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Commentary: Exploring the lived and coping experiences of patients with kidney failure undergoing haemodialysis in Malaysia private hospitals.

The prevalence of chronic kidney disease continues to increase globally, resulting in significant impact on health (GBD Chronic Kidney Disease Collaboration 2020). While transplantation is the treatment of choice for many patients with kidney failure, haemodialysis it the most utilised kidney replacement therapy worldwide (Bello et al. 2022). Haemodialysis can be undertaken in the home setting, but most patients receive this treatment in a hospital or satellite clinical setting. This paper "Exploring the lived and coping experiences of patients with kidney failure undergoing haemodialysis in Malaysia private hospitals" addresses a gap in the literature, noting limited previous research focusing on this setting.

This paper uses Interpretative Phenomenological Analysis to explore the lived experiences and coping strategies, elicited through in-depth interviews. The study sample included 15 patients who had used haemodialysis for between two and eight years, recruited from three private Malaysian hospitals. Having worked in kidney care, caring for people undergoing haemodialysis as in-patients, I read the findings with particular interest. The authors highlight detailed findings around participants' lived experiences of haemodialysis, including emotional distress, financial burden, life limitations, knowledge deficit and diverse treatment perceptions. Importantly, the authors identified that participants were shocked to be diagnosed with kidney failure, which was partly due to their lack of knowledge of the disease. Dorgelo and Oostrom (2022) report that despite the increase in chronic kidney disease, there is a lack of awareness around the disease amongst the public, which requires interventions at different levels.

Furthermore, the paper reports the strategies patients developed to cope with haemodialysis, including financial assistance, hope, social support and strategies to manage body image. The authors highlight that the latter has seldom been reported in the literature and included strategies such as using make-up to conceal the fistula access. Furthermore, many of the study participants (age range 34-71) remained in employment, and colleagues subsequently offered important social support. The authors argue that this differs from the wider literature where participants using haemodialysis are commonly not employed. Indeed, a mixed methods study identified a myriad of factors impacting on employment in patients using haemodialysis, including hospital visits, vascular access and physical symptoms (Tsutsui et al. 2017). However, ability to work was identified as critically important by the Standardised Outcomes in Nephrology-Haemodialysis (SONG-HD) initiative, which developed core outcomes for haemodialysis trials with patients, families, healthcare professionals, policy makers and researchers.

This study offers nurses working in kidney care the opportunity to identify appropriate interventions to support patients to live well with haemodialysis. This can be facilitated by the long-term nature of the nurse-patient relationship that can be experienced within a haemodialysis setting. Indeed Stavropoulou et al. (2017) identify that this relationship is important for patients' experiences of psychological support (Stavropoulou et al. 2017). Overall, Interpretative Phenomenology Analysis was highly appropriate for this study and facilitated a detailed insight into patients' lived and coping experiences.

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