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Changes in the Lives of Peritoneal Dialysis Patients and Coping with it: Qualitative Study

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ABSTRACT:
Purpose: In this study, it was aimed to determine the life changes and coping ways of peritoneal dialysis patients after peritoneal dialysis (PD) treatment.
Material and Methods: Qualitative research method and phenomenology, which is a pattern of this method, were used in the study. The study group consisted of six peritoneal dialysis patients followed in the Adult Peritoneal Dialysis Unit Center. A semi-structured interview form was used as a data collection tool. During the research process, the interviews with the participants were audio-recorded with permission of the participants. After the audio recordings were written down, content analysis was made by creating code-category and themes. During the study, validity-reliability was tried to be ensured.
Results: The findings consist of two themes, seven categories and fifty codes. After the PD treatment, it was determined that the participants had problems in terms of nutritional status, sleep patterns, physical activity, social life, family relations, physical appearance, professional and sexual life, and adaptation to life. It was determined that they experienced the most financial difficulties the most in their lives after the PD treatment, and all the participants stated that they wanted to receive government financial support.
Conclusion: In line with these results, it is recommended to establish counseling centers that can provide psychosocial support to patients, establish psychoeducational programs, initiate necessary procedures to create financial support within the state.
Keywords: *End-stage renal disease, Peritoneal dialysis, Qualitative research*

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INTRODUCTION

Chronic kidney failure (CKD) is a disease with high morbidity and mortality rates, negatively affecting the quality of life, placing a great burden on health budgets, having low awareness and early diagnosis, but can be prevented or slowed down if early diagnosis is done (Türkiye Böbrek Hastalıkları Önleme ve Kontrol Programı, 2014). End-stage renal disease (ESRD) is the last stage of chronic kidney failure. ESRD has become an important health problem due to the increasing incidence (Seyahi et al., 2018). In order for patients with end-stage renal disease to survive, dialysis or kidney transplantation treatments called renal replacement therapy should be applied. One of these treatment methods is peritoneal dialysis (Türkiye Böbrek Hastalıkları Önleme ve Kontrol Programı, 2018). In the 2020 Summary Report of the Turkish Society of Nephrology Registry, it was reported that 83,350 patients received renal replacement therapy in Turkey as of 2020, and 4.06% of the patients were using peritoneal dialysis (Süleymanlar et al., 2021). Peritoneal dialysis (PD) is a low-cost and easy-to-apply method with a good prognosis (Türkiye Böbrek Hastalıkları Önleme ve Kontrol Programı, 2014). While it allows patients to carry out and manage their own treatment and care in their own homes, patient follow-up is carried out with monthly controls (Curtin et al., 2008). In patients with peritoneal dialysis and treatment, various problems can be seen with mandatory life changes. These include restriction of diet and fluid intake, loss of physical strength and endurance, financial difficulties due to factors such as job loss or mandatory retirement, loss of role or change in role performance, change in family process, and limitation of recreational activities. In addition, patients experience changes in body image due to the presence of an abdominal catheter, sexual dysfunction may develop due to the psychological effect of the catheter on sexual performance (Theofilou, 2012). It is seen that PD often causes sexual dysfunction in female patients and erectile dysfunction in male patients (Yılmaz and Özaltın, 2011; Pyrgidis et al., 2021; Abdelaal et al., 2021). With the introduction of peritoneal dialysis into the lives of patients, these physical and psychosocial difficulties reduce the individual's compliance with peritoneal dialysis (Wang et al., 2014). In the study by Wang et al (2014), it was determined that psychosocial adjustment was low in peritoneal dialysis patients, and more than half of them had adjustment problems in their professional environment, family environment, sexual relationship, extended family relationships, and social environment. In the research of Duran and Güngör (2015), it was stated that patients experience fear when they first learn about their disease and then they get used to the situation. Patients intensely think that nothing will be the same as before, and difficulties related to treatment complicate the adaptation process. Similarly, in the study of Karaca et al. (2012), 46.6% of the patients stated that "nothing is the same in their private life, it is more complex and difficult". It has been stated that especially at the beginning of peritoneal dialysis, patients have difficulties in coping because they change all day long, have no free time and have difficulty in self-care responsibilities (Chan et al., 2011). Although many quantitative studies have been conducted on peritoneal dialysis patients (Baykan and Yargic, 2012; Ören and Enç, 2013) there are not many qualitative studies in the literature (Tannor et al., 2017; Petersson et al., 2017; Ahmadi et al., 2018; Fox et al., 2020). However, focusing on the individual's own expressions in understanding the problems experienced by individuals will enable the problem to be revealed more clearly. In a mixed-patterned study comparing hemodialysis and peritoneal dialysis patients in the literature, while the data obtained with the scales were similar, it was seen that individuals expressed problems in different life areas in qualitative interviews. Moreover, although there are many studies on HD (hemodialysis) patients, quantitative and qualitative studies on PD patients seem to be limited. Because PD patients experience fewer complications and have less hospitalization, the problems they experience can be ignored. With this study, it is aimed to draw attention to the changes in the lives of peritoneal dialysis patients and their ways of coping after the treatment.

MATERIAL AND METHODS

Purpose and Type of the Study

In this study, the "phenomenology" pattern, which is one of the qualitative research methods, was applied.

Sampling and Participant

Maximum diversity, which is a type of purposive sampling method, was used to form the study group. With maximum variety, the goal is not to generalize, but to find out what differences or similarities the facts have (Yıldırım and Şimşek 2013). In accordance with this purpose, the study group consisted of patients within the scope of the Adult Peritoneal Dialysis Center located in a city. Maximum diversity was tried to be achieved in terms of PD treatment time and gender. To provide maximum variation according to the duration of peritoneal dialysis, long (patients undergoing PD for ten and twelve years), medium (patients undergoing PD for two years and five years) and short-term (patients undergoing PD for three months and six months) patients were selected, and three female and three male participants were studied according to gender. Since it is thought that data saturation has been reached based on the fact that the same codes are constantly coming in the study, the study was completed with six people. Patients were included in the study between September 2018 - April 2019. Participant numbers were given to six patients who were interviewed. Demographic data of the participants are presented in Table 1. When the sociodemographic characteristics of the participants are examined in Table 1, half of the participants were women, half were men, their ages were between 35- and 58 years old, and their education level was at primary and high school levels.

Table 1. Sociodemographic Characteristics of the Participants

Participant	Gender	Age	Education Status	Marital Status	Number of Children	Working Status	PD Treatment Time	Chronic Disease	Smoking
P1	Male	53	High school	Married	3	Retired	3 months	Diabetes	Yes
P2	Female	58	Primary school	Married	2	Housewife	6 months	No	No
P3	Female	31	High school	Married	No	Secretary	2.5 years	Diabetes, Hypertension	No
P4	Male	35	High school	Married	No	Craft	1.5 years	Diabetes	No
P5	Male	57	Primary school	Married	3	Retired	12 years	No	No
P6	Female	45	Primary school	Married	3	Housewife	10 years	Diabetes, Hypertension	No

Data Collection Tools

In this study, an introductory characteristics information form consisting of nine questions prepared by the researchers using the literature (Duran and Güngör, 2015; Peker, 2007) was used as a data collection tool to determine some sociodemographic and disease-related characteristics of peritoneal dialysis patients. Afterwards, a semi-structured interview form with open-ended questions was used. The semi-structured interview is done by preparing the interview questions in advance and rearranging the questions created by providing partial flexibility during the interview (Ekiz, 2015). The questions in the interview form were created as a result of the literature review (Peker, 2007; Wang et al., 2014; Duran and Güngör, 2015; Tannor et al., 2017). In the interview form, there are sixteen basic questions and two probe questions about the patient's thoughts, values and perceptions about life after peritoneal dialysis, and changes in their life with peritoneal dialysis. A total of eighteen questions in the interview form were subjected to expert corrections and validity was ensured by making necessary corrections.

Pre-treatment

To evaluate the sociodemographic and semi-structured interview form prepared, a preliminary treatment was made by the researchers for two peritoneal dialysis patients who were treated in the nephrology service. After the pre-treatment, data were started to be collected without making any changes in the forms. Patients who participated in the preliminary treatment were not included in the study.

Data Collection Process

After the individuals who met the criteria were informed about the content of the study, their consent was obtained. Individuals were informed that the interviews would be made with a voice recorder. The interviews were conducted in a quiet home environment, where factors that could affect the collection of data were minimized. Sociodemographic data were read by the researchers and filled in line with the answers of the patients. The semi-structured interview was audio-recorded and the interviews lasted an average of 30-40 minutes.

Validity-Reliability

Internal validity is defined as the adequacy of the process followed while reaching the research results to reveal the studied reality and the events that we think we have observed as the researcher. Moreover, internal validity is defined as the degree to which our interpretations of facts, which we think we understand, reflect the real situation (Yıldırım and Şimşek, 2013). A semi-structured interview form was used in the research. While performing the content analysis, themes, categories and codes were created that are broad enough to cover related concepts and narrow enough to exclude irrelevant concepts. The created themes and categories were checked by an expert and researchers. To ensure the internal validity of the qualitative data obtained in the research, it was given importance to include acquaintances and conversations at the beginning of the interviews, and it lasted for about 30-40 minutes, with the thought that an atmosphere of trust will be created over time and the interviewee may be more sincere as the interview period progresses. Besides, care was taken to ask alternative questions included or not included in the interview form to obtain detailed information. The answers given by the participants in the interview are given in quotation marks without changing them in the results section. To ensure external validity, the research model, study group, data collection tools, data collection, data analysis and how the findings were organized were described in detail. Besides, the participants of the study were formed from suitable individuals who would contribute to the purpose of the study. All of the findings in the study were presented to the reader as direct quotations without comment. Since the recording device was used during the interview, it was tried to increase the internal reliability by preventing the loss of the data obtained during the interview. The data were read independently by four researchers. Moreover, codes, categories and themes were created. While creating codes, categories and themes, a consensus was reached among the researchers. To ensure external reliability, the data analysis, results, discussion and conclusion part of the research were approved by an expert in the field of research methods.

Statistical Analysis

The content analysis method was used in the analysis of the data. In this framework, data were defined through content analysis, and similar data were gathered and interpreted within the framework of certain concepts and themes (Yıldırım and Şimşek 2013). The code, category and theme, which four researchers independently created and after which the transcripts were read over and over and the consensus was reached, are shown in tables in the results section.

Ethical Approval

To conduct the research, approval from the Clinical Research Ethics Committee of a University (2017/493) and institutional permission from the Health Practice and Research Center Adult Peritoneal Dialysis Center were obtained. Moreover, verbal and written informed consent was obtained from the patients who participated in the study by explaining the research.

RESULTS

The results consist of two themes, seven categories and fifty codes (Table 2). Codes were created according to the answers given by the patients to the open-ended questions under the themes and categories and are given below with direct quotations from the participants.

Patient Opinions on the Category of Feelings at the Beginning of Peritoneal Dialysis Treatment

Two codes (getting upset, stress) were created for the question of how did you feel when you first learned that you would start PD practice.

Individuals receiving PD treatment expressed their thoughts about starting the practice as;

-P1: “*I got a little stressed out. I mean, what's going on, what's going to happen.*”

-P2: “*I was so sorry*.”

-P6: “*I got stressed*.”

Patient Opinions Regarding the Category of Meaning of Peritoneal Dialysis Treatment

Two codes (living, unable to work) were created regarding the meaning of peritoneal dialysis treatment. Except for P5, other participants considered the living code.

Participants explained the meaning of peritoneal dialysis treatment as;

-P3: “*Living (laughing). So, without it, I can hardly breathe because my body swells and puddles, so I have to do it to live*.”

-P5: “*I met this at the age of 46, I would like to work,* *but it had effects such as not being able to work*."

Patient Opinions on the Category of Change in Physiological After Peritoneal Dialysis Treatment

Participants indicated the changes in nutritional status after PD treatment with the codes of eating without salt, eating less and inability to eat between meals. All participants used the expression "eating without salt".

-P1: "*When you start peritoneal dialysis, you can eat a little bit of everything. You eat little and without salt*."

-P4: "*We have to eat without salt, my order changed when I'm out and I can't eat snacks*."

All participants stated that their sleep patterns were disturbed after the PD treatment.

-P1: "*I can't sleep at night because of the itching in my body. It's like a nightmare*."

-P4: "*I am worried because I am connected to the machine and my sleep is disturbed*."

Participants stated that the change in physical activity after PD treatment was the inability to walk, fatigue, slowing down, strain and constriction.

-P1: *"After I start peritoneal dialysis, I can't walk much. I am getting tired."*

-P3: *"I slowed down a lot. Now I have a hard time walking. For example, while I was working at home, I was a person who always cleaned the house for two hours in an hour, now I see a room and I am sitting. I have to rest because I am short of breath."*

Participants discussed the codes of change in skin color, itching, and weight gain as changes in physical appearance after PD treatment. All participants stated that they had skin problems. They stated as,

-P1: *"Because my body was itchy, my skin color changed and darkened."*

-P2: *"I have a lot of itching, my legs are very swollen and there is edema. There is a problem after the bath due to the catheter."*

-P6: *"My legs and body are very itchy, my skin is dry, and I gain weight due to inactivity."*

Among the participants, P3, P4, P5 and P6 stated that there was a change in their sexual life after the PD treatment, while P1 and P2 did not experience any change.

-P1: *"I haven't lived a sexual life like that for about two years. My wife didn't want it, so I said OKAY."*

-P3: *"Of course, it has changed. My stomach is swelling. When my husband gets on me, I have a hard time pushing. This situation reduces my desire."*

-P4: *"It's not like before, there are times when I have an erection problem."*

- P5: *"Unfortunately. It's like I have no sex life."*

Patient Opinions Regarding Change in Social and Vocational Life After Peritoneal Dialysis Treatment (Travelling, Visiting Friends, Shopping, etc.)

After the PD treatment, the participants stated that they could not go out of the house, visit their friends, go to distant places, go out at certain times, have difficulty while traveling, and have difficulty in shopping and housework as a change in their social life.

-P1: *"There has been a lot of change (researcher: What happened?) I can't do dialysis everywhere. For the thing, what was it? (Researcher: Hygiene). Yes, because of the hygiene and risk of infection, I cannot easily get dialysis anywhere. I cannot leave the house. Therefore, there have been many changes. I can't go much to visit my friends."*

-P2: *"I can't go out, I can't go shopping, I have trouble with housework, the daily routine of my life has changed."*

-P3: "*I had a hard time… While I was traveling, for example, I went to Antalya on vacation, I was very scared there. Because I'm a person who gets a lot of infections. The machine was a problem there because I had to take the machine. I took two suitcases with water and so on."*

-P5: *"I am limited when I want to go somewhere. For example, we have vineyards. I can't go, I would like to go, viticulture is also an occupation."*

The codes of being unkind, giving support, distancing and having an experienced family in the change in family relations after the PD treatment were discussed. Among the participants;

-P1 stated that he started to be unkind in his family relations during this process. *"I'm starting to get a little nervous. So, when they say a word to me, I misunderstand. I can be unkind sometimes."*

-P3 stated that she had an experienced family and that her family supported her. "*My father has diabetes. My brother was a dialysis patient. Since my family is experienced in diseases, we did not have any* *problems. I have already accustomed my husband to everything. When I am uncomfortable, he takes care of everything for me. He's setting up my machine. He is my biggest supporter."*

Table 2. Changes in the Lives of Patients Treated with Peritoneal Dialysis and Coping with it

Theme		Category	Code
Theme 1 Peritoneal Dialysis Treatment		**Category 1.** Feelings at the start of the treatment	Getting upset
			Stress
		Category 2. Meaning of the treatment	Living
			Unable to work
Theme 2 After Peritoneal Dialysis Treatment	**Subtheme 1** Change in life	**Category 3.** Change in physiological	Eating without salt
			End of sexual life
			Decreased sexual desire
			Erection problem
			Not changing
			Change in Skin Color
			Itching
			Gaining weight
			Eating less
			Inability to eat between meals
			Disruption
			Inability to walk
			Fatigue
			Slowing down
			Strain
			Constriction
		Category 4. Change in social and vocational life	Not Leaving the House
			Not Going to Visit Friends
			Inability to Go to a Far Place
			Going Out at Certain Hours
			Difficulty Traveling
			Difficulty with shopping/housework
			Being unkind
			Giving Support
			Distancing
			Having an experienced family
			Quitting work
			Being bored
			Having difficulty
			Ability to continue working with PD
			Not changing
	Subtheme 2 Adaptation-Coping	**Category 5.** Adaptation to life	Having difficulty
			Not having difficulty
		Category 6. Coping	Using available opportunities
			Talking to spouse
			Getting angry
			Self-talk/negotiation
			Smoking
			Belief
			Getting used to
			Acceptance
		Category 7. Needed support	Financial resources
			Government contribution
			Family contribution
			Transplant requests from people
			Being listened

-P5 stated that his wife and children supported him in the family relationship and that he distanced himself from his close relatives. *"People call and ask, but there is not that much closeness, even my siblings, they call once a month (sadly), my spouse and children are different."*

-P6: *"I can't share everything because people will get upset, I started to make the distance. But my husband and children help in everything."*

Participants explained the change in professional life after the PD treatment with the codes of quitting the job, being bored, having difficulty, being able to continue working with PD, and not changing. In the study, P2 and P6 stated that they were housewives and the treatment did not affect their professional life. Moreover, P3 and P4 stated that they continued to work with the PD.

-P1: *"I was a truck driver, I quit and retired."*

-P4: *"I do my own business, I have an assistant with me, I go because my work environment is available."*

-P5: *"I had to quit my job. Where should I do the dialysis? Which workplace will allow me? It also causes financial difficulties."*

Patient Opinions on the Category of Adaptation to Life After Peritoneal Dialysis Treatment

Among the participants, P3 and P5 stated that they had no difficulty in adapting to life after the PD treatment, while other participants stated that they had difficulties.

-P2: *"Of course, my adaptation to life is broken. I don't want to go out, I don't want to leave the house, I have itches. I think about my children and my future (with a sad face)."*

-P3: *"I didn't have a problem because I'm not that incompatible. Because I was always doing my brother's dressing. So, I didn't have a problem. I was conscious."*

-P5: *"I don't have any obstacle in adapting to life, thank goodness, I had to adapt. There are certain things you have trouble with, but you don't have to spoil your life."*

-P6: *"This disease started at a young age. My adaptation to life is broken, of course, I want to keep myself away from everyone and everything."*

Patient Opinions on Coping with Difficulties Category

Participants expressed their coping with difficulties as follows:

-P1: *"I'm trying to do it with what I have. Sometimes I talk to my wife. Sometimes I get angry and go out. I talk to myself and think about what to do, where to enter and where to leave. I bargain by myself. If I didn't think about it today, I wouldn't smoke. What happens if I don't smoke, my life starts to be balanced and orderly."*

-P5: *"I have not tried any method. I pray when I go to bed. I pray when I am at the mosque. It's been twelve or thirteen years, I'm getting used to it. I have to accept. I don't have a chance to refuse."*

Patient Opinions on the Category of Needed Support to Cope with Difficulties

The participants explained that they wanted to receive financial resources and government contributions, as well as family contributions, and transplant requests from people, and they wanted to be listened to and receive support on these issues.

-P2: *"I'm waiting for a transplant to come out. What more would I want if there was such support?"*

-P3: *"I did a lot of research to lose weight. If I had the financial resources, I would also go to sports. I go to all kinds of dietitians (laughs)."*

-P5: *"Everyone has their own trouble. Since my government report is 90% working, it doesn't pay for maintenance. There is the Ministry of Family and Social Policies (Researcher: Yes). We went there too, they said you can see your own business and we couldn't get support. We would like to get support from the government, I would like to be listened to and share my troubles more than my relatives."*

-P6: *"I am far away from my family and relatives, I want them to listen to me and support me. I wish there was financial support, money shortage is another problem (with a sad facial expression)."*

DISCUSSION

As a result of the study, it was determined that the participants had problems in physical activity, social life, family relations, physical appearance, professional and sexual life after PD treatment.

In the present study, it was determined that starting the PD treatment created sadness and stress in individuals. In the study of Sadala et al. (2010), individuals felt anxiety and hopelessness when they first learned about the disease and stated as *"It seemed like the end of the world, you know? It was like… my God! The ground under my feet seemed to have disappeared*." This result supports our study. The feeling of the unknown in individuals and the thought of losing control of their lives in the treatment of PD are considered as the reasons for experiencing these feelings.

The majority of the participants in the study explained that PD means "*living*" for them. Fex et al. (2011) found in their study that PD contributes to living by giving individuals flexibility and confidence. In the study of Petersson and Lennerling (2017), patients stated that PD is necessary for them to continue living their lives. Results similar to the literature suggest that patients are conscious that they need to practice PD to live.

In this study, all of the participants who applied PD stated that they described not being able to walk, slowing down, straining in physical activity, and that they had skin problems in physical appearance and problems with the catheter. Moreover, the participants stated that they could not visit their friends in social life, they had difficulty going out of the house, but they could go out at certain times, their families supported them, but they were distanced from their close relatives. When the literature is examined, there are many studies show that peritoneal dialysis affects patients' family relationships, daily and social life, physical activities and physical changes (Duran and Güngör, 2015; Karaca et al., 2012; Peker, 2007; Tong et al., 2013; Tannor et al., 2017). In the study of Tannor et al. (2017), a female patient who applied PD expressed her thoughts about her social life as "*I have to worry when I go out*". Another female patient expressed her opinion as "*It limits you, it limits you to your home*". Again, the female patient who applied PD explained her thoughts about the catheter as "*It is not something I always want to look at every day, it really limits you*". In the work of White and Grenyer (1999), the support of the spouse in daily life in family relations was emphasized. The female patient said, "*My husband is very kind and I couldn't have done without him. He is there for me when I need help making the bed*". In the study conducted by Yngman-Uhlin et al (2010), one participant expressed her/his thoughts on housework as "*I give up doing housework due to fatigue and this contributes to stress*". This finding is in parallel with the thought of P3. In the study of Martin-McDonald and Biernoff (2002), one of the participants said, "*Many friends have left us. We don't see many friends that we see on a regular basis, and I think it's because they can't be around someone who is chronically ill*." All these findings support our study and the statements of the participants in this study are included in the results section with direct quotations. In the literature and at the end of the study, changes in physical activity in PD patients negatively affect the patients in their social and daily life and family relationships.

In the present study, two of the participants stated that they had to quit their job in their professional lives after the PD treatment. Especially in male patients, the initiation of PD at a young age and the loss of jobs negatively affected their lives. In the study of Tannor et al. (2017), the male patient who applied PD expressed his thoughts about his professional life, "*If you have peritoneal dialysis, you cannot find a job. People do not want to employ you*". The female patient who applied PD expressed her opinion as "*They do not provide a place for us as kidney patients in the workplace*." In another study, the patient's expression was "*I worked for a company for more than 20 years and suddenly I was like a piece of paper in the wind*" (Davison, 2006). All these findings are in parallel with the results of our study. At the same time, in Peker's (2007) study, it was stated that the professional life of 1/3 of the patients was adversely affected. Similarly, as a result of the study by Karaca et al. (2012), 1/3 of the patients stated that "*It has become very difficult to go to work*". After the PD treatment, individuals lose their jobs and workplaces cannot provide a suitable environment for patients. This situation affects the patients negatively and causes them to have financial difficulties.

In our study, P5 stated that after PD treatment, his sexual life was over and there were missing things, P3 stated that the frequency of sexual intercourse decreased and she had difficulty during sexual intercourse, her sexual desire decreased, P6 did not get pleasure, sexuality puts her under stress, and P4 stated that he had an erection problem. In parallel with these results, in the study of Tannor et al. (2017), the female patient who applied PD stated her thoughts on sexual life as "*I can't have sex the way I used to have sex, this is no longer the same thing*". In the study of Yılmaz and Özaltın (2011), the patient's thought that "*We are like brothers and sisters, our sexual life is over*" supports our study. As a result of the descriptive studies, it was determined that the patients who applied PD experienced problems in sexual arousal, orgasm status and orgasm satisfaction. All these results support our study (Yılmaz and Özaltın, 2011; Pyrgidis et al., 2021; Abdelaal et al., 2021). With the PD treatment, individuals experience deficiencies in their sexual lives. The physical changes brought about by the disease cause a decrease in sexual desire and can bring sexuality to the endpoint with sexual dysfunctions.

After the PD treatment, the participants considered the most difficult situations in their lives at many points. To cope with these difficulties, half of the participants stated that they took refuge in their beliefs and tried to lose weight. The other coping methods used were accepted as being uneasy, getting used to, talking to the spouse, getting angry, bargaining with oneself, patience, using the opportunities at hand, and smoking. The belief system used to cope with difficulties has been the most frequently used coping method in many studies, as in our study (Çetinkaya et al., 2008; Hiçdurmaz and Öz, 2009; Duran and Güngör, 2015). It was determined that the patients used both positive and negative coping methods in the difficulties they encountered with the introduction of PD practice into their lives.

Living with chronic kidney disease is associated with hardships for patients and their care-partners (Kalantar-Zadeh et al., 2021). The biggest supporters of the participants in the study were their spouses. In the study of Ekelund and Andersson (2010), a participant's thought about spousal support family burden “*Illness is a burden for my wife. She takes care of everything*”. This finding is parallel to our study. In the present study, the patients stated that the support of their spouses was high, but they were upset by the lack of support from family relatives or outside about transplantation. Most of the participants stated that they wanted to receive financial and government support in terms of getting support for the difficulties after the PD treatment. In the present study, patients experience great financial difficulties because they lost their jobs or moved to lower-level jobs. Participants stated that they could not receive care support from the government because they were able to work, but they had difficulties in finding a job, their physical activities slowed down, and the unavailability of the workplace where they would do PD process.

After the PD treatment, individuals stated that they experienced problems in terms of physical movement, sexual function, social and family relations, professional life, and most of all as financially. In the face of these difficulties, all the participants stated that they wanted to receive family, financial and government support. In line with these results, the necessary procedures should be initiated for establishing counseling centers that can provide psychosocial support for sexual, occupational and daily life, physical activity, physical appearance, nutrition, coping with difficulties, sleep patterns, family relations. Moreover, establishing psychoeducational programs and providing financial support from the government are recommended for patients who started PD treatment.

Limitations

In this study, opinions of people living in a certain region were taken. Study results are limited to expressions specific to this region.

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Conflict of Interest

No conflict of interest has been declared by the author(s).

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