Critical Care Nursing

Iran J Crit Care Nurs 2013;6(2):69-76

Journal home page: www.inhc.ir

The Meaning of Transition to Hemodialysis: qualitative study

Parkhideh Hasani[1], Masoomeh Otaghi[1*], Mansoreh Zagheri Tafreshi[1], Alireza Nikbakhat Nasrabadi[2]

**1.School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran*

2. School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

ARTICLE INFO

Article type:
Original article

Article history:
Received: 5 Nov 2012
Revised: 9 Apr 2013
Accepted: 23 Apr 2013

Key words:
Transition
Meaning
Hemodialysis
Nursing
Qualitative study

ABSTRACT

Aims: Transition is a passage or movement from one stage of life, condition, or place to another. Chronic patients somehow experience transition and nurses have an important role in supporting them. This study was aimed to explore the meaning of transition to hemodialysis.

Methods: In this qualitative research, hemodialysis purposeful sampling and then theoretical sampling had been continued until data saturation (13 people). Participants were hemodialysis patients that were referring to affiliated hospitals with Shahid Beheshti University of Medical Sciences and persons being in direct and close touch with them in 2012. Semi-structured interviews were undertaken and field notes and memos were used for data collection. The data were analyzed by content analysis. Data rigor was confirmed by Lincoln & Goba criteria. Ethical considerations were observed.

Results: The participants showed dual meanings of transition to hemodialysis (positive & negative). Categories of recovery & healing way, an opportunity for interaction, an opportunity for learning, a hope point, God's gift, and renewal life demonstrated positive meanings of transition to hemodialysis. Categories of valueless of hemodialysis, useless living with hemodialysis, life bitterness with hemodialysis, and hardship of living with hemodialysis and tragedy of life with hemodialysis, demonstrated negative meanings of transition to hemodialysis.

Conclusions: Considering complexity and multidimensionality of transition and influences of means associated with transition and formation of intensity and nature of the consequences that clients experience, must be relied on reinforcing positive meanings of transition to hemodialysis in nursing care.

Please cite this paper as:
Hasani P, Otaghi M, Zagheri Tafreshi M, Nikbakhat Nasrabadi A. The Meaning of Transition to Hemodialysis: qualitative study. Critical Care Nursing. Iran J Crit Care Nurs 2013;6(2):69-76.

* Correspondence Author: Masoomeh Otaghi
School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran. Tel: +98-2188655374
Email: masoome_otaghi@yahoo.com

1. Introduction

Questions about the nature and the truth of transition and the human experiences of transition date back to first decades of 1960s. Bridges mention three stages for transition: An ending phase marked with disengagement,

[Downloaded from jccnursing.com on 2026-11-06]

disidentification, and disenchantment, a neutral phase marked with disorientation, disintegration, and discovery, and a new beginning phase marked with finding meaning and future, experiencing control and challenge [1]. Definitions for transition differ upon different disciplinary focus [2]. According to Chick and Meleis, transition is a transfer from one phase of life, condition, or situation to another phase [3]. Transition refers to both the process and the outcome of complex interaction between person and environment. It may involve more than one person; moreover it may be in a context or a situation. Defining characteristics of transition include; process, disconnectedness, perception, response, and patterns of response [4].

Transition is a way to response to the change during time. People undergo transition when they need to adapt to new situations or circumstances in order to incorporate the change event into their lives. [2]. Transition is a central concept in nursing. Because of its consequences, which affect clients' health, transition is important in nursing. In nursing literature, regard to health outcome conceptualization which is related to transition and includes; subjective, behavioral, and interpersonal dimensions. Nursing interventions is aimed to promote or restore health from individual, domestic, and organizational dimensions [4]. Most of nursing care occurs during transition process. In fact, primary goal in nursing is achieving to appropriate results for the patient. Therefore, nursing mission in the framework of transition content according to the extent and importance of it is defined as; the art and science of facilitating the transition of human's health and well-being. In other words nursing is attention and involvement with the person's experiences that is in transition to health that its outcome is well-being of the patient. Within this definition, there are areas for knowledge development that has some general characteristics [1].

Patients with chronic disorders such as End Stage Renal Disease (ESRD) somehow experience transitions. Despite of medical improvements, patients with ESRD and their families carry sever psychosocial load that lead to decrease quality of lives in them compared with the healthy persons. Rate of depression and anxiety in these patients are between 20 to 30 percent that on the rise to 40 percent in patients with hemodialysis. Other studies show related factors with improving outcomes: positive beliefs, finding meaning, optimism, psychosocial control and social support [5].

Prevalence of chronic renal failure in the world is 242 per million and on the rise to 8 percent annually [6]. Rate of this disease in Iran is more than the global growth average and it is approximately 12 percent in a year. Prevalence and incidence of ESRD respectively were 238 and 49.9 per million in 2000 that rinsed to 357 and 63.8 in 2006. According to the reports from the Research Center of Kidney Disease and Kidney Transplant 29 thousands of these patients have been under treatment in Iran in 1386 that 14 thousands of them (48.5%) have been on hemodialysis treatment [7, 8, 9]. Annually 16-17, 14-15 and 2 thousands receive hemodialysis, kidney transplant and peritoneal dialysis respectively [10].

Whereas the complexity of transition, physiological and psychosocial features of persons on hemodialysis and axial role of nurses in care and support of them were shown in nursing studies, but there isn't appropriate and complete description of transition to hemodialysis. Quantitative researches assess problems of patients on hemodialysis from various aspects. Qualitative researches despite of explaining experiences of patients on hemodialysis, haven't answered to questions about transition to hemodialysis. Up to now, no qualitative study by grounded theory has been taken regarding the meaning of transition to hemodialysis in ESRD patients or even transition in other chronic diseases in Iran.

[Downloaded from jccnursing.com on 2026-11-06]

Therefore taking this study is required in cultural context of our country. This paper was aimed to explain the meaning of transition to hemodialysis.

2. Methods

This qualitative study was conducted during 2012. The participants were hemodialysis patients or persons with direct and close relation with the patients who were referring to affiliated hospitals with Shahid Beheshti University of Medical Sciences in Tehran. These participants had some characteristics such as:

- Volunteered or willing to participate in the research
- Patients with ESRD or persons with direct or close relation with them
- Within one week to one year from starting hemodialysis therapy
- Able to speak Persian language
- inclined to explain their experiences

Speech or hearing disorders or disinclination to participate were the excluding criteria for the research. Sampling began following the approval by the Ethics Committee of Shahid Beheshti University of Medical Sciences, getting the letter of introduction from this university and coordination with hospital directors. Informed consents were obtained from all participants. All participants were assured that their personal data would remain confidential at the time of publication of the data. The interview time and location were chosen by agreement of the patients. First group participants were selected through purposive sampling. Then, following participants were selected by theoretical sampling based on research findings until data saturation. Data saturated with 13 participants (12 patients and 1 family member) for the first aim of the study. The main method for data collection was in-depth semi-structured interviews by using a guide questionnaire based on research objectives. Incoming information raised by the interviewee could be followed up by probing questions. Each interview prolonged about 30 to 90 minutes (mean 57 minutes). Interviews were recorded, transcribed immediately after each interview and their full text had been typed word by word and interned in maxqda2 software for managing data. Personal characteristics form took information about participants' age, sex, marriage, education, occupation, hemodialysis records and number of dialyses during a week. Manuscripts of observations (without any preexisting text and in order to perceive actions, interactions, verbal and non-verbal behaviors of participants) and abstract thoughts of researcher were interned in maxqda2 as field notes.

Data were analyzed by using qualitative content analysis. Qualitative content analysis is defined as a qualitative approach to interpret subjectively the textual content of data. In this approach, codes and themes are identified by the process of systematic categorization. Content analysis is something over derivation of objective content from the textual data, but themes and latent patterns can be emerged from content of participants' data [11]. In this study, data analysis was taken simultaneously data collection by using qualitative content analysis and constant comparative method.

Data rigor was increases by Lincoln & Goba criteria (1998): credibility, conformability, transferability, and dependability. Data credibility of reliability of findings were controlled by participants and their certainty about the derived concepts, prolonged engagement in research environment , planning a sufficient time for data collection and suspension of thoughts. Conformability was done by constant data recording, and getting help from nursing professors (6 persons) in order to confirm derived primary codes, categories and sub categories. Transferability was done with highest variation through sampling and it has been reported. Participants' speeches as observers were used in order to

[Downloaded from jccnursing.com on 2026-11-06]

Table1: Main Categories and Subcategories Derived From Research

Theme	Subthemes	Categories
Dual meanings of transition to hemodialysis	positive meanings of transition to hemodialysis	Recovery & healing way An opportunity for interaction An opportunity for learning A hope point God's gift Renewal life
	Negative meanings of transition to hemodialysis	Valueless of hemodialysis Useless of life with hemodialysis Bitterness of life with hemodialysis Hardship of life with hemodialysis Tragedy of life with hemodialysis

reach dependability. Also research process was recorded and data audibility is possible.

3. Results

There were 13 participants (12 hemodialysis patients and 1 family member) including six female and seven male with 18-75 years old (mean 51.7 year) that were become hemodialysis three times weekly for 4 hours (only in a participant for 3 hours). Participants had diverse conditions in marriage (life with spouse, dead of spouse and single), education (from illiterate to junior college diploma) and occupation (housewife, unemployed, administrative career, free job and retiree). Hemodialysis record was between 1-6 months (mean 4.4 month).

Categories and subcategories have been summarized in table 1. Two main categories in this study were Positive meanings of transition to hemodialysis and negative meanings of transition to hemodialysis that formed through theme of "dual meanings of transition to hemodialysis".

3.1. Positive meanings of transition to hemodialysis

This category includes six subcategories:

3.1.1. Recovery & healing way: aid stick for life, temporary way of treatment, to be saved, kidney recovery, healing, and detoxifying have formed the concepts of this subcategory.

Participant No.13

"As an example, we had a friend without a leg. He walked by a stick, yet he bought a car. He used an artificial leg later. I felt so pity for him 10 years ago. I thought how he walks with a stick and an artificial leg. However, I see now he does not have any problem! He lives livelier than us! Hemodialysis is like a stick for us too. It helps a lot."

3.1.2. An opportunity for interaction: a particular day for eliminating loneliness and interacting with other patients has formed the concepts of this subcategory.

Participant No.6

"The day I come to hemodialysis is a special day for me. I say that I go there to appease my heart, to see others. I miss others. I say that I go to see somebody for example."

3.1.3. An opportunity for learning: learning in hemodialysis classroom and a new class have formed of this subcategory.

Participant No.1

"You learn in classrooms. You want to learn these lessons because they are noble to you. If you had passed a lesson before, you would not have got it again. In just the same way, hemodialysis is a new class that we come. For us it has so many things to learn."

3.1.4. A hope point: hoping for transplantation, a hope from God, a

[Downloaded from jccnursing.com on 2026-11-06]

white point in blacks and a hope point in midst of hopelessness have formed the concepts of this subcategory.

Participant No.3

"Consider a black page with a white circle in its center. In my opinion, hemodialysis is the white circle in comparison. Perhaps it can't whiten that black page, but it is eye-catching, it is also a hope point."

3.1.5. God's gift: hemodialysis as a lighter load, to be positive toward hemodialysis and dialysis as God's blessing has formed the concepts of this subcategory.

Participant No.6

"This is a God's gift! By then we have got a lighter load!"

3.1.6. Renewal life: a reason for continuing life, more leveling for continuing life, hemodialysis for living, new life and another world for living have formed the concepts of this subcategory.

Participant No.12

"Just day before yesterday if I had not gone under hemodialysis, I would have dead for 95% of my being. They did not accept to send me under hemodialysis. They wanted to transfer me from here to the hospital, my son came and told them that there is water in her lungs I knew that, I was coughing, and I had severs dyspnea. I became under dialyses for an extra 2 hours. I was changed a lot with this extra dialysis."

3.2. Negative meanings of transition to hemodialysis

This category includes 5 subcategories as following:

3.2.1. To consider hemodialysis valueless : to consider hemodialysis meaningless, sectional calming, losing blood during hemodialysis, useless of hemodialysis, to consider it unwholesome and nonbeing as a remedy have formed the concepts of this subcategory.

Participant No.4

"By God I don't know what hemodialysis means to me? For staying alive nonsense! I am capable of doing nothing. It torments me. Just take and take away. Well, what pleasure does it have for me? It does not have any at all."

3.2.2. Useless of living with hemodialysis: to consider the world valueless after dialysis, restraint for ordinary life and meaningless life with hemodialysis have formed the concepts of this subcategory.

Participant No.6

"If the entire world would be given to me, I wouldn't accept it at all. I don't accept. Maybe a healthy person accepts the thing, which is given to him/her, but now everything is of no value to me. It is not valuable to me any longer. I could not even save my earring. I say that for me time has passed away"

3.2.3. Life Bitterness in living with hemodialysis: a bitter experience, having bad memory of hemodialysis and cureless malady of hemodialysis has formed the concepts of this subcategory.

Participant No.7

"This malady is a cureless ailment. It has not had any treatment at all. In the past, when we were child, we were so naughty, our father jestingly told us "get a cureless malady"! Now I see this is a cureless malady. It has no treatment."

3.2.4. Hardship of life in living with hemodialysis: have no other solution, going to shamble, connecting to a suspicious string, which is hanged from the sky for living, a desperate effort for living and the difficulty of hemodialysis have formed the concepts of this subcategory.

Participant No.11

"Living with hemodialysis is very difficult. It is much more difficult that can be explained. I did not think that

[Downloaded from jccnursing.com on 2026-11-06]

hemodialysis might be too hard. Actually, I did not believe that it is so. Formerly, I had a passenger that was a patient under hemodialysis. I took him near the door of the hospital and returned him back. However, when I came here and saw its reality, I could not accept it. It is really difficult.

3.2.5. Tragedy of life with hemodialysis: disaster of being hemodialysis, tormenting with hemodialysis, and disability with hemodialysis, sickening with hemodialysis and becoming miserable with hemodialysis has formed the concepts of this subcategory.

Participant No.9

"I encountered so many problems. When I come to hemodialysis or when I returned back home, I am tormenting."

4. Discussion

Participants in this research showed dual meanings of transition to hemodialysis (positive vs. negative). According to literature, meanings that are related to transition could be positive, neutral, or negative [4]. In this study no neutral meanings of transition to hemodialysis have been resulted. One of the reasons for existing dual meanings of transition to hemodialysis is the type of experiences of persons on hemodialysis. They experience positive or negative features or pleasant or unpleasant effects of hemodialysis on their lives. Therefore they reach to positive or negative meanings of transition to hemodialysis based on these experiences. For example, in the study titled "Hemodialysis machine as a lifeline: experience of suffering from end-stage renal disease" two main themes were identified describing these patients suffering: The first theme, "the hemodialysis machine as a lifeline" consisted of three subthemes: "loss of freedom", "dependence on the caregiver", and "disrupted marital life". The second theme of alleviation of suffering consisted of two subthemes: "gaining a sense of existential optimism" and "achieving a sense of personal autonomy" [12]. This dual state in understanding patients' experiences of hemodialysis agrees to dual meanings of transition to hemodialysis (positive vs. negative) in the present study. The study of "Patients' experience of transition onto hemodialysis" demonstrated cognitive style, consisting of positive reappraisal, optimism, realistic expectations, acceptance and social comparisons [5]. These subthemes to some extent correspond with the positive meanings of transition to hemodialysis in our study. In the study of "existential boredom: the experience of living on hemodialysis therapy", the experience of waiting was constituted by two themes labeled "killing time" and "wasting time" that illustrated "existential boredom" during life with hemodialysis [13]. These subthemes to some extent correspond with the negative meanings of transition to hemodialysis in present study.

Positive or negative meanings of transition to hemodialysis can be derived from patients' outlook on ESRD. In a descriptive Study "Meaning of illness in chronic renal disease" through a cross- sectional survey and based on an eight-item schema, meanings of disease were assessed. This schema was including; challenge, value, enemy, punishment, strategy, weakness, relief and irreparable loss. Results showed that "Challenge" and then "value" were selected by most patients. Patients that were selecting "challenge" and "value" appeared to have a more commonly positive outlook than other patients. Response to disease affected on patients' outlook on disease too [14].

Another effective factor in making meaning of transition to hemodialysis by patients is availability or unavailability of personal, familial, spiritual and social support. These supports can be taken as emotional, medical, financial, etc. support especially or generally. In phenomenological study titled "Life with hemodialysis machine ", tensions of life with

[Downloaded from jccnursing.com on 2026-11-06]

hemodialysis were disturbance in roles and familial relationships, economic problems, limitations due to hemodialysis and need for support from peers, family and society [15]. In the study "The perception of chronic renal failure patients from advocacy resources in adjustment with hemodialysis", six themes emerged including joining the family members, informed trust and hopefulness to physician, nurses' empathy and responsible accountability, to be encouraged with adjusted and transplanted patients, feeling worthy with friends' companionship and assurance and satisfaction with advocacy organizations [16]. Another study titled "Impact of hemodialysis on the psychosocial state of patients with end stage renal disease" showed that in Islamic culture, sources of support for dialysis patients are more obvious relates to transcendent values and social relationships. This is the way people find meaning, purpose, and hope in life and suffering in heart [17]. Thus availability of sources of support is effective on reinforcing positive meanings of transition to hemodialysis.
All in all, considering that; indicators of healthy transitions includes subjective well-being, role mastery, and well-being of relationships and also uncovering the meanings attached to the transition experiences within the particular society [3], it seems positive meanings of transition to hemodialysis (recovery & healing way, an opportunity for interaction, an opportunity for learning, a hope point, God's gift and renewal life) relates to healthy transitions and negative meanings of transition to hemodialysis (to consider hemodialysis valueless , useless of life with hemodialysis, bitterness of life with hemodialysis, hardship of life with hemodialysis and tragedy of life with hemodialysis) relates to unhealthy transitions.

5. Conclusions

Participants showed dual meanings of transition to hemodialysis (positive vs. negative). Considering complexity and multidimensionality of transition meaning of transition to hemodialysis the mutual effects of meanings, which associated with transition and intensity and nature of the consequences of those clients' experiences, it must be relied on reinforcing positive meanings in attitude to hemodialysis by nurses. Decreasing unpleasantness of hemodialysis experience and making it sustainable for patient, controlling signs, symptoms and complications of disease, emotional, medical, financial, etc. support by peers, families, medical and nursing teams as well as social organizations are effective actions for reinforcing positive meanings of transition to hemodialysis.

6. Acknowledgements

This article is a part of a PhD thesis of Nursing, approved by Shahid Beheshti University of Medical Sciences in November 14, 2011. We acknowledge participants that without their valuable expressions, doing this study was not possible, heads and staff of hemodialysis units in hospitals affiliated Shahid Beheshti University of Medical Sciences of Tehran that cooperated for facilitating the study process, as well as external observer professors from nursing and midwifery colleges of Shahid Beheshti, Tehran and Tarbiat Modarres Universities of Medical Sciences) that participated in confirming data derived from interviews.

References

1. Meleis AI. Theoretical Nursing: Development and Progress. 4th ed. New York: Lippincott Williams & Wilkins. 2007.
2. Kralik D, Visentin K and Van Ioon A. Transition: A literature review. Journal of Advanced Nursing, 2006. 55(3), pp. 320–329.
3. Meleis AI. Transitions Theory. New York: Springer Publishing Company. Available through: Library of Congress Cataloging -in- Publication Data. 2010. www.springerpub.com. [Accessed 1 Dec 2011].
4. Schumacher KL and Meleis AI. Transitions: A central concept in nursing. . 1994. 26(2), pp. 119-127.

[Downloaded from jccnursing.com on 2026-11-06]

5. Mitchell A et al. Patients' experience of transition onto haemodialysis: a qualitative study. Journal of Renal Care, 2009. 35(2), pp. 99-107.
6. Baraz Sh, Mohammadi E, Bromand B. The Effect of self-care education on quality of life and physical problems in patients under preservative dialysis. Journal of Haiat, 2005. 11(24, 25): 51-62. [Persian].
7. Asgari MR, Mohammadi E, Fallahi Khoshkbab M, Tamaddon MR. Perception of chronic renal failure patients from advocacy resources in adjustment with haemodialysis: A qualitative study. Iranian Journal of Critical Care Nursing, 2010. 3(4): 133-142. [Persian].
8. Asgari MR, Mohammadi E, Fallahi Khoshkbab M, Tamaddon MR.. Haemodialysis patients' perception from nurses' role in their adjustment with haemodialysis: A qualitative study. Koomesh, 2011. 12, 4 (40): 385-396. [Persian].
9. Asgari MR, Mohammadi E, Fallahi Khoshkbab M, Tamaddon MR. Adjustment process in haemodialysis patients. Thesis for PhD degree. Tarbiat Modares University. 2011. [Persian].
10. Getmiri SM. darichekhabar. News code: 27948. Date of pub: 13 Jun 2012. www.darichekhabar.ir [Accessed 13 Jun 2012]. [Persian].
11. Rambod M, Rafii F. Perceived Social Support in Hemodialysis Patients. Iran J of Nursing,2009.22(58):1-12[Persian].
12. Hagren B, Pettersen IM, Severinsson E, lutzen K, Clyne N. the Haemodialysis machine as a lifeline: Experiences of suffering from end-stage renal disease. Journal of Advanced Nursing, 2001.34(2), 196-202.
13. Moran A, Scott PA, Darbyshire P. Existential boredom: the experience of living on haemodialysis therapy. Journal of Medical Ethics, 2009. 35: 70–75.
14. Cares AL, Luker KA, Owens RG. A descriptive Study of meaning of illness in chronic renal disease. Journal of Advanced Nursing, 2001. 33(6), 716-727.
15. Pashaii Sabet F, Nikbakht Nasrabadi A, Karami Kabir N. Life with haemodialysis unit: A phenomenological study. Iranian Journal of Critical Care Nursing, 2011. 4(2): 66-59. [Persian].
16. Asgari MR, Mohammadi E, Fallahi Khoshkbab M, Tamaddon MR. Perception of chronic renal failure patients from advocacy resources in adjustment with haemodialysis: A qualitative study. Iranian Journal of Critical Care Nursing, 2010. 3(4): 133-142. [Persian].
17. Gemeay E, Gaber Sh, Kanona A, Alshebel AA. Impact of haemodialysis on the psychosocial state of patients with end-stage renal disease. Life Science Journal, 2012. 9(4):5867-5871.

[Downloaded from jccnursing.com on 2026-11-06]