project e.g., having more time in clinic. There were also overlap between time pressures and lack of privacy where some staff reported that the busyness of clinics led to lower levels of privacy and opportunities to discuss psychological well-being. Finally, lack of confidence appeared to be linked to staff feeling that they do not have the skills to manage or respond to difficult conversations regarding potentially more distressing emotions such as depression.

Qualitative data regarding facilitators included staff training and an increase in psychological staffing. For staff training, staff reported that they were open to attending training on mental health issues. Staff also recognised that receiving training could help bridge a gap for patients who are currently on waiting lists for Renal Clinical Psychology. The need for all renal staff to receive training and/ or develop skills in assessing and managing psychological well-being is also in line with National Renal Workforce Guidance produced for adults and children living with kidney disease (Workforce Document, 2020). The guidance advises that clinical psychologists working within renal departments should be involved in supporting the development of psychological skills within multi-disciplinary teams. This must involve teaching, training, consultation, reflective practice groups and supervision.

Furthermore, an increase in psychological staffing was also a dominant facilitator throughout and seemed to be linked to staff feeling less able to initiate discussions around psychological well-being, again due to high waiting lists within Renal Clinical Psychology. It could be hypothesised that if more psychology clinicians were available then staff may be more likely to engage in conversations around psychological well-being with patients.

Interestingly, concerns around staffing were also reported by renal transplant patients in the 2020 UK Kidney PREM (Kidney Care UK, 2020). For example, patients reported concerns around the 'Impact of staff shortages' and highlighted this as an area which needs improvement. It is important to note that in the 2021 PREM report (Kidney Care UK, 2021), patients specifically raised national concerns around the lack of psychology support within renal transplant departments across the UK.

Overall, it could be hypothesised that some of the barriers and facilitators found in the current project could also explain the findings in the 2020 PREM e.g., why such a large proportion of renal patients reported that they were not being asked about their psychological well-being during the transplant process. Due to transplant rejection and high rates of psychological distress (De Pasquale et al., 2020; Noohi et al., 2007) within this population group, it is imperative that staff receive the right support to allow them to engage in these discussions.

### **5.3 Limitations and future research**

One limitation of the project was that demographic data such as staff profession was not collected from the sample. Initially the reason for this was to ensure confidentiality and so staff could be as open and honest as possible during the project. However, by not capturing this data it is impossible to know whether certain professions are struggling to engage in these discussions, making it difficult to determine whether some professions require extra support. Future research could incorporate staff job title or profession to help identify whether certain professions are struggling more than others to assess or discuss psychological well-being.

A further limitation is around the design of the project. Typically implementing a mixed methods approach allows the researcher to capture a broader range of research questions (Almalki, 2016). However, the use of free text boxes can create issues when capturing qualitative data. For example, not all staff members provided feedback in the free text responses and some staff used one-word answers such as 'Time', or 'Privacy'. This made it somewhat difficult to get detailed narrative feedback from the qualitative responses. A reasoning behind this could be that typically when using a mixed methods design most participants (O'Cathain & Thomas, 2004) tend to complete the quantitative section and overlook free text responses (Garcia et al., 2004). Often this is due to time pressures and can frequently result in a lack of attention to context and conceptual richness of the data. Therefore, future studies could incorporate short semi-structured interviews with staff to

enhance the validity of the findings, add richness to the data and give staff a better opportunity to discuss their views of the service.

#### **5.4 Conclusions**

To conclude, the current SEP found that staff feel it is important to ask patients about their psychological well-being (Anxiety, Depression, Stress, General well-being) post renal transplant. However, they do not feel as confident engaging in these discussions, which could be impacting on how often they initiate those conversations. Staff may be struggling to discuss more challenging emotions such as depression however find it easier to engage in conversations around general well-being which they may perceive as less threatening. Time pressures and not having private areas to engage in these discussions were also found to be a barrier. Staff facilitator suggestions included an opportunity to reflect and discuss clinical work, having more time in clinic, having a separate session dedicated to mental health screening, receiving staff training in psychological difficulties, and having more psychology staff available in the service. Some of these findings e.g., implementing training to upskill staff and having dedicated spaces to reflect is also supported by National Renal Workforce Guidance (Workforce Document, 2020).

Overall, the findings from the current project could be used to explain the findings from the 2020 PREM report (Kidney Care UK, 2020) which found that a large proportion of patients reported that they were not being asked about their psychological well-being during the transplant process. Finally, it is hoped that these findings could be implemented to enhance patients psychological care in the LTHT Renal Department, as well as other local departments who are experiencing the same difficulties and/ or encourage other renal transplant services to undertake their own service development project.

#### **5.5 Recommendations**

- For the service to consider ways in which staff may be given more time in clinic to engage in discussions around patients' psychological well-being
- Introduce a monthly MDT or psychology drop-in session to give staff the opportunity to discuss difficult cases or seek support from psychology when needed. This may also provide some containment for staff to know there is regular space available for discussions
- Increase in psychology staff to reduce waiting times and to increase provision of consultation and supervision or support to staff

- Develop and delivery training in the Transplant Team in identifying and supporting patients' psychosocial needs
- A future SEP could explore why staff are struggling to discuss certain aspects of psychological well-being compared to others. This could then be incorporated during training
- A future SEP may also explore whether certain professions are struggling more than other to engage in discussions about psychological well-being. This may help determine whether extra support (e.g., supervision, consultation, training) needs to be directed towards certain professions.

### **5.6 Dissemination**

A summary of the above findings has been presented to the project commissioners. The findings will also be presented to the LTHT Renal Transplant Team at St James Hospital in December 2022 and disseminated regionally to other local renal departments. The project will also be presented at two conferences, the first will be at the British Transplant Society (BTS) in March 2023, and the second will be the UK Kidney Association conference in June 2023. Finally, the project will also be submitted for publication from a peer reviewed journal.

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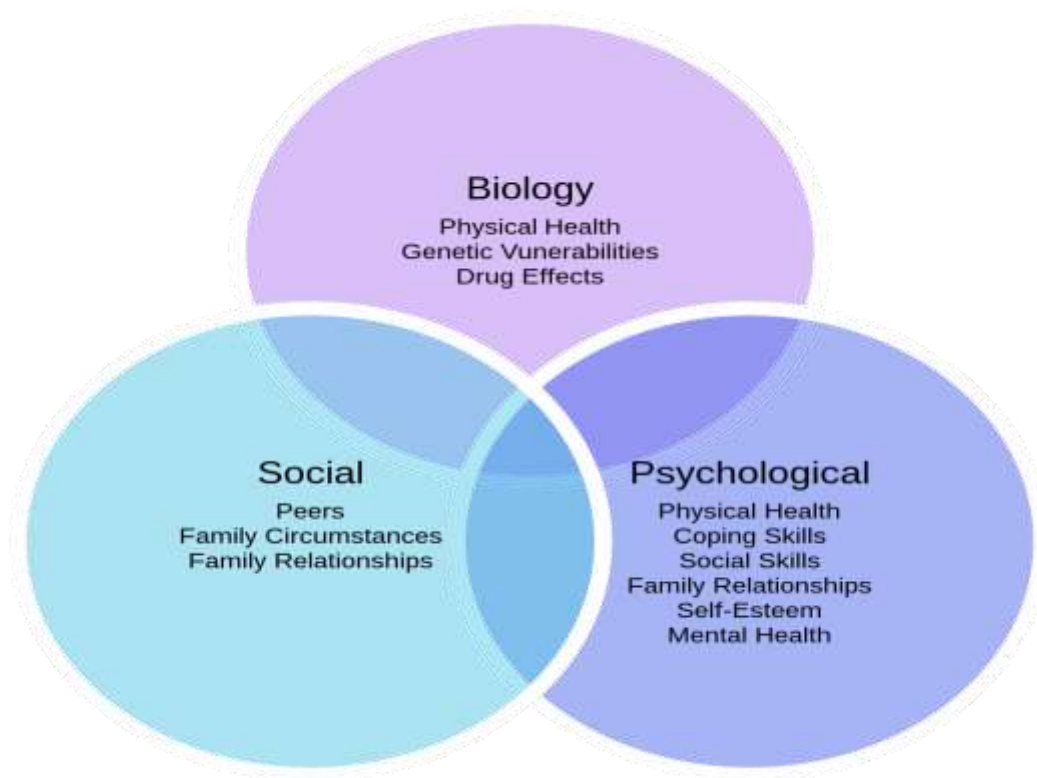
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7. Appendix A

Biopsychosocial Model (Engel, 1977)



## 8. Appendix B

### Service Evaluation Project Survey

#### Page 2: Participant Information Sheet

UNIVERSITY OF LEEDS

Doctor of Clinical Psychology Programme

Participant Information Sheet for Service Evaluation Project

#### **This is an invitation to take part in a Service Evaluation Project**

Dear member of staff,

My name is Adele Hewitt and I am currently studying for a doctoral degree in Clinical psychology at the university of Leeds. I am conducting a service evaluation project alongside Dr Chloe Miller (Senior Clinical Psychologist), Dr Janette Moran (Consultant Clinical Psychologist) and Dr Sunil Daga (Consultant Nephrologist) to investigate barriers and facilitators to staff asking patients about their psychological well-being (e.g., mood, anxiety, stress etc) post-transplant in LTHT renal transplant team. I am inviting all staff members who are involved in supporting patients post kidney transplant at St James Hospital to take part. This information sheet provides some information about the evaluation to see if you would be willing to take part. Taking part in this evaluation is voluntary.

#### **What is the purpose of the project?**

The aim of the project is to investigate barriers and facilitators to staff asking patients about their psychological well-being post-transplant in LTHT renal transplant. The evaluation will hopefully help inform any improvements which can be made in the future to support both staff and patients.

#### **What will I be asked to do?**

If you decide to take part in the evaluation, you will be asked to complete the consent form on the following page. This will then take you directly to an online survey which will take approximately 5-10 minutes to complete. The survey will be a mixture of tick box questions and free text answers.

#### **Do I have to take part?**

It is up to you whether you would like to take part. If you consent to taking part you will be taken directly to question one. If you begin the survey and wish to withdraw you can do so by closing the internet tab. You are unable to withdraw your data once the survey has ended.

#### **Data collection and storage**

All information you provide in the study will be confidential and anonymous. No personal information will be required from participants, Dr Chloe Miller, Dr Janette Moran and Dr Sunil Daga will not be informed about which members of staff have taken part or responded. However, all anonymous material will be accessed by myself and members of the research team (Dr Chloe Miller, Dr Janette Moran, Dr Sunil Daga and Gary Latchford who is my academic researcher and joint programme director of the Doctorate in Clinic Psychology course at the University of Leeds). Data from the study will be downloaded and stored on a secure encrypted One Drive at the University of Leeds. Extracts from quotes may be used when writing up the project and may also be shared anonymously with the department. The findings may also be presented at a conference and written up for publication. However, again, this will all be anonymised to protect participants confidentiality.

I have some more questions; how can I contact you?

If you require any extra support with the survey or would like to ask me any additional questions, you can contact me or my supervisors using the contact information below:

Adele Hewitt: [umahe@leeds.ac.uk](mailto:umahe@leeds.ac.uk) Clinical Psychology Training Programme, Institute of Health Sciences, Level 10, Worsley Building, University of Leeds, Clarendon Way, Leeds, LS2 9NL.

Supervisors:

Dr Gary Latchford: [G.Latchford@leeds.ac.uk](mailto:G.Latchford@leeds.ac.uk) Professor of Clinical Psychology, Joint Programme Director, Clinical Psychology Training Programme, Institute of Health Sciences, Level 10, Worsley Building, University of Leeds, Clarendon Way, Leeds, LS2 9NL.

Dr Chloe Miller: [chloe.miller1@nhs.net](mailto:chloe.miller1@nhs.net) Department of Clinical and Health Psychology, Renal, St James Hospital, Beckett St, Harehills, Leeds LS9 7TF

Dr Janette Moran: [janette.moran@nhs.net](mailto:janette.moran@nhs.net) Department of Clinical and Health Psychology, Renal, St James Hospital, Beckett St, Harehills, Leeds LS9 7TF

Dr Sunil Daga: [sunildaga@nhs.net](mailto:sunildaga@nhs.net) Renal, St James Hospital, Beckett St, Harehills, Leeds LS9 7TF

Yours sincerely

**Adele Hewitt**  
Psychologist in Clinical Training

**Dr Chloe Miller**  
Senior Clinical Psychologist

**Dr Janette Moran**  
Consultant Clinical Psychologist

**Dr Sunil Daga**  
Consultant Nephrologist

Ethical approval has been given by the Doctorate in Clinical Psychology Research Ethics Committee at the University of Leeds (DClinREC ref number **21-012**)

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## Page 3: Consent to share

By answering yes to each question below you are consenting to take part in this service evaluation project and for us to use your data. If you close the page before the end of the project your data will be lost and you will be withdrawn from the study.

1. I confirm that I have read and understood the participant information sheet on the previous page explaining this project

Yes

2. I understand that my participation is voluntary and that I am free to withdraw during the study by closing the browser without there being any negative consequences.

Yes

3. I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.

Yes

4. I give permission that my data can be anonymously published in a journal in the future

Yes

5. I agree to take part in the above research project.

Yes

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[< Previous](#)

[Next >](#)

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Page 4: Evaluation questions

6. How important do you think it is to ask patients about their levels of Anxiety post-transplant?

- Not important at all
  - Not very important
  - Fairly important
- Very important
  - Extremely important

7. If you were going to ask a patient about their levels of anxiety, how confident are you in doing this?

- Not at all confident
  - Not very confident
  - Fairly confident
- Very confident
  - Extremely confident

8. How often do you ask patients about their levels of anxiety at the moment?

- Never
  - Rarely
  - Sometimes
- Often
  - All of the time

9. How important do you think it is to ask patients about their levels of depression post-transplant?

- Not important at all
  - Not very important
  - Fairly important
- Very important
  - Extremely important

10. If you were going to ask a patient about their levels of depression, how confident are you in doing this?

- Not at all confident
  - Not very confident
  - Fairly confident
- Very confident
  - Extremely confident

11. How often do you ask patients about their levels of depression at the moment?

- Never
  - Rarely
  - Sometimes
- Often
  - All of the time

12. How important do you think it is to ask patients about their stress levels post-transplant?

- Not important at all
  - Not very important
  - Fairly important
- Very important
  - Extremely important

13. If you were going to ask a patient about their stress levels, how confident are you in doing this?

- Not at all confident
  - Not very confident
  - Fairly confident
- Very confident
  - Extremely confident



14. How often do you ask patients about their stress levels at the moment?

- Never
- Rarely
- Sometimes
- Often
- All of the time

15. How important do you think it is to ask patients about their general wellbeing post-transplant?

- Not important at all
- Not very important
- Fairly important
- Very important
- Extremely important

16. If you were going to ask a patient about their general wellbeing, how confident are you in doing this?

- Not at all confident
- Not very confident
- Fairly confident
- Very confident
- Extremely confident

17. How often do you ask patients about their general wellbeing at the moment?

- Never
- Rarely
- Sometimes
- Often
- All of the time

18. Are there other things that prevent you from asking patients about these things?

19. How much do you think the following might help?

	Not helpful at all ----- Helpful									
	Helpful									
	1	2	3	4	5	6	7	8	9	10
Staff training in psychological difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to reflect/discuss clinical work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a structured protocol to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a separate session dedicated to mental health screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More time in clinic appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a. If you selected other, please specify:

20. Do you have any other comments?

[< Previous](#)

[Finish ✓](#)

## 9. Appendix C

### First email sent to the Renal team

Dear Renal team,

My name is Adele Hewitt and I am a second year Trainee Clinical Psychologist at the University of Leeds. I am emailing to ask you to take part in my service evaluation project (SEP). The aim of the service evaluation is to explore barriers and facilitators to staff asking patients about their psychological well-being post renal transplant. This will hopefully help provide improvements to the service to support both staff and patients in the future.

**The service evaluation will take place online using the link below. Please copy this link and paste it into an internet browser to begin the survey.**

<https://leeds.onlinesurveys.ac.uk/exploring-barriers-and-facilitators-to-staff-asking-patien>

?



[Exploring  
barriers and  
facilitators to  
staff asking  
patients about  
their  
psychological  
well-being post-  
transplant in  
LTHT renal  
transplant team](https://leeds.onlinesurveys.ac.uk/exploring-barriers-and-facilitators-to-staff-asking-patien)

Online survey BOS  
leeds.onlinesurveys.ac.uk

You will be taken to a participant information sheet where it will provide more information with regards to the project. You will then be asked to consent to the study and if consent is given you will be directed to some questions. This will take approximately 5/10 minutes to complete and will include a mixture of multiple choice and free text responses. No personal or identifiable information will be captured during this evaluation.

If you have any further queries please contact me on this email [umahe@leeds.ac.uk](mailto:umahe@leeds.ac.uk) or alternatively contact my supervisors involved in the project below:

Dr Janette Moran (Consultant Clinical psychologist): [janettemoran@nhs.net](mailto:janettemoran@nhs.net)

Dr Sunil Daga (Consultant Nephrologist): [sunildaga@nhs.net](mailto:sunildaga@nhs.net)

Dr Penny Morris (Consultant Clinical psychologist): [penny.morris4@nhs.net](mailto:penny.morris4@nhs.net)

Kind regards

Adele Hewitt

Trainee Clinical Psychologist at the University of Leeds

## 10. Appendix D

### Second prompt email sent to the Renal team

Dear Renal team,

This is a reminder to complete the online survey link which was sent out to your email inbox two weeks. The aim of the survey is to explore barriers and facilitators to staff asking patients about their psychological well-being post renal transplant. This will hopefully help provide improvements to the service to support both staff and patients in the future.

A reminder of how the survey works is included below:

**The service evaluation will take place online using the link below. Please either click on this link or copy and paste it into an internet browser to begin the survey.**

<https://leeds.onlinesurveys.ac.uk/exploring-barriers-and-facilitators-to-staff-asking-patien>

?



[Exploring  
barriers and  
facilitators to  
staff asking  
patients about  
their  
psychological  
well-being post-  
transplant in  
LTHT renal  
transplant team](https://leeds.onlinesurveys.ac.uk/exploring-barriers-and-facilitators-to-staff-asking-patien)

Online survey BOS  
leeds.onlinesurveys.ac.uk

You will be taken to a participant information sheet where it will provide more information with regards to the project. You will then be asked to consent to the study and if consent is given you will be directed to some questions. This will take approximately 5/10 minutes to complete and will include a mixture of multiple

choice and free text responses. No personal or identifiable information will be captured during this evaluation.

I would be very grateful if you could complete the survey. If you have any further queries or want to discuss the survey please contact me on this email [umahe@leeds.ac.uk](mailto:umahe@leeds.ac.uk) or alternatively contact my supervisors involved in the project below:

Dr Janette Moran (Consultant Clinical psychologist): [janettemoran@nhs.net](mailto:janettemoran@nhs.net)

Dr Sunil Daga (Consultant Nephrologist): [sunildaga@nhs.net](mailto:sunildaga@nhs.net)

Kind regards

Adele Hewitt  
Trainee Clinical Psychologist at the University of Leeds

## 11. Appendix E

### Final prompt email sent to the Renal team

Dear Renal team,

This is a FINAL reminder to complete the online survey link which was recently sent out to your email inbox and is copied below. The survey will close in one week. The aim of the survey is to explore barriers and facilitators to staff asking patients about their psychological well-being post renal transplant. This will hopefully help provide improvements to the service to support both staff and patients in the future.

A reminder of how the survey works is included below:

The service evaluation will take place online using the link below. You will be taken to a participant information sheet where it will provide more information with regards to the project. You will then be asked to consent to the study and if consent is given you will be directed to some questions. This will take approximately 5/10 minutes to complete and will include a mixture of multiple choice and free text responses. No personal or identifiable information will be captured during this evaluation.

<https://leeds.onlinesurveys.ac.uk/exploring-barriers-and-facilitators-to-staff-asking-patien>

?



[Exploring barriers and facilitators to staff asking patients about their psychological well-being post-transplant in LTHT renal transplant team](https://leeds.onlinesurveys.ac.uk/exploring-barriers-and-facilitators-to-staff-asking-patients-about-their-psychological-well-being-post-transplant-in-LTHT-renal-transplant-team)

Online survey

BOSleeds.onlinesurveys.ac.uk

I would be very grateful if you could complete the survey. If you have any further queries or want to discuss the survey please contact me on this

email [umahe@leeds.ac.uk](mailto:umahe@leeds.ac.uk) or alternatively contact my supervisors involved in the project below:

Dr Janette Moran (Consultant Clinical psychologist): [janettemoran@nhs.net](mailto:janettemoran@nhs.net)

Dr Sunil Daga (Consultant Nephrologist): [sunildaga@nhs.net](mailto:sunildaga@nhs.net)

Kind regards

Adele Hewitt

Trainee Clinical Psychologist at the University of Leeds



12. Appendix F

Blank Matrix Summary sheet for Rapid Qualitative Analysis

Summary matrix themes	Examples/ quotes	
<b>Investigating barriers and facilitators to staff asking patients about their psychological well-being post-transplant in LTHT renal transplant team</b>		
<b>Barriers to assessing psychological well-being</b>		
Theme	Quote	
Theme	Quote	
Theme	Quote	
<b>Facilitators to assessing psychological well-being</b>		
Theme	Quote	
Theme	Quote	
Theme	Quote	

## 13. Appendix G

**Staffs' rating of how 'Important' they feel it is to ask about psychological well-being post renal transplant**

Variables	Not at all important		Not very important		Fairly important		Very important		Extremely important	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Anxiety	0		0		5 (18.5)		12 (44.4)		10 (37)	
Depression	0		1 (3.7)		3 (11.1)		12 (44.4)		11 (40.7)	
Stress	0		2 (7.4)		4 (14.8)		11 (40.7)		10 (37)	
General well-being	0		1 (3.8)		0		11 (42.3)		14 (53.8)	

Note. *N* = Number of staff who responded to each answer, % = Staff response rate to each answer<sup>1</sup>

<sup>1</sup> Some responses in the tables 'Importance', 'Confidence' and 'How often' have twenty-six staff responses and some have twenty-seven

## 14. Appendix H

**Staffs' rating of how 'Confident' they feel asking about psychological well-being post renal transplant**

Variables	Not at all confident		Not very confident		Fairly confident		Very confident		Extremely confident	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Anxiety	0		3 (11.1)		11 (40.7)		10 (37)		3 (11.1)	
Depression	0		4 (14.8)		12 (44.4)		9 (33.3)		2 (7.4)	
Stress	0		2 (7.7)		13 (50)		8 (30.8)		3 (11.5)	
General well-being	0		0		6 (22.2)		13 (48.1)		8 (29.6)	

Note. *N* = Number of staff who responded to each answer, % = Staff response rate to each answer

## 15. Appendix I

## Staffs' rating of 'How often' they ask about psychological well-being post renal transplant

Variables	Never		Rarely		Sometimes		Often		All of the time	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Anxiety	1	(3.7)	4	(14.8)	11	(40.7)	7	(25.9)	4	(14.8)
Depression	3	(11.5)	4	(15.4)	11	(42.3)	6	(23.1)	2	(7.7)
Stress	1	(3.8)	5	(19.2)	10	(38.5)	7	(26.9)	3	(11.5)
General well-being	0		1	(3.7)	2	(7.4)	17	(63)	7	(25.9)

Note. *N* = Number of staff who responded to each answer, % = Staff response rate to each answer

## 16. Appendix J

## Staffs' ratings of how 'helpful' and 'unhelpful' future facilitators may be

Variables	1 = Unhelpful		2		3		4		5		6		7		8		9		10 = Helpful	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Training in psychological difficulties	1	(3.7)	0		1	(3.7)	0		1	(3.7)	1	(3.7)	2	(7.4%)	3	(11.1)	5	(18.5)	13	(48.1)
Opportunities to reflect/discuss clinical work	1	(3.7)	0		1	(3.7)	0		0		0		1	(3.7)	9	(33.3)	6	(22.2)	9	(33.3)
Structured protocol	1	(3.7)	1	(3.7)	1	(3.7)	2	(7.4)	5	(18.5)	1	(3.7)	1	(3.7)	4	(14.8)	4	(14.8)	7	(25.9)
Separate session for mental health screening	1	(3.7)	0		1	(3.7)	0		3	(11.1)	3	(11.1)	0		3	(11.1)	5	(18.5)	11	(40.7)
More time in clinic	1	(3.7)	0		0		0		4	(14.8)	1	(3.7)	0		4	(14.8)	4	(14.8)	13	(48.1)
Other	1	(10)	0		0		0		0		1	(10)	1	(10)	2	(20)	1	(10)	4	(40)

Note. *N* = Number of staff who responded with each answer, % = Staff response rate to each answer

17. Appendix K

Rapid Qualitative Analysis table containing the main themes and quotes

Summary matrix themes	No.	Examples/ quotes	
<b>Investigating barriers and facilitators to staff asking patients about their psychological well-being post-transplant in LTHT renal transplant team</b>			
<b>Barriers to assessing psychological well-being</b> <i>(Are there other things that prevent you from asking patients about these things?)</i>			
<b>Time pressures</b>		The contact with patients is limited at present  Time pressures, lack of privacy and/or opportunity  Time  Time available to thoroughly talk through their worries/concerns should they need to in amongst what is needed in the clinic  Time pressure to explore in clinic and then lack of resources to deal with appropriately  Time constraints, not very private rooms, busy clinics,  Time constraints	

		<p>Time within the appointment, we often concentrate on the aspects that the patient feels are important first e.g., kidney function, constipation, with less time to concentrate on their psychological well-being</p> <p>Working in a Patient facing role, time is a severely limiting factor. I think one of the main reason staff don't ask these questions is that they don't have adequate time to allocate to dealing with the response</p> <p>Time pressure of round</p> <p>Time - short clinic times</p>
<b>Not feeling confident</b>		<p>I feel confident to ask patients about stress or their general well-being, but I may not feel confident to ask their level of depression as they may not identify that they are depressed and this could be a challenging conversation to have.</p> <p>Worry of being unequipped to deal with responses from patients and knowing how to deal with them appropriately.</p>
<b>Lack of privacy</b>		<p>Time pressures, lack of privacy and/or opportunity</p> <p>Time constraints, not very private rooms, busy clinics,</p>
<p><b>Facilitators to assessing psychological well-being</b>  <i>('How much do you think the following might help?' ..... 'other')</i></p>		
<b>More access to psychological support</b>		<p>Greater access to psychology input and reduced waiting time from referral to patient being seen</p> <p>Have psychology counsellor access</p> <p>More Psychology availability</p> <p>Dedicated SpN or psychologist with psychological training</p>

Any other comments?		
<p><b>More psychology support available</b></p>		<p>More access to psychology support</p> <p>I believe there is no point in asking people how they are if we have nowhere or nobody to assist them.</p>
<p><b>Additional training</b></p>		<p>We need a range of option in between the two end - staff training and clinical psychologist</p> <p>I would be very open to attending more training and sessions involving how to help patients with mental health issues</p> <p>Time and training in psychology would be two most important things, especially when we are struggling to get appointments with our psychology team</p>



