Internship Training

at

JAYPEE Hospital, Noida

Living with Hemodialysis: Patients' Experiences

By

Jully Varshney

PG/21/151

Under the guidance of

Dr Rohini Ruhil

PGDM (Hospital & Health Management)

2021-23

International Institute of Health ManagemenResearch
New Delhi

IIHMR DELHI

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH
NEW DELHI

NO DUES CERTIFICATE

Candidate Name: Tully Varshney Enroll No: 157 Batch: HIT

PART-1

Certified there is nothing outstanding against this student.

IT: No Dues Sarthak Mahapatra 28/7/23
(Signature of the Head of Department)

Library:
(Signature of the Head of Department)

Administration: No dues 28/7/23
(Signature of the Head of Department)

Canteen: No dues 28/7/23.
(Signature of the Head of Department)

Accounts: No dues 28/7/23
(Signature of the Head of Department)

Hostel: N/A Nehal 28/7/23.
(Signature of the Head of Department)

Alumni (Portal Registration): Done registration and received offer letter

Academic (Feedback of syllabus): 28/7/23

PART-II

Submitted to PGDM Office

Date: 28/7/23

Tully Varshney
Candidate Signat

Date:

Assistant Manager- (Academic)

IIHMR DELHI

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH
NEW DELHI

CAUTION MONEY REFUND FORM

To: Dean Academics and Student Affairs

From :

2	0	2	1															
2	0	2	3															

Batch : 2021-2023

Date : 28/7/23

Dear Sir,

May I request you for refund of my Caution Money (Refundable) Rs.5,000/- (Rupees Five Thousand Only). As per the below bank details

Account Holder Name :- JULLY VARSHNEY

Account Number :- 26BB01000127 81

Bank Name & Address :- Bank of Baroda, 2688 G.T. Road Branch, Aligarh - 202001

IFSC Code :- BARB0BLYALI

Thanking you

Yours sincerely

Jully Varshney

Name of the student:

Roll No: ~~[illegible]~~ 151

Signature: Jullyvarshney

Jully D reoort

ORIGINALITY REPORT

12%	11%	1%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	core.ac.uk Internet Source	7%
2	en.wikipedia.org Internet Source	1%
3	www.ncbi.nlm.nih.gov Internet Source	<1%
4	www.giiresearch.com Internet Source	<1%
5	Submitted to Aston University Student Paper	<1%
6	dspace.library.uvic.ca Internet Source	<1%
7	www.tenlakescenter.com Internet Source	<1%
8	R. M. Ammar Zahid, Safia Rafique, Muzammil Khurshid, Wajid Khan, Ikram Ullah. "Do Women's Financial Literacy Accelerate Financial Inclusion? Evidence from Pakistan", Journal of the Knowledge Economy, 2023 Publication	<1%

9	Submitted to Herzing University Student Paper	<1%
10	vocal.media Internet Source	<1%
11	Submitted to HCUC Student Paper	<1%
12	Submitted to Clarkson University Student Paper	<1%
13	Submitted to fultonschools Student Paper	<1%
14	Noura Abouammoh, Khalid Alhasan, Rupesh Raina, Khalid A. Malki et al. "Exploring Perceptions and Experiences of ChatGPT in Medical Education: A Qualitative Study Among Medical College Faculty and Students in Saudi Arabia", Cold Spring Harbor Laboratory, 2023 Publication	<1%
15	Submitted to Rancho Santiago Community College District Student Paper	<1%
16	Submitted to University of Nevada, Reno Student Paper	<1%
17	William D. Steers. "This Month in Clinical Urology", Journal of Urology, 2008 Publication	<1%

18	Submitted to The University of the West of Scotland Student Paper	<1 %
19	Submitted to UCFB Student Paper	<1 %
20	Submitted to University College London Student Paper	<1 %
21	Submitted to University of Hong Kong Student Paper	<1 %
22	commcorp.org Internet Source	<1 %
23	Eleni Antonijadu, Nektarija Palajologlu, Zoe Karanikola. "Teaching refugee children: Challenges teachers face", Nastava i vaspitanje, 2022 Publication	<1 %
24	Submitted to Kabarak University Student Paper	<1 %
25	Sol L. Garfield, Richard M. Kurtz. "Personal therapy for the psychotherapist: Some findings and issues.", Psychotherapy: Theory, Research & Practice, 1976 Publication	<1 %

FEEDBACK FORM

Name of the Student: Ms Jully Varshney

Name of the Organisation in Which Dissertation Has Been Completed: Jaypee Hospital Noida

Area of Dissertation: Living with Hemodialysis: Patients' Experiences

Attendance: 90%.

Objectives achieved: Gained Knowledge about Hemodialysis Patients experiences.

Deliverables: Patient mental state and financial state.

Strengths: Punctual, Time management.

Suggestions for Improvement: Work Hard

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 2/07/23

Place: Delhi

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms Jully Varshney**, student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhihas undergone internship training at International Planned Parenthood Federation from 13th March 2023 to 13th June 2023.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Ms Rohini Ruhil
Associate Professor
IIHMR, New Delhi

IIHMR DELHI

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH (IIHMR)

Plot No. 3, Sector 18A, Phase- II, Dwarka, New Delhi- 110075
Ph. +91-11-30418900, www.iihmrdelhi.edu.in

CERTIFICATE ON PLAGIARISM CHECK

Name of Student (in block letter)	Dr./Mr./Ms.: Jully Vashney		
Enrollment/Roll No.	151	Batch Year	2021-23
Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT ✓
Name of Guide/Supervisor	Dr./ Prof.:		
Title of the Summer Training/ Dissertation	"Living with Hemodialysis: Patients' Experiences"		
Plagiarism detect software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified	12%		
Date of validation (DD/MM/YYYY)	26/07/2023		

Guide/Supervisor

Name: Rohini Ruhil

Signature: Rohini

Student

Name: Jully Vashney

Signature: Jullyvashney

Report checked by

Institute Librarian

Signature:

Date:

Library Seal

Dean (Academics and Student Affairs)

Signature:

Date:

(Seal)

Certificate from Dissertation Advisory Committee

This is to certify that Ms Jully Varshney, a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. She is submitting this dissertation titled "**Living with Hemodialysis: Patients' Experiences**" at "Jaypee Hospital Noida" in partial fulfilment of the requirements for the award of the PGDM (Hospital & Health Management).

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Rohini

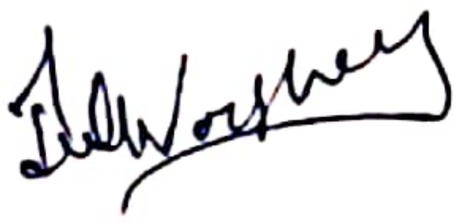
Dr Rohini Ruhil,
Associate Professor

IIHMR, New Delhi

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**Living with Hemodialysis: Patients' Experiences**" and submitted by Ms Jully Sarshney, Enrolment No. PG/21/151 under the supervision of Dr Rohini Ruhil, Associate Professor, IIHMR Delhi for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 13th March 2023 to 13th June 2023 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Signature

JAYPEE
HOSPITAL
LIFE FIRST

DATE: March 10, 2023

Offer of appointment as "Management Trainee"

Dear Ms. Jully,

Greetings from Jaypee Hospital!

In reference to your application and subsequent interview with us, we are delighted to offer you the position of Management trainee in the department of Urology in our organization on terms & conditions discussed and agreed upon earlier.

The position is based in Noida and we expect you to join on March 13, 2023 at Jaypee Hospital, sector 128, Noida, Uttar Pradesh.

This offer will be followed by an Appointment Letter with detailed terms and conditions and salary, subject to the satisfactory completion of all the joining formalities including medical examination, reference/ background checks, and registration with required authorities (whenever applicable).

Please acknowledge and send us a signed and scanned copy of your acceptance of this offer letter by March 10, 2023 and join us on March 13,2023 after which this offer shall stand withdrawn automatically.

You would be required to visit us for Pre-Medical Health Check-up at least three days prior to joining.

Please carry all the documents as indicated in Annexure - On the day of joining.

We congratulate you and look forward to a long and mutually beneficial association.

Yours faithfully,

For Jaypee Hospital

Dr. Kavita Vurity

Chief Human Resource Officer

CHAPTER 1: INTRODUCTION

During my training time in haemodialysis care I have met several patients who struggled with several chronic progressive and life-threatening illnesses. I have followed their gradual deterioration and declining health, with physical and existential struggle as they maintained life through advanced medical technology. This led to my interest in increasing understanding and knowledge of these patients' experiences in the haemodialysis unit and their needs for care when they are severely ill and approaching the end of life. My interest in haemodialysis care at the end of life evolved during my early days as a management trainee in the hemodialysis unit, where I met many patients fighting with end of life situation. It was there, I observed that when a patient is dying, the actions of nurse is challenging on every aspect of knowledge of care. When I was at a dialysis unit to inform a patient about the study and told him that I am interested in learning what it meant to live with haemodialysis, his immediate response was "I don't think one lives for long." His instant relation of his situation to death illuminates the vulnerable situation of these patients. Sometimes it is difficult to know when the end of life begins, but we do know in the haemodialysis unit that many patients I meet may be living their last year. My hope is that this thesis may contribute to increased understanding and better inter-professional and interdisciplinary care of these severely ill patients and their close relatives.

The chapter opens with a section that describes end stage renal illness and hemodialysis therapy.

END STAGE of RENAL DISEASE [ESRD] AND HAEMODIALYSIS TREATMENT –

End-stage of Renal Disease also known as kidney failure, it is a medical condition in which the kidneys cannot filter waste products from the blood, functioning at less than 15% of normal levels. Kidney failure is classified as either acute kidney failure, which develops rapidly and may resolve; and chronic kidney failure, which develops slowly and can often be irreversible. Symptoms may include leg swelling, feeling tired, vomiting, loss of appetite, and confusion. Complications of acute and chronic failure include uremia, hyperkalaemia, and volume overload. Complications of chronic failure also include heart disease, high blood pressure, and anaemia.

The kidney is permanently harmed and loses function as a result of chronic kidney disease (CKD). Stage 5, commonly known as end stage renal disease (ESRD), denotes renal failure, which is defined as a glomerular filtration rate of less than 15 ml per minute. The condition is divided into five stages of kidney function. Numerous electrolyte, metabolic, and endocrine abnormalities in ESRD patients (CKD stage 5) necessitate kidney transplantation or lifelong peritoneal- or hemodialysate therapy. Glomerulonephritis and diabetic nephropatia are the leading contributors to chronic kidney disease and the need for renal replacement therapy, followed by polycystic kidney disease and nephrosclerosis. The prevalence of ESRD is rising globally, and western nations are seeing an increase in the number of individuals receiving

continuous hemodialysis. In 2020, the Kidney Foundation of Canada, stated that about 12% of men and 6% of women in the country will face the problem of kidney stone at some point in their life. Haemodialysis patients are often elderly and have a number of comorbid conditions. The average age of patients in Sweden who receive hemodialysis is over 66 years old. Hypertension, Diabetes, heart disease, and others are examples have higher hospitalisation rates due to co-morbidities and complications. For instance, according to WHO (2021), worldwide, approximately 1.28 billion adults based in low- and middle-income countries aged 30-79 years were suffering from hypertension which can affect kidney.

The average annual death rate for people getting hemodialysis is 20%. After starting dialysis, patients over 65 had a life expectancy of fewer than 5 years. The effectiveness of dialysis treatment in relation to quality of life has been questioned due to co-morbidities and advancing age, as studies indicate that for older patients with multiple co-morbidities, survival on haemodialysis may not last any longer than with conservative care (i.e. withholding haemodialysis). The prognosis in chronic progressive illness may be unknown, however clinical prognostic techniques have been established for patients receiving haemodialysis therapy. According to research by Moss et al., the clinical "surprise" question—which asks, "Would I be surprised if this patient died in the next year?"—helped doctors pinpoint patients receiving haemodialysis treatment who were at a high risk of passing away. The 'surprise' question of death within six months was merged by Cohen et al. with a useful comorbidity index.

Haemodialysis treatment-

A highly technical procedure, hemodialysis, uses semipermeable membranes with a countercurrent flow of blood and dialysate in dialysis filters. Haemodialysis requires a functional blood supply because harmful metabolites, extra electrolytes, and water are removed from the blood by diffusion and ultrafiltration. To create an arteriovenous graft or fistula, surgery is required. A central venous catheter is utilised for dialysis access less frequently. One of the biggest issues in maintenance haemodialysis is still preserving a healthy bloodstream access. Haemodialysis typically needs treatment for 4-5 hours, three times in a week. This is often carried out as an outpatient procedure in a hospital dialysis unit or a smaller dialysis satellite. Spending a lot of time in the haemodialysis unit is a necessary part of this lifelong, time-consuming therapy, and relationships with medical staff may change over the course of many years. Although the nurse-patient relationship in a dialysis facility is defined as therapeutic and long-term support-oriented. Nurses in this setting could also be preoccupied with technology and processing patients' treatments.

LIVING WITH CHRONIC ILLNESS AND HAEMODIALYSIS TREATMENT –

The diagnosis of the chronic disease ESRD, there are several adjustments, and starting maintenance haemodialysis therapy is described as a new way of life. Dependence on dialysis equipment, medical personnel, and close friends and family limits life. Haemodialysis patients experience losses as a result of their sickness and time-consuming treatment, and the recurrent,

continuous therapy also puts a burden on their relationships with their families and their social lives. Additionally, patients deal with an unclear future. The future is likewise unknown for patients; living on dialysis is an existential battle with limited living space and self-redefinition. Patients who are awaiting transplantation still have hope for the future, but hope for life while receiving hemodialysis may also include a focus on the present. Declining health creates concerns about the purpose of life and how much time is left, and relying on haemodialysis as a life support system serves as a constant reminder of how little time may be left. While aware of their lower life expectancy, haemodialysis patients fight for their own survival.

CHAPTER-2

OBJECTIVE

To describe and to elucidate the meanings of being severely ill living with hemodialysis(HD).

- Evaluate the experiences, challenges, and overall quality of life of individuals undergoing hemodialysis, including satisfaction with care, impact on daily activities, emotional challenges, and receipt of support or counseling.
- Assess the effectiveness of communication between healthcare providers and patients regarding hemodialysis treatment.
- Identify and analyze the financial difficulties faced by individuals related to the costs of hemodialysis treatment, and evaluate the understanding and support provided by their social support system.

Living with hemodialysis (HD) can be a challenging and life-altering experience for individuals who are severely ill. Hemodialysis is a medical procedure used to filter waste and excess fluids from the blood when the kidneys are no longer functioning adequately. This treatment becomes necessary for individuals with end-stage renal disease (ESRD) or severe kidney dysfunction. Here, we will elaborate on the meanings, experiences, challenges, and overall quality of life for individuals living with HD.

1. Meanings of being severely ill living with hemodialysis: Living with HD means that an individual's kidneys are no longer able to perform their vital function of filtering waste and excess fluids from the body. This condition requires regular visits to a dialysis center for hemodialysis treatments, typically three times a week for several hours each session. The treatment itself involves connecting the patient to a machine that filters their blood, a process that can be physically demanding and time-consuming. Being severely ill and dependent on HD can lead to a significant impact on a person's daily life, physical health, emotional well-being, and financial stability.
2. Experiences and challenges faced by individuals undergoing hemodialysis:

   a. Physical Challenges: Hemodialysis can cause physical discomfort, such as fatigue, muscle cramps, and low blood pressure. Additionally, individuals may experience dietary restrictions, fluid limitations, and vascular access-related complications, including infections or clotting.

b. Emotional Challenges: Living with HD can lead to emotional distress, anxiety, depression, and a decreased quality of life. The restrictions and lifestyle changes associated with HD can be mentally challenging and may lead to feelings of isolation, dependence, and a sense of loss.

c. Impact on Daily Activities: Hemodialysis treatments consume a significant amount of time and energy, limiting an individual's ability to engage in regular activities, work, or pursue personal interests. The need to adhere to strict treatment schedules and dietary restrictions can disrupt daily routines and social interactions.

d. Satisfaction with Care: Satisfaction with HD care can vary depending on factors such as the quality of medical support, availability of resources, accessibility of treatment facilities, and the level of communication and support from healthcare providers.

3. Effectiveness of communication between healthcare providers and patients: Effective communication between healthcare providers and patients is crucial for successful HD treatment. This includes clear and comprehensive information about the treatment process, potential complications, dietary guidelines, and self-care practices. Adequate communication helps patients understand and actively participate in their treatment, manage side effects, and make informed decisions. Improving communication can enhance patient satisfaction, reduce anxiety, and foster a collaborative relationship between healthcare providers and patients.
4. Financial difficulties related to the costs of hemodialysis treatment: Hemodialysis treatment is expensive, and the financial burden can be overwhelming for individuals and their families. Costs include expenses associated with dialysis sessions, medications, laboratory tests, vascular access maintenance, transportation, and potential hospitalizations. Many individuals with HD face financial difficulties, especially if they do not have adequate health insurance coverage. These financial challenges can significantly impact their overall well-being, access to care, and ability to maintain a satisfactory quality of life.
5. Understanding and support provided by the social support system: The social support system plays a crucial role in the lives of individuals undergoing HD. It encompasses family, friends, support groups, healthcare professionals, and community resources. Understanding and support from the social support system can help individuals cope with the challenges of HD, both emotionally and practically. Emotional support, assistance with transportation, help with financial management, and access to counseling or support groups can alleviate the burdens associated with HD and improve the overall quality of life for patients.

In summary, being severely ill living with hemodialysis poses numerous challenges, including physical discomfort, emotional distress, disruptions to daily activities, and financial burdens.

METHODOLOGY

Participants	43 PATIENTS TREATED WITH HAEMODIALYSIS
DATA COLLECTION	43 INTERVIEWS OVER 3 MONTHS
DATA ANALYSIS	Quantitative analysis

Data Collection: The researchers utilized a quantitative method, which involved the use of structured surveys or questionnaires to collect data. This approach allowed for the collection of specific information in a standardized manner, ensuring consistency across responses. The surveys or questionnaires likely included closed-ended questions with pre-determined response options, enabling the participants to select their answers from a given set of choices. This method facilitated the collection of quantitative data, which could be analyzed using statistical techniques to derive meaningful insights.

Sample Size: The study involved a sample size of 43 participants. Determining the appropriate sample size is crucial as it affects the statistical power and generalizability of the findings. The researchers likely considered various factors, such as the available resources, time constraints, and the desired level of precision, when determining the sample size. While a larger sample size generally increases the representativeness of the findings, a smaller sample can still provide valuable insights depending on the research objectives and available resources.

Sampling Method: Convenience sampling was employed to select the participants. Convenience sampling involves choosing individuals who are conveniently accessible for the researcher, often based on their proximity or availability. In this case, the researchers likely selected individuals from the population of patients receiving hemodialysis treatment at Noida Jaypee Hospital. This sampling method is relatively easy to implement and can be cost-effective, but it introduces a potential bias as the sample may not be fully representative of the entire population of individuals undergoing HD.

Study Location: The study was conducted at Noida Jaypee Hospital, which served as the research site. Conducting the study at a specific hospital allowed the researchers to focus on a particular healthcare setting and explore the experiences and challenges of individuals undergoing HD within that context. By conducting the study at Noida Jaypee Hospital, the researchers could gain insights into the specific factors associated with the hospital's policies, resources, and care practices that might influence the participants' experiences with HD.

However, it's essential to acknowledge that the findings may not be directly applicable to individuals receiving HD treatment in other hospitals or healthcare facilities.

In summary, the study employed a quantitative methodology to collect data through surveys or questionnaires from a sample of 43 participants selected through convenience sampling. The study was conducted at Noida Jaypee Hospital, allowing for a focused examination of the experiences and challenges faced by individuals undergoing HD within that specific healthcare setting. While convenience sampling and the specific research site might limit the generalizability of the findings, they provide valuable insights into the experiences of individuals undergoing HD in the context of the study.

CHAPTER- 3

Research Design

The research design of this study aims to investigate the experiences and challenges encountered by individuals who are undergoing hemodialysis (HD) treatment at Noida Jaypee Hospital. In essence, the primary focus is to gain an in-depth understanding of the perspectives, emotions, and practical difficulties faced by these patients during the process of hemodialysis.

To achieve this objective, the study utilizes a quantitative research approach, which involves the use of structured surveys or questionnaires. These data collection instruments are carefully designed to gather specific information from the participants in a standardized manner. By employing closed-ended questions with pre-determined response options, the researchers can effectively collect quantitative data, which is amenable to statistical analysis.

The selection of a quantitative research methodology is advantageous for several reasons. First, it allows for a systematic and efficient data collection process, ensuring that all participants respond to the same set of questions, thus enhancing the comparability of responses. Second, the structured nature of the surveys or questionnaires facilitates the generation of numerical data, enabling the use of statistical techniques to derive meaningful insights from the collected information.

By employing a quantitative research design, the study aims to achieve a comprehensive understanding of the experiences and challenges of individuals undergoing HD treatment. The use of a standardized data collection approach enhances the rigor and reliability of the findings, and the subsequent statistical analysis enables the identification of patterns, trends, and associations within the data.

As the research focuses specifically on individuals receiving HD treatment at Noida Jaypee Hospital, the study location becomes a crucial element of the research design. Conducting the research at this specific healthcare setting allows the researchers to gain insights that may be influenced by the hospital's unique policies, resources, and care practices. However, it's essential to recognize that the findings may have limited generalizability to individuals

undergoing HD treatment in other hospitals or healthcare facilities, given the specific context of Noida Jaypee Hospital.

In conclusion, the research design of this study centers around exploring the experiences and challenges faced by individuals undergoing HD treatment at Noida Jaypee Hospital. By employing a quantitative approach with structured surveys or questionnaires, the study seeks to obtain comprehensive and statistically analyzable data to gain valuable insights into the participants' perspectives and struggles during the HD treatment process at this specific healthcare setting.

CHAPTER-4_DATA COLLECTION & DATA ANALYSIS

Technique_ Quantitative interviews

The aim of a quantitative interview is to access the participants' lifeworld and lived experience to research a particular phenomenon (e.g., being severely ill and living with haemodialysis). The interview is meant to elicit knowledge from experiences narrated and expressed in everyday language.The findings of serial quantitative interviews conducted with patients over a 3-month period.

I conducted a series of qualitative interviews with participants in order to maximize the likelihood of learning more about the individuals' lived experiences as they dealt with haemodialysis and were towards the end of their lives. According to the design, some of the participants were followed up with interviews each over a 3-month period. Due to interruptions during one interview and family obligations during another, one participant was questioned five times in all. I did 60 interviews in all, each in a private space.The majority of interviews were performed after the dialysis procedure at their request; however, 13 interviews were conducted during the dialysis proceducre in nursing hospital wards because individuals who were hospitalized but still want to be interviewed. 20 interviews were held on days when patients were not receiving dialysis treatments, which I believe is crucial for the production of rich narratives. The patient may be tempted to concentrate just on the therapy on a dialysis day since they are typically stressed out or exhausted. The fact that I offered to interview them at their house undoubtedly influenced their choice to take part, since doing so would have required them to go away from home for an extra day (i.e., at least 4 days that week). The fact that I conducted the interviews in the participants' homes possibly made it easier for the patients to open up and freely describe their experiences with haemodialysis since they felt more at ease and may have thought of me as a guest rather than a researcher. The fact that the researcher is a management trainee with expertise in hemodialysis treatment and is aware of the situation is also likely to have eased the patients' narrations.

The participants were invited to close ended questionnaire during the interviews about their personal experiences with illness and life with haemodialysis. Please share your experiences with living with disease and receiving hemodialysis in the open-ended question that started the interviews. The initial question in the follow-up interviews was, "Please tell me about your experiences currently living with illness and receiving haemodialysis." despite the fact that occasionally they did it without being asked. During interviews, close-ended and clarifying questions were used to encourage participants to discuss

various aspects of their lives with disease and dialysis, including the physical, emotional, existential, and social aspects. "What did you feel?" was one of the follow-up inquiries. What were your thoughts? The question "What do you mean?" "Can you elaborate for me?" Can you explain a situation? and more inquiries of the same nature. I discovered that by repeating the participant's last few words, I was able to promote and assist more narrative without having to direct it. Participants' ideas and feelings about death and dying were also conveyed. After asking the questions, i encourage them to fill my close ended questionnaire form. When asked about their predictions for the future, participants were frequently prompted to discuss death and existential questions. Participants also made connections between various experiences and existential concerns.

As some participants felt the need to apologies for not being chatty, it was crucial to establish a permissive and comfortable environment for them. It was also necessary to let participants know that silence is common and occasionally required in an interview. We frequently drank coffee after the interviews (and even during the interviews, depending on the desires of participants), and occasionally i were joined by their spouse. This was an effective way to wrap up the conversation and a crucial method to hear from the spouse, who, if at home, had been in a different room during the interview. After each interview, I asked the participants if they would agree to be contacted in a few days to see if they would still like to participate or to respond to any questions I might have from the last interview. All concurred. In case they needed to get in touch with me, they also had my phone number.

PARTICIPANTS AND PROCEDURES

There were 60 sick patients present. They were chosen from Jaypee Hospital dialysis unit in a Noida city. Patients for these trials were clinically determined by the nephrologist treating them for dialysis to be seriously sick, and hence potentially in their last year of life. For the purposes of the investigations, we considered this sickness to be terminal. According to a protocol created especially for this study, the assessment was based on the existence of symptoms, co-morbidities, malnutrition, and other problems. The subjects had a wide range of co-morbidities in addition to renal illness, such as heart disease, a history of stroke, peripheral vascular disease, diabetes, and cancer. Total 43 responses I received out of 60. 25 individuals were Male, whereas 18 people were female. Their average age was in between 18-30. The researcher provided the participants with extra written and verbal information before they gave their agreement, including the study's purpose, the voluntary nature of participation, their right to withdraw at any time, and how the researcher would treat their data in confidence. Due to exhaustion, 17 chosen patients denied additional information after the initial letter, while one chosen patient declined involvement after verbal information was provided, claiming pain and exhaustion as grounds for non-participation. This was the first patient who had received verbal information, and I immediately saw how crucial it was to reiterate their choice to withdraw at any point and stress that they may choose each interview separately during the verbal information session

Data analysis

The analysis provided is a descriptive analysis based on the data. Descriptive analysis involves summarizing and presenting data in a way that describes its main features, characteristics, and patterns. It helps in gaining insights into the distribution of data, identifying trends, and presenting a clear overview of the information available.

In the analysis, I summarized the data by counting the frequency of occurrences for each category or response in various aspects related to hemodialysis treatment. For example, in the demographic analysis, I counted the number of participants falling within each age group. Similarly, in the gender analysis, I counted the number of times "male" and "female" appeared in the data sequence.

For other aspects such as educational background, duration of hemodialysis treatment, satisfaction levels, and impact on daily activities, I also counted the frequency of each response to provide a clear picture of how participants' experiences and perceptions vary across these dimensions.

In addition to counting frequencies, I presented the data in a structured and organized manner, highlighting key findings and potential areas of interest for further research. The goal of this descriptive analysis is to provide a comprehensive overview of the experiences, challenges, and needs of individuals undergoing hemodialysis based on the given data. Descriptive analysis is commonly used in research to summarize and make sense of data before diving into more complex statistical analyses or hypothesis testing. Here's a structured approach to presenting the data analysis:

1) Demographic Analysis: The majority of respondents in the sample fall within the age range of 18-30 years, representing the most frequently occurring age group (18 times). This suggests a prevalence of hemodialysis treatment among younger individuals. However, there is a need to ensure inclusivity by examining the experiences of individuals across different age groups, as there were smaller representations of participants aged 31-45 years (4 times), 46-60 years (1 time), and 61 years or above (4 times). Further investigation into the unique challenges and needs of individuals in these age groups can provide valuable insights.
2) Gender Analysis: The provided data sequence represents a mixture of male and female genders. Out of the 25 gender identifiers, there were 20 mentions of male and 5 mentions of female. The gender imbalance raises questions about potential gender-related disparities in access to and experiences of hemodialysis treatment. Further research into gender-related factors and their influence on treatment outcomes is warranted to ensure equitable care for all individuals.
3) Educational Background Analysis: The data reveals a mix of educational backgrounds among the respondents. There were 9 mentions of high school or equivalent education, 10 mentions of bachelor's degrees, and 9 mentions of master's degrees or higher. Additionally, 3 respondents indicated "other" qualifications without specifying the exact type. Exploring the impact of education on treatment experiences and outcomes could be an interesting avenue for research. Understanding how educational attainment influences factors such as treatment adherence, self-care practices, and health literacy can contribute to improving the overall management of hemodialysis.
4) Hemodialysis Treatment Analysis: The data provides insights into the duration and frequency of hemodialysis treatment. The most common treatment frequency was three times a week (9 times), followed by twice a week (9 times), and once a week (8 times). A few respondents mentioned other treatment frequencies without specific details. Individualized treatment plans tailored to each patient's needs are essential to optimize outcomes. Understanding the impact of treatment frequency and duration on patient outcomes, such as quality of life and treatment adherence, can be a significant focus for further research.
5) Satisfaction with Quality of Care Analysis: The data indicates that the majority of participants expressed high levels of satisfaction with the quality of care during hemodialysis sessions. Out of the 24 responses, 14 indicated "highly satisfied," 6 responses were "somewhat satisfied," 5 were

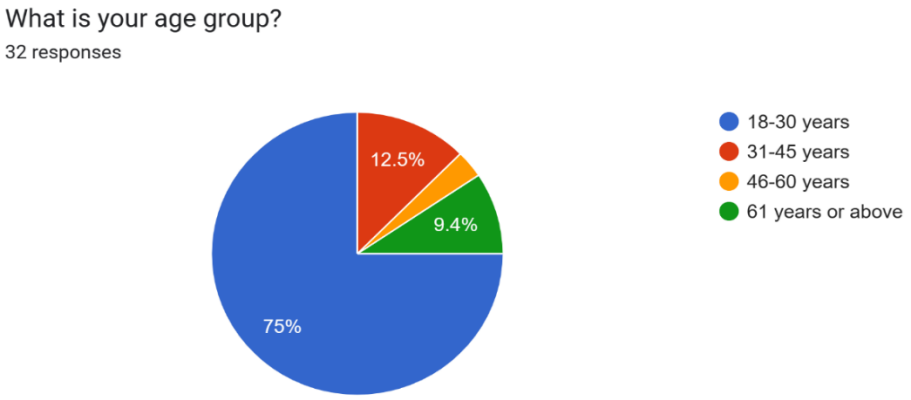
"neutral," and 1 indicated "dissatisfied." It is crucial to address the concerns of those who expressed moderate or low satisfaction levels to enhance the overall patient experience. Investigating the factors contributing to patient satisfaction, such as communication, interpersonal skills of healthcare providers, and access to support services, can provide valuable insights into improving the quality of care.

6) Impact on Daily Activities Analysis: The data reveals varying degrees of impact on daily activities among respondents. Some reported minimal impact (9 times), while others experienced moderate (14 times) or severe limitations (1 time). Understanding the specific challenges faced by individuals undergoing hemodialysis, such as physical restrictions, fatigue, or time constraints, can inform the development of strategies to mitigate these impacts and enhance patients' ability to maintain an active lifestyle.
7) Employment and Financial Aspects Analysis: The data indicates that a majority of participants (13 times) reported being able to maintain a regular job or work schedule while undergoing hemodialysis without difficulty. However, there were instances where individuals encountered some difficulty (11 times) or were unable to work (3 times) due to hemodialysis. Additionally, two participants mentioned that the question was not applicable to their current employment status. Exploring the barriers faced by individuals in employment, such as physical limitations, time commitments, or discrimination, can shed light on the need for supportive policies and workplace accommodations. Addressing the financial difficulties experienced by a significant portion of participants highlights the importance of financial support programs to alleviate the burden of treatment costs.
8) Complications and Side Effects Analysis: The data suggests that some respondents experienced complications or side effects related to hemodialysis, with varying frequencies. Some reported frequent occurrences (9 times), while others experienced them occasionally (13 times). A few respondents were unsure (1 time), and three individuals reported never experiencing any complications or side effects. Further investigation into the specific complications and side effects encountered by participants can guide healthcare providers in implementing proactive measures to prevent or minimize these adverse events.
9) Psychosocial Well-being Analysis: The data indicates that living with hemodialysis presented emotional or psychological challenges for many respondents. Some experienced these challenges frequently (10 times), others occasionally (8 times), and some reported never facing such challenges (4 times). A few respondents were unsure about this aspect (1 time). The emotional and psychological well-being of individuals undergoing hemodialysis is crucial, and integrating mental health support into hemodialysis care can address the emotional needs of patients and enhance their overall treatment experience.
10) Quality of Life Analysis: The data shows that the majority of participants rated their overall quality of life since starting hemodialysis as good (12 times) or excellent (10 times). However, there were instances where individuals rated their quality of life as poor (4 times) or very poor (1 time). Identifying the factors contributing to positive outcomes and exploring interventions to improve the overall quality of life for individuals undergoing hemodialysis can be a significant focus for further research.
11) Support and Counseling Analysis: The data suggests that a significant number of individuals received support or counseling to cope with the challenges of hemodialysis. Some reported receiving support regularly (9 times), while others received it occasionally (10 times). However,

there were also respondents who reported never receiving any form of support or counseling (6 times), and one individual was unsure about this matter (1 time). The availability of psychosocial support services can play a crucial role in helping individuals cope with the challenges associated with hemodialysis, and it is essential to ensure that such support is accessible to all patients.

12) Financial Difficulties Analysis: The data indicates that financial difficulties related to the costs of hemodialysis treatment were significant for a considerable number of participants (12 times). Some mentioned experiencing only some difficulties (8 times), while a few reported no financial difficulties at all (4 times). The financial burden associated with hemodialysis treatment can impact an individual's well-being and treatment adherence. Addressing financial challenges through financial assistance programs and supportive policies is essential to ensure equitable access to care.

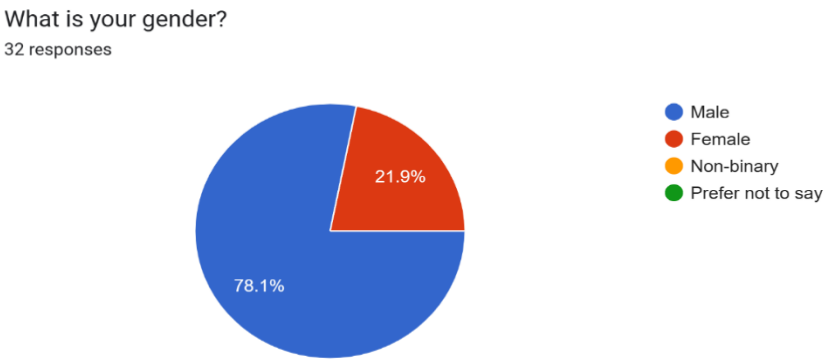
Result



1. 18-30 years: This age group appears 18 times, making it the most frequently occurring age range in the data. It suggests that the majority of the data points fall within this range.
2. 31-45 years: This age group appears 4 times, indicating a lesser but still notable representation in the data. It suggests that there are a few data points from individuals aged between 31 and 45 years.
3. 46-60 years: This age group appears only once, implying a relatively small representation within the data. It suggests that there is only a single data point from an individual aged between 46 and 60 years.
4. 61 years or above: This age group appears 4 times, indicating a moderate representation within the data. It suggests that there are multiple data points from individuals aged 61 years or above.

Overall, the data suggests a significant focus on the 18-30 years age range, with relatively fewer data points from other age groups. However, it is important to note that without additional

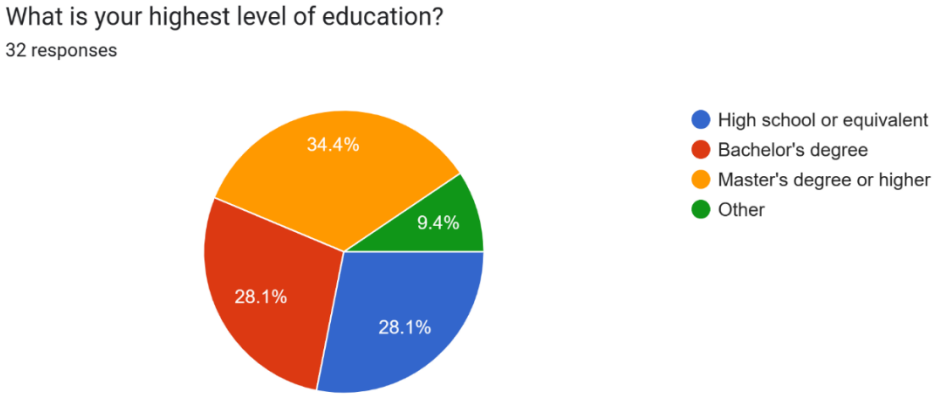
context or specific information about the data source and purpose, it is challenging to draw precise conclusions about the population being represented.



Based on the provided sequence of gender identifiers, it appears to be a mixture of male and female genders. Here's a breakdown of the frequency of each gender mentioned:

- Male: 20 times
- Female: 5 times

The sequence seems to randomly alternate between male and female, with a higher emphasis on the male gender. It is important to note that gender is a complex and multifaceted concept, and this sequence of identifiers may not accurately represent the diversity and complexity of gender identities. It is also unclear what the context or purpose of this sequence is, as it could be related to demographic analysis, survey responses, or simply a random input.

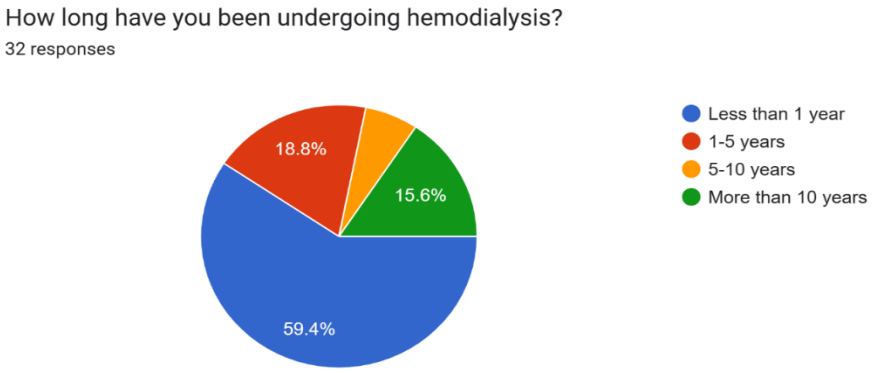


Based on the provided sequence of educational qualifications, it appears to be a mixture of different levels of education. Here's a breakdown of the frequency of each qualification mentioned:

- High school or equivalent: 9 times
- Bachelor's degree: 10 times
- Master's degree or higher: 9 times
- Other: 3 times

The sequence suggests a mix of educational backgrounds, with a higher emphasis on bachelor's degrees. It also includes instances of high school or equivalent qualifications, master's degrees or higher, and a few instances labeled as "other" without specifying the exact qualification.

It is not clear what the context or purpose of this sequence is, as it could be related to educational demographics, survey responses, or simply a random input.

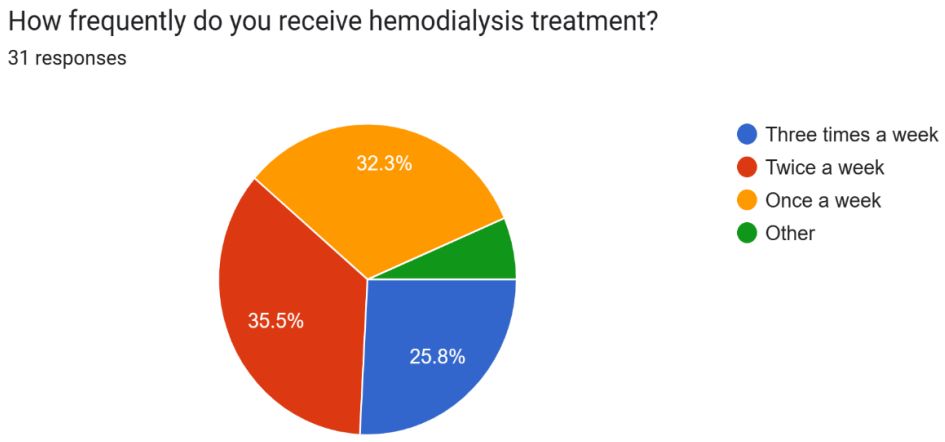


Based on the provided sequence of durations, it appears to represent the length of time in various categories. Here's a breakdown of the frequency of each duration mentioned:

- Less than 1 year: 15 times
- 1-5 years: 6 times
- More than 10 years: 6 times
- 5-10 years: 2 times

The sequence suggests a range of different durations, with a higher emphasis on less than 1 year. There are also mentions of durations between 1 and 5 years, more than 10 years, and 5 to 10 years.

However, without additional context, it is unclear what these durations refer to. They could represent work experience, membership duration, or any other period relevant to a specific context.

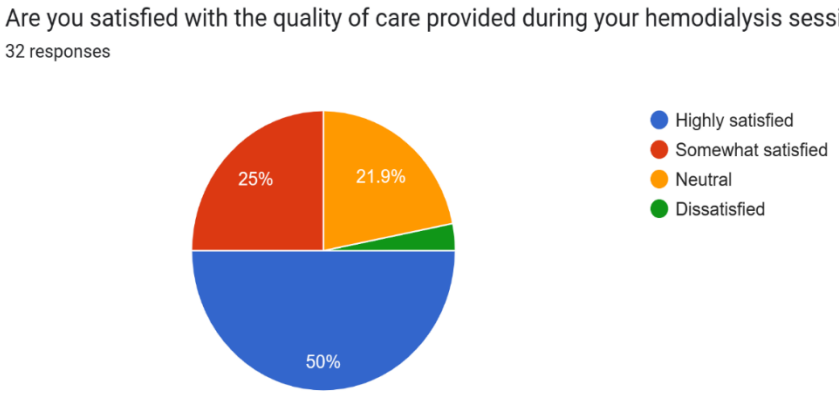


Based on the provided sequence of hemodialysis treatment frequencies, it appears to represent the number of times per week that hemodialysis treatment is received. Here's a breakdown of the frequency of each treatment mentioned:

- Three times a week: 9 times
- Once a week: 8 times
- Twice a week: 9 times
- Other: 2 times

The sequence suggests a variety of treatment frequencies for hemodialysis. The most common frequency mentioned is three times a week, followed by twice a week and once a week. There are also a few instances labeled as "other" without specifying the exact treatment frequency.

These frequencies likely reflect the treatment schedule for individuals undergoing hemodialysis, but without additional context, it is challenging to determine the exact meaning or purpose of this sequence.



Based on the provided sequence of satisfaction levels regarding the quality of care during hemodialysis sessions, it appears to represent individual experiences and opinions. Here's a breakdown of the frequency of each satisfaction level mentioned:

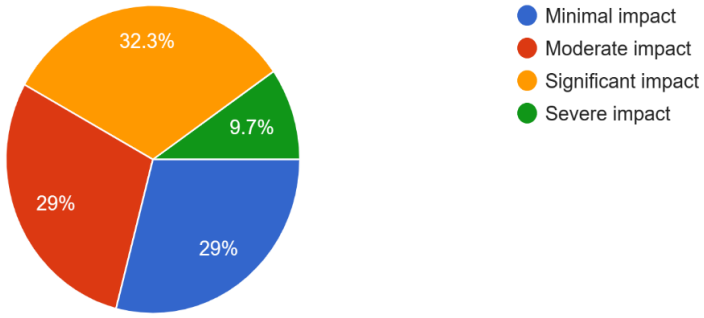
- Highly satisfied: 14 times
- Somewhat satisfied: 6 times
- Neutral: 5 times
- Dissatisfied: 1 time

The sequence suggests a range of satisfaction levels among individuals receiving hemodialysis treatment. The majority of the responses indicate high satisfaction with the quality of care provided during the sessions. There are also instances of somewhat satisfied and neutral responses. One response indicates dissatisfaction with the quality of care.

These responses reflect the subjective experiences and opinions of the individuals mentioned in the sequence. However, without additional context or specific criteria for satisfaction, it is difficult to determine the exact reasons behind these satisfaction levels or generalize them to a larger population.

How has hemodialysis impacted your daily activities?

31 responses

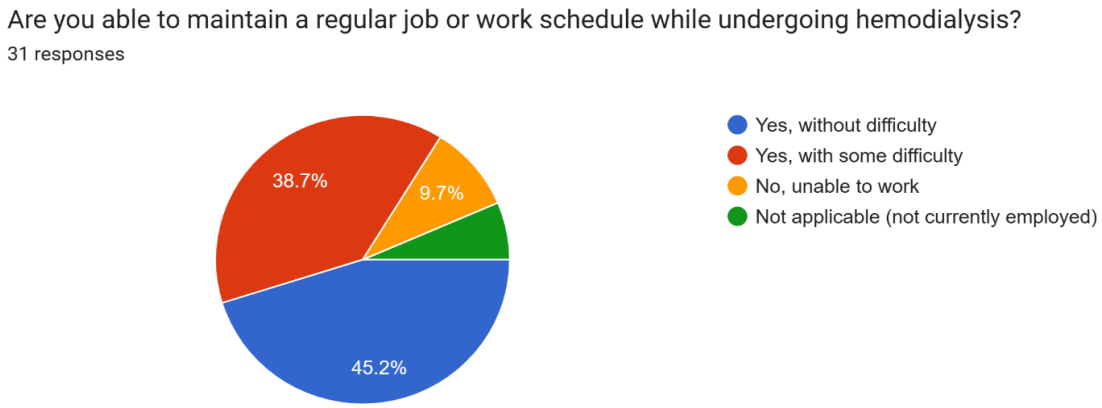


Based on the provided sequence of responses regarding the ability to maintain a regular job or work schedule while undergoing hemodialysis, it appears to represent the individual's experience and challenges in employment. Here's a breakdown of the frequency of each response:

- Yes, without difficulty: 13 times
- Yes, with some difficulty: 11 times
- No, unable to work: 3 times
- Not applicable (not currently employed): 2 times

The sequence suggests that a majority of individuals mentioned they are able to maintain a regular job or work schedule without difficulty while undergoing hemodialysis. However, there are also individuals who reported having some difficulty in balancing work and hemodialysis, as well as those who are unable to work due to their condition. Additionally, some responses indicate that the question is not applicable because the individuals are currently not employed.

These responses reflect the experiences and circumstances of the individuals mentioned in the sequence. It highlights the varied impact of hemodialysis on individuals' ability to work, ranging from no difficulty to significant challenges. It is important to consider that the ability to work may depend on individual factors, the severity of the condition, and the accommodations provided in the workplace.

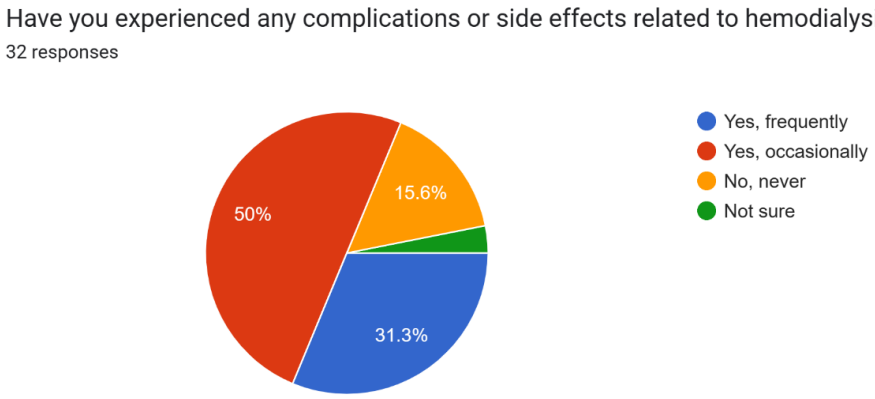


Based on the provided sequence of responses regarding the ability to maintain a regular job or work schedule while undergoing hemodialysis, it appears to represent the individual's experience and challenges in employment. Here's a breakdown of the frequency of each response:

- Yes, without difficulty: 13 times
- Yes, with some difficulty: 11 times
- No, unable to work: 3 times
- Not applicable (not currently employed): 2 times

The sequence suggests that a majority of individuals mentioned they are able to maintain a regular job or work schedule without difficulty while undergoing hemodialysis. However, there are also individuals who reported having some difficulty in balancing work and hemodialysis, as well as those who are unable to work due to their condition. Additionally, some responses indicate that the question is not applicable because the individuals are currently not employed.

These responses reflect the experiences and circumstances of the individuals mentioned in the sequence. It highlights the varied impact of hemodialysis on individuals' ability to work, ranging from no difficulty to significant challenges. It is important to consider that the ability to work may depend on individual factors, the severity of the condition, and the accommodations provided in the workplace.

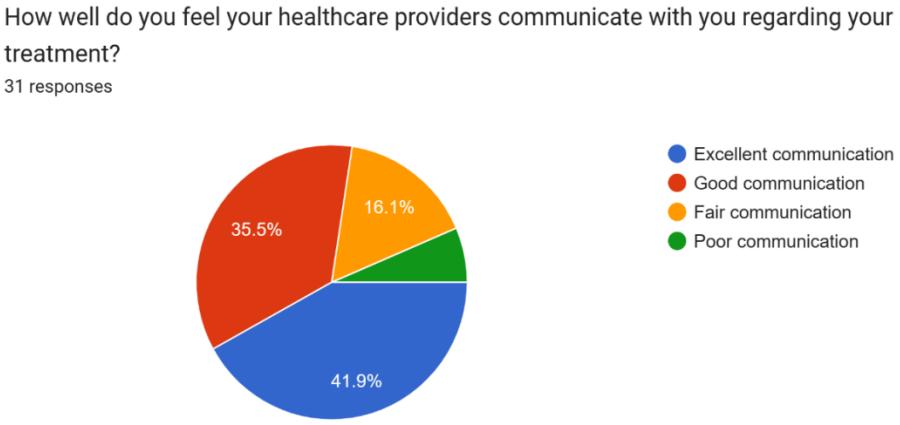


Based on the provided sequence of responses regarding complications or side effects related to hemodialysis, it appears to represent the individual's experience and frequency of experiencing such issues. Here's a breakdown of the frequency of each response:

- Yes, frequently: 9 times
- Yes, occasionally: 13 times
- Not sure: 1 time
- No, never: 3 times

The sequence suggests that a majority of individuals have experienced complications or side effects related to hemodialysis, with varying frequencies. Some individuals mentioned experiencing complications frequently, while others mentioned experiencing them occasionally. There are also a few individuals who were unsure or reported not experiencing any complications or side effects.

It is important to note that complications and side effects can vary greatly among individuals undergoing hemodialysis, and these responses reflect the subjective experiences of those mentioned in the sequence. The specific complications or side effects are not provided, and without further context, it is challenging to determine the exact nature and severity of these issues.

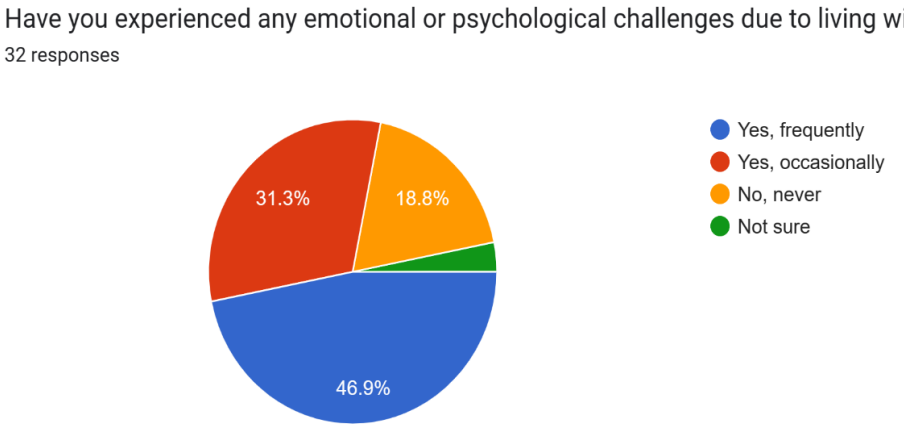


Based on the provided sequence of responses regarding the communication between healthcare providers and individuals regarding hemodialysis treatment, it appears to represent the individuals' perception of the quality of communication. Here's a breakdown of the frequency of each response:

- Excellent communication: 10 times
- Good communication: 11 times
- Fair communication: 5 times
- Poor communication: 2 times

The sequence suggests that most individuals mentioned having positive experiences with healthcare providers in terms of communication regarding hemodialysis treatment. The majority reported excellent or good communication, indicating that they feel their healthcare providers effectively communicate with them. However, there are also instances where individuals mentioned fair or poor communication, suggesting that some individuals have experienced challenges or difficulties in effective communication with their healthcare providers.

These responses reflect the subjective experiences and perceptions of the individuals mentioned in the sequence. The quality of communication can greatly influence the patient-provider relationship and overall satisfaction with healthcare services. It is important for healthcare providers to establish clear and effective communication channels to address the needs and concerns of individuals undergoing hemodialysis.

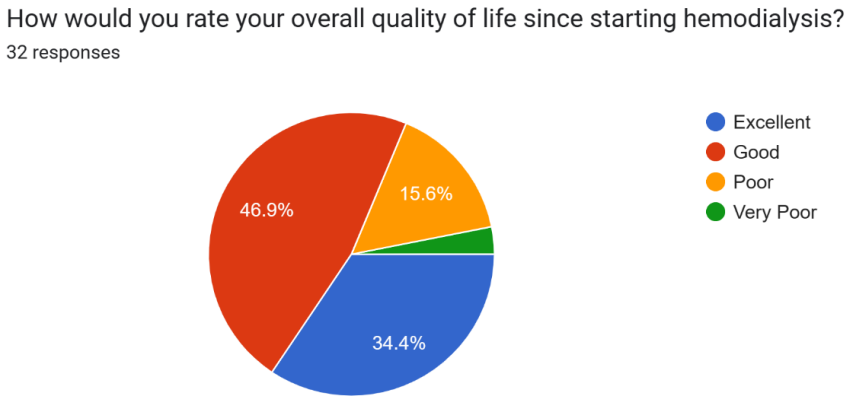


Based on the provided sequence of responses regarding emotional or psychological challenges due to living with hemodialysis, it appears to represent the individuals' experiences and frequencies of such challenges. Here's a breakdown of the frequency of each response:

- Yes, frequently: 10 times
- Yes, occasionally: 8 times
- No, never: 4 times
- Not sure: 1 time

The sequence suggests that a significant number of individuals have experienced emotional or psychological challenges due to living with hemodialysis. The frequency of experiencing these challenges varies, with some individuals reporting frequent occurrences and others experiencing them occasionally. There are also individuals who reported never experiencing emotional or psychological challenges, and one person indicated uncertainty.

Living with hemodialysis can be emotionally and psychologically challenging, as individuals may face various stressors, lifestyle adjustments, and concerns about their health and future. It is important to address and support the emotional well-being of individuals undergoing hemodialysis, as these challenges can impact their overall quality of life. The responses provided reflect the subjective experiences and perspectives of the individuals mentioned in the sequence.



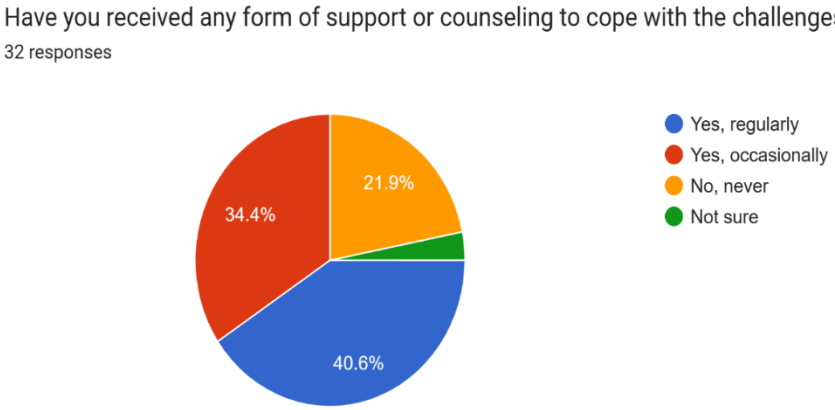
Based on the provided sequence of responses regarding the overall quality of life since starting hemodialysis, it appears to represent the individuals' self-assessment of their quality of life. Here's a breakdown of the frequency of each response:

- Excellent: 10 times
- Good: 12 times
- Poor: 4 times
- Very Poor: 1 time

The sequence suggests that a majority of individuals mentioned having a positive perception of their overall quality of life since starting hemodialysis. The most common rating given was excellent, followed by good. However, there are also individuals who rated their quality of life as poor or very poor.

Living with hemodialysis can significantly impact an individual's quality of life, and their perception of it may vary based on various factors such as physical health, emotional well-being, social support, and the management of their condition. It's important to note that these ratings are subjective and represent the experiences and perspectives of the individuals mentioned in the sequence.

Supporting individuals undergoing hemodialysis in maintaining or improving their quality of life involves addressing their physical, emotional, and social needs, providing adequate healthcare and support services, and ensuring a positive and enabling environment.



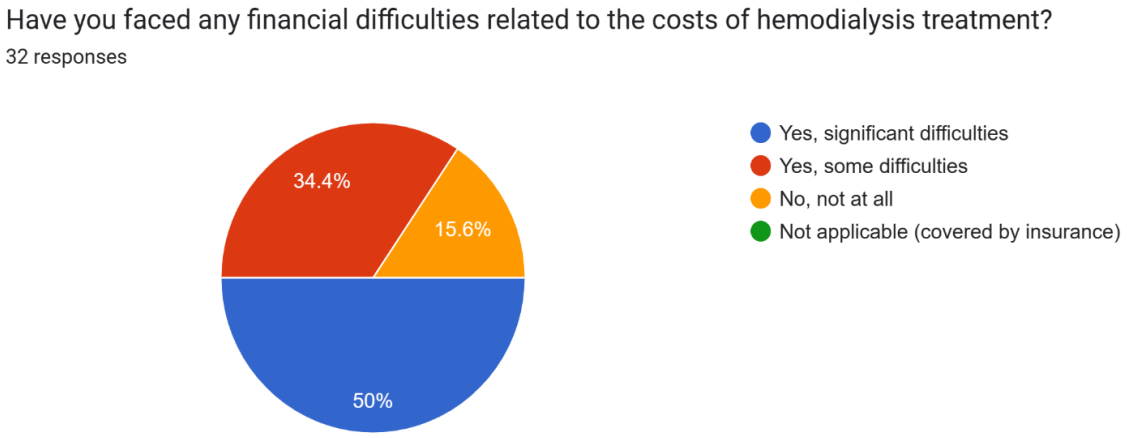
Based on the provided sequence of responses regarding receiving support or counseling to cope with the challenges of hemodialysis, it appears to represent the individuals' experiences and frequencies of receiving such support. Here's a breakdown of the frequency of each response:

- Yes, regularly: 9 times
- Yes, occasionally: 10 times
- No, never: 6 times
- Not sure: 1 time

The sequence suggests that a significant number of individuals have received some form of support or counseling to cope with the challenges of hemodialysis. This support may be received regularly or occasionally, indicating that individuals have access to resources and services to help them address their emotional, psychological, and practical needs related to hemodialysis.

However, there are also individuals who reported never receiving any form of support or counseling. It's important to note that the availability of support services can vary based on factors such as healthcare settings, geographical location, and individual circumstances.

Receiving support and counseling can play a crucial role in helping individuals cope with the challenges associated with hemodialysis. It can provide emotional support, practical guidance, and education about managing the condition, improving the overall well-being and quality of life for individuals undergoing hemodialysis.



Based on the provided sequence of responses regarding financial difficulties related to the costs of hemodialysis treatment, it appears that the majority of individuals have faced significant difficulties. Here's a breakdown of the frequency of each response:

- Yes, significant difficulties: 12 times
- Yes, some difficulties: 8 times
- No, not at all: 4 times

The sequence suggests that a significant number of individuals have experienced financial challenges associated with the costs of hemodialysis treatment. These difficulties may arise from the expenses associated with dialysis sessions, medications, medical equipment, transportation to and from the treatment center, and other related healthcare expenses.

Financial difficulties can have a significant impact on the well-being and quality of life of individuals undergoing hemodialysis. It can cause stress, limit access to necessary resources and support, and affect overall healthcare outcomes. Access to affordable healthcare and financial assistance programs can play a crucial role in alleviating the burden of financial difficulties for individuals undergoing hemodialysis.

It is important for healthcare providers, policymakers, and support organizations to address these financial challenges and work towards improving the affordability and accessibility of hemodialysis treatment for those in need.

Overall The provided data offers insights into various aspects related to hemodialysis treatment. The majority of respondents fall within the age range of 18-30 years, with a smaller representation of individuals aged 31-45 years, 46-60 years, and 61 years or above. The sample consists of more male participants than female participants.

In terms of education, there is a mix of educational backgrounds, with some individuals having a high school or equivalent education, others holding a bachelor's degree, and some having attained a master's degree or higher. A few respondents indicated having other educational backgrounds.

Regarding the duration of hemodialysis treatment, there is a range of experiences, with some individuals having undergone treatment for less than 1 year, others for 1-5 years, and a smaller portion for 5-10 years or more than 10 years. Additionally, there are a few respondents who noted that the question is not applicable to them as they are not currently employed.

The frequency of hemodialysis treatment reveals that the most common treatment regimen is three times a week, followed by once a week and twice a week. There are also a few instances where respondents specified other treatment frequencies.

In terms of satisfaction with the quality of care provided during hemodialysis sessions, the majority of participants expressed high levels of satisfaction, with some indicating a moderate level of satisfaction or neutrality. There was a single response indicating dissatisfaction.

The impact of hemodialysis on daily activities varied among respondents, with some individuals experiencing minimal impact, others reporting moderate or significant impact, and a few indicating a severe impact.

When it comes to maintaining a regular job or work schedule while undergoing hemodialysis, the majority of respondents reported being able to do so without difficulty, while some mentioned encountering some challenges. A few individuals stated that they were unable to work or that the question was not applicable to their current employment status.

Complications or side effects related to hemodialysis were experienced frequently or occasionally by some respondents, while others reported never having experienced such issues. A small number of respondents were unsure about this aspect.

Communication with healthcare providers regarding hemodialysis treatment was generally rated positively, with several respondents indicating excellent or good communication. However, a few participants mentioned fair or poor communication experiences.

Living with hemodialysis presented emotional or psychological challenges for many respondents, with frequent occurrences reported by some individuals, occasional experiences noted by others, and some participants indicating that they never faced such challenges. A few respondents were unsure about this aspect.

Overall, the quality of life since starting hemodialysis was rated as good or excellent by the majority of participants. However, there were also instances where respondents described their quality of life as poor or very poor.

Receiving support or counseling to cope with the challenges of hemodialysis varied among participants, with some individuals indicating regular or occasional support, while others

reported never having received such assistance. A small number of respondents were unsure about this matter.

Financial difficulties related to the costs of hemodialysis treatment were significant for a significant portion of participants, while some mentioned experiencing only some difficulties, and a few reported no financial difficulties at all.

CHAPTER 5- DISCUSSION

The provided data offers valuable insights for your research paper on the experiences and challenges related to hemodialysis treatment.

Firstly, it is important to note that the majority of respondents in the sample were within the age range of 18-30 years. This demographic trend highlights the prevalence of hemodialysis among younger individuals, which could be an interesting aspect to explore further in your paper. Additionally, there is a need to ensure inclusivity by examining the experiences of individuals across different age groups, as there were smaller representations of participants aged 31-45 years, 46-60 years, and 61 years or above.

Gender is another significant factor to consider in your research. The data shows that there were more male participants than female participants. This gender imbalance raises questions about potential gender-related disparities in access to and experiences of hemodialysis treatment. Investigating the reasons behind this gender distribution could provide valuable insights into addressing any existing gaps in care.

The educational background of participants varied, with respondents reporting high school or equivalent education, bachelor's degrees, and master's degrees or higher. Exploring the impact of education on treatment experiences and outcomes could be an interesting avenue to explore in your research. Understanding how educational attainment influences factors such as treatment adherence, self-care practices, and health literacy can contribute to improving the overall management of hemodialysis.

The duration and frequency of hemodialysis treatment are essential aspects to consider. The data indicates that the majority of participants received treatment three times a week. This aligns with the standard treatment protocol for hemodialysis. However, it is important to acknowledge that individualized treatment plans are necessary to address the specific needs and conditions of each patient. Exploring the impact of treatment frequency and duration on patient outcomes, such as quality of life and treatment adherence, can be a significant area of focus for your research.

The satisfaction levels of participants regarding the quality of care during hemodialysis sessions were generally high. However, it is crucial to address the concerns of those who expressed moderate or low satisfaction levels. Investigating the factors contributing to patient satisfaction,

such as communication, interpersonal skills of healthcare providers, and access to support services, can provide valuable insights into improving the overall patient experience.

The impact of hemodialysis on daily activities varied among respondents, with some reporting minimal impact, while others experienced moderate or severe limitations. Understanding the specific challenges faced by individuals undergoing hemodialysis, such as physical restrictions, fatigue, or time constraints, can inform the development of strategies to mitigate these impacts and enhance patients' ability to maintain an active lifestyle.

Employment and financial aspects are also important considerations. While a majority of participants reported being able to maintain a regular job or work schedule, there were instances of difficulty or inability to work due to hemodialysis. Exploring the barriers faced by individuals in employment, such as physical limitations, time commitments, or discrimination, can shed light on the need for supportive policies and workplace accommodations. Additionally, the financial difficulties experienced by a significant portion of participants highlight the potential financial burdens associated with hemodialysis treatment. Understanding the financial implications and exploring available support systems can contribute to improving the financial well-being of individuals undergoing hemodialysis.

The presence of complications or side effects related to hemodialysis treatment indicates the need for comprehensive patient monitoring and management. Identifying the specific complications and side effects encountered by participants can guide healthcare providers in implementing proactive measures to prevent or minimize these adverse events.

Psychosocial well-being is an important aspect of hemodialysis care. The emotional and psychological challenges reported by participants emphasize the need for psychosocial support services. Integrating mental health support into hemodialysis care can address the emotional well-being of patients and enhance their overall treatment experience.

Lastly, the overall quality of life since starting hemodialysis was rated positively by a majority of participants. However, there were instances where participants reported poor or very poor quality of life. Identifying the factors contributing to positive outcomes and exploring interventions to improve the overall quality of life for individuals undergoing hemodialysis can be a significant focus for your research.

In conclusion, the data provided offers a comprehensive overview of various aspects related to hemodialysis treatment. By examining and analyzing this data in your research paper, you can contribute to a deeper understanding of the experiences, challenges, and needs of individuals undergoing hemodialysis, ultimately informing strategies to enhance their overall care and well-being.

CONCLUSION

In conclusion, the data presented in this study provides valuable insights into the experiences and challenges faced by individuals undergoing hemodialysis treatment. The findings highlight several important aspects that impact the quality of life and overall well-being of these individuals.

The study reveals that the majority of participants were within the younger age range, suggesting a significant prevalence of hemodialysis among younger individuals. This demographic trend calls for further investigation to understand the unique needs and experiences of this population.

Gender disparity was evident, with a higher representation of males in the sample. Exploring the reasons behind this gender distribution can shed light on potential disparities in access to care and treatment outcomes, paving the way for targeted interventions.

Educational background varied among participants, emphasizing the need to consider the influence of education on treatment experiences. Further research can explore the role of education in treatment adherence, self-care practices, and health literacy to enhance the management of hemodialysis.

The frequency and duration of hemodialysis sessions were consistent with standard treatment protocols. However, individualized treatment plans should be tailored to meet the specific needs of patients. Understanding the impact of treatment frequency and duration on patient outcomes can guide healthcare providers in optimizing treatment strategies.

Overall, participants expressed high levels of satisfaction with the quality of care received during hemodialysis. However, the concerns of those with moderate or low satisfaction levels should be addressed to improve the patient experience. Effective communication and support services are essential for ensuring patient satisfaction and engagement in the treatment process.

Hemodialysis had varying impacts on participants' daily activities, highlighting the need to address physical limitations and develop strategies to promote an active lifestyle. Employment and financial difficulties were reported by some participants, underscoring the importance of workplace accommodations and financial support systems.

Complications and side effects associated with hemodialysis treatment were reported by a significant portion of participants. This emphasizes the importance of comprehensive patient monitoring and management to minimize adverse events and improve treatment outcomes.

Psychosocial well-being emerged as a significant aspect of hemodialysis care, with participants reporting emotional and psychological challenges. Integrating mental health support services into hemodialysis care can enhance the overall well-being of patients and contribute to positive treatment outcomes.

The overall quality of life since starting hemodialysis was generally rated positively by participants. However, there were instances where individuals reported poor quality of life.

Understanding the factors contributing to positive outcomes and implementing interventions to address the challenges can enhance the overall quality of life for individuals undergoing hemodialysis.

In conclusion, this study provides valuable insights for healthcare providers, policymakers, and researchers to better understand the experiences, challenges, and needs of individuals undergoing hemodialysis. By addressing the identified areas of concern, such as gender disparities, psychosocial support, and financial difficulties, healthcare systems can improve the quality of care and enhance the well-being of patients undergoing hemodialysis treatment.