Asian Nursing Research 9 (2015) 35–41

Contents lists available at ScienceDirect

Asian Nursing Research

journal homepage: www.asian-nursingresearch.com

A Qualitative Approach of Psychosocial Adaptation Process in Patients Undergoing Long-term Hemodialysis

Chun-Chih Lin, PhD, RN, [1,*] Chin-Yen Han, PhD, RN, [2] I-Ju Pan, PhD, RN [3]

[1] Department of Nursing, ChiaYi Campus, Chang Gung University of Science and Technology, ChiaYi, Taiwan
[2] Department of Nursing, Chang Gung University of Science and Technology, Taoyuan, Taiwan
[3] Department of Nursing, I-Shou University, Kaohsiung, Taiwan

ARTICLE INFO

Article history:
Received 13 January 2014
Received in revised form
10 August 2014
Accepted 9 October 2014

Keywords:
hemodialysis
end-stage renal disease
psychosocial adaptation

SUMMARY

Purpose: Professional hemodialysis (HD) nursing tends to be task-oriented and lack consideration of the client's viewpoint. This study aims to interpret the process of psychosocial adaptation to dealing with HD in people with end-stage renal disease (ESRD).

Methods: A grounded theory guided this study. Theoretical sampling included 15 people receiving HD at the HD center of a hospital from July to November 2010. Participants received an information sheet in writing, a verbal invitation, and informed consent forms before interviews were conducted. A constant comparative data analysis was analyzed using open, axial and selective coding. The computer software ATLAS.ti assisted data management. Credibility, transferability, dependability, and confirmability ensured the rigor of study process.

Results: This study identified "adopting life with hemodialysis", which captures the process of the psychosocial adaptation in people with ESRD as one transformation. Four categories that evolved from "adopting HD life" are (a) slipping into, (b) restricted to a renal world, (c) losing self control, and (d) stuck in an endless process.

Conclusions: The findings of this investigation indicate the multidimensional requirements of people receiving maintenance dialysis, with an emphasis on the deficiency in psychosocial and emotional care. The study's findings contribute to clinical practice by increasing the understanding of the experience of chronic HD treatment from the recipient's viewpoint. The better our understanding, the better the care provided will meet the needs of the people receiving HD.

Introduction

Professional hemodialysis (HD) nursing aims to provide holistic care to clients to achieve a better HD outcome. However, the care provided tends to be task-oriented and lack consideration of the client's viewpoint. Clients and their families have little information to help them prepare for and contend with their long HD journey [1]. Furthermore, clients are rarely asked for their opinions about HD treatment which has an impact on their daily living, although HD nurses sincerely care about them. Nurses and clients have their own perspectives on the management of HD and these often do not correlate.

Most studies on HD have focused on quality of life [2–4], well-being [5–7], and symptom management [8,9], but these studies reflect the objective evaluations of health professionals. A relatively small number of studies have considered the subjective views of clients with renal disease [10–12]. Studies concluded that there is a need for increasing nurses' commitment to understanding clients who are living with a chronic illness. It is vital to gain information from clients about their psychosocial adjustment experiences on HD in Taiwan.

This study aimed to interpret the process of psychosocial adaptation of people with end-stage renal disease (ESRD) undergoing regular HD. Questions that the researchers aimed to answer covered three broad topics: (a) what psychosocial adjustment experiences clients with ESRD undergoing regular HD have; (b) what needs are specific to these clients; and (c) what factors influence the psychosocial adaptation process to HD in these clients and how these are demonstrated.

* Correspondence to: Chun-Chih Lin, PhD, RN, ChiaYi Campus, Department of Nursing, Chang Gung University of Science and Technology, 2, Chia-Pu Rd, West Sec. Pu-tz, ChiaYi, 613, Taiwan.
E-mail address: cclin01@mail.cgust.edu.tw

http://dx.doi.org/10.1016/j.anr.2014.10.007
p1976-1317 e2093-7482/Copyright © 2015, Korean Society of Nursing Science. Published by Elsevier. All rights reserved.

Grounded theory guided this qualitative study with its roots in the concept of symbolic interactionism, which is about human behavior being determined by an adaptation to the environment. Constructivism is akin to symbolic interactionism; it focuses on how the self (in context) defines a situation and reproduces social actions, as well as how the self shares an understanding of an object in constructing its meaning. In order to understand the applicability of grounded theory to interpret the process of psychosocial adaptation to HD in people with ESRD, it is important to articulate the philosophy of symbolic interactionism.

Symbolic interactionism focuses on interaction and on the meanings of events to participants (their definitions of situations). From here, it goes on to emphasize the processes involved in human beings defining, acting, and using symbols (language) through interactions and responses to (thought) interactions with their environments. Blumer [13] articulated three central concepts of symbolic interactionism. The first concept maintains that "human beings act toward things on the basis of the meanings that the things have for them" [13]. The assumption here is that people interpret and define the actions of others, and their behaviors are a response to that. Therefore, people's actions are taken based on the process of interpretation.

The second concept underpinning symbolic interactionism is that "the meaning of … things is derived from, or arises out of, the social interaction that one has with one's fellows" [13]. Social interaction focuses on interactions between an individual and others, a process that can form and reform human behavior in the sense that the meanings underlying it can be derived through such interaction. That is, the outcome of interaction is a determinant of individual behavior. The third concept of symbolic interactionism is that "meanings are handled in, and modified through an interpretive process used by the person in dealing with the things" encountered [13]. This meaning of things is formed in the context of a person's social interactions and modified by the interpretations that flow from these social interactions. What is significant about this world view is that it shifts the focus away from given or static norms and values to changeable and continually readjusting processes.

From the above we see that symbolic interactionism provides a theoretical perspective for studying how individuals interpret objects and events that they encounter in their lives and how a process of interpretation leads to behavior or action in a specific situation. The use of a grounded theory approach in this study helps to understand how people with ESRD perceive and define the process of psychosocial adaptation to regular HD. Grounded theory is a research methodology compatible with the aims of this study as it situates problems in a social context and helps to examine how people with ESRD interpret and act upon HD in their lives.

Methods

Study design

Grounded theory aims to discover and interpret people's action and interaction with the environment as a psychosocial process. Data of theoretical sampling from actual research formulates study findings by using constant comparative analysis which consents to data generated and data sets compared systematically and continually. Coding technique of grounded theory reduces the interview text to concepts, discovers relationships and patterns among the concepts, and generates a storyline. Moreover, researchers collect data and codes emerging categories to be a concept alternatively during the progress of study.

Grounded theory provides a theoretical perspective for studying how people with ESRD interpret HD in their lives, and how this process of interpretation leads to behaviors. Grounded theory is a methodology for the purpose of studying phenomena from the perspective of symbolic interaction. Understanding clients' overt and covert behavior is an important goal in exploring the psychosocial adaptation process of these clients in grounded theory.

Setting and sample

All residents in Taiwan are covered by National Health Insurance which includes the cost of HD treated in public or private hospitals. An HD unit in rural southern Taiwan gave the researchers permission to recruit participants from among its clientele. The 35-bed unit served about 200 clients with ESRD. The causes of ESRD among this unit's clientele were diabetic mellitus (32.4%), high blood pressure (21.3%), and kidney diseases (46.5%) [14]. Most clients had HD treatment three times per week.

Theoretical sampling was performed throughout the process of data collection. Clients qualified for selection if they had a diagnosis of ESRD and received regular HD treatment. Participation was voluntary. Clients who met the selection criteria received an information sheet outlining the purpose of the study. Each interview lasted approximately 1 hour. The interview was audio-taped. Fifteen clients undergoing regular HD participated in this study, 10 men and 5 women, aged from 30 to 78 years. Demographic information of participants are shown in Table 1.

Table 1 *Demographics of Participants.*

Gender	Age	HD years	Past-health status	Marital status	Work status	No. of children
F	51	2	SLE	Married	Administrator to no work	1
M	60s	10	Renal stone, renal parenchyma disease	Divorced	Civil service worker	2
M	60s	10	Renal parenchyma disease, HTN	Married	Factory worker to no work	NM
M	60s	3	DM, HTN	Single	Owned small business to no work	0
M	74	5	Herb medicine, renal disease, bladder tumor	Widower	Kungfu practitioner to no work	NM
F	55	9	Renal parenchyma disease, herb medicine regularly taken, HTN	Married	Factory worker to no work	1
F	77	7	Renal parenchyma disease, HTN, renal stone	Married	Never worked	3
M	78	5	Renal disease, HTN	Widower	Crew to no work	5
M	70	5	Patent medicine taken from broadcast, renal disease, urine retention	Married	Factory worker to no work	NM
M	70	8	Urine retention, herb medicine regularly taken, HTN	Married	Civil service worker to no work	3
M	30	10	Asthma, urine protein	Single	Never worked	0
M	60	1	DM, pulmonary TB, depression	Married	Officer to no work	2
F	61	10	HTN, renal function insufficient	Married	Factory worker to no work	2
F	68	10	Urine protein, depression	Married	Public services to no work	4
M	50s	6	Fracture, renal disease	Single	Chef to no work	0

Note. HD = hemodialysis; SLE = systemic lupus erythematosus; HTN = hypertension; DM = diabetes mellitus; TB = tuberculosis; NM = not mentioned during interview.