

**An-Najah National University**  
**Faculty of Graduate Studies**

**A Hermeneutic Phenomenological Study for Patients  
Undergoing Kidney Transplantation**

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الى روح أبي الطاهرة رحمه الله الذي طالما حلمت أن يشاركني الفرحة ولو لمرة واحدة

الى والدتي الحنونة رمز المحبة والعطاء حفظها الله وامن في عمرها على طاعته

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الى إخوتي وأخواتي الأعتاء من أعتاء بجسور محبتهم

الى أصدقائي وزملائي جميعا حفظهم الله

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## الشكر والتقدير

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وقال رسوله الكريم: من لم يشكر الناس لم يشكر الله عز وجل "

أحمد الله تعالى حمدا كثيرا طيبا مباركا ملء السماوات والأرض على ما اكرمني به من إتمام هذه الدراسة التي ارجو ان تنال رضاه.

ثم أتوجه بجزيل الشكر وعظيم الامتنان الى كل من:

- الدكتورة الفاضلة/ عايذة أبو السعود القيسي حفظها الله واطال بعمرها لتفضلها الكريم بالإشراف على هذه الدراسة وتكرمها بنصحي وتوجيهي حتي إتمام هذه الدراسة.
- أعضاء لجنة المناقشة الكرام الدكتورة الفاضلة ايمان الشاويش مناقشاً داخلياً والدكتورة الفاضلة مها نحال مناقشاً خارجياً حفظهم الله لتفضلهما قبول مناقشة هذه الدراسة.
- الى زوجتي الغالية على الجهد المبذول من طباعة وتنسيق للدراسة.

## الاقرار

أنا الموقع أدناه، مقدم الرسالة التي تحمل العنوان:

### **A Hermeneutic Phenomenological Study for Patients Undergoing Kidney Transplantation**

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### **Declaration**

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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## List of Contents

| No.   | Subject   | Page |
|-------|---|------|
|       | Dedication                                      | Iii  |
|       | Acknowledgement                                 | Iv   |
|       | Declaration                                     | V    |
|       | List of tables                                  | Viii |
|       | Abstract  | Ix   |
|       | <b>Chapter One: Introduction</b>                | 1    |
| 1.1   | Introduction                                    | 1    |
| 1.2   | Aim of the study                                | 2    |
| 1.3   | Problem statement                               | 2    |
| 1.4   | Significance of the study                       | 4    |
| 1.5   | Background                                      | 4    |
| 1.5.1 | Phenomenology                                   | 7    |
| 1.5.2 | Descriptive and interpretative phenomenology    | 8    |
| 1.5.3 | Heidegger perspective                           | 9    |
| 1.5.4 | Interpretive phenomenology.                     | 10   |
| 1.5.5 | Phenomenology and its fit with nursing research | 11   |
| 1.5.6 | Hermeneutical phenomenology                     | 12   |
| 1.6   | Research question                               | 14   |
|       | <b>Chapter Two: Literature Review</b>           | 15   |
| 2.1   | Literature review                               | 15   |
|       | <b>Chapter Three: Methodology</b>               | 22   |
|       | Material and methods                            | 22   |
| 3.1   | Design  | 22   |
| 3.2   | Study participants                              | 22   |
| 3.3   | Study setting                                   | 22   |
| 3.4   | Inclusion criteria and exclusion criteria       | 23   |
| 3.4.1 | Inclusion criteria                              | 23   |
| 3.4.2 | Exclusion criteria                              | 23   |
| 3.5   | Data collection                                 | 23   |
| 3.6   | Procedure                                       | 25   |
| 3.7   | Data analysis                                   | 26   |
| 3.8   | Establishing rigor                              | 29   |
| 3.9   | Pilot testing                                   | 32   |
| 3.10  | Ethical consideration                           | 33   |
|       | <b>Chapter Four: Results</b>                    | 34   |
| 4.1   | Interviews results and analysis                 | 34   |
| 4.2   | Results   | 35   |
| 4.2.1 | Naïve understanding                             | 36   |

|       |   |     |
|-------|---|-----|
| 4.2.2 | Structural analysis                                 | 37  |
| 4.2.3 | Discussion  | 78  |
| 5     | <b>Chapter Five: Conclusion and Recommendations</b> | 88  |
| 5.1   | Conclusion  | 88  |
| 5.2   | Recommendations                                     | 89  |
| 5.3   | For future research                                 | 89  |
| 5.4   | Nursing implications                                | 90  |
| 5.5   | Limitation of the study                             | 90  |
|       | References  | 91  |
|       | Appendices  | 103 |
|       | Appendix I (interview guide English and Arabic )    | 103 |
|       | Appendix II (consent form, English )                | 106 |
|       | AppendixIII (IRB approval letter)                   | 109 |
|       | الملخص  | ب   |

**List of Tables**

| <b>No</b> | <b>Title</b>                                       | <b>Page</b> |
|-----------|--|-------------|
| Table 1   | Demographic characteristics of the 15 participants | 34          |
| Table 2   | Themes of the study                                | 38          |
| Table 3   | Themes and subthemes of the study                  | 45          |



**A Hermeneutic Phenomenological Study for Patients Undergoing  
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**Abstract**

**Introduction:** Kidney transplantation is considered all over the world as the best treatment for selected patients with end-stage renal disease (ESRD) as it gives a longer survival time, lower costs and better quality of life in comparison to hemodialysis. However, after the transplantation patients need to adhere to a complex medical regimen, therefore new studies are needed to investigate the unique experiences and individual differences between them.

**Aim:** The aim of this study was to explore the lived experiences of kidney transplant recipients.

**Design:** A qualitative phenomenological hermeneutic design was used, which focuses on subjective experiences of individuals. It is an attempt to reveal the world experienced by the subject through their life world stories.

**Data collection:** interview guide for personal and medical information as well face-to-face open semi-structured audio recording interviews were used to collect data relevant to the study to explore the participant's experiences.

**Sample:** A purposive sample of 15 adult kidney recipients of both sexes were recruited.

**Setting:** Interviews were conducted in nephrology outpatient clinic of Palestinian medical complex Ramallah .

**Data Analysis:** The data was analyzed as a coherent text inspired by Ricoeur's thoughts on storytelling and interpretation. By analyzing the interview texts, the researcher can reveal common themes shared by participants to gain new knowledge about living through a particular phenomenon.

**Results:** From interviews fifteen themes and related sub themes were identified as follows; encountered feelings, perceived impact on life, encountered medicalized life, prevailing fear of consequences, conflicting emotions, experiencing of altered body, acceptance of changes, understanding the necessity of self-care, enduring abiding, thanking and gratitude, appreciating of supportive encouragement, living with restrictions, long term effects after kidney transplantation, isolation, better health and more energy.

**Conclusion and recommendations:** The participants in the current study had shown positive emotions after kidney transplants, feelings of happiness, feelings of being normal, feelings of rebirth, feelings of resuscitation and feelings of living life were among these feelings. Other feelings of anxiety and fear were also encountered against their living

related donors and fear of an uncertain return to painful dialysis sessions and rejection of the new kidney.

This study recommends conducting patient education programs on the issues received by the proverbs of kidney recipients in order to increase awareness of the recipients and those who are expected to undergo a kidney transplant.

Also this study recommends that kidney transplant is an adaptive challenge and counselling has the potential to psychological support recipients of emotions and uncertainty which characterize the experience.

**Keywords:** lived experience, phenomenology, hermeneutic, kidney transplantation.

# **Chapter One**

## **Introduction**

### **1.1 Introduction**

Kidney transplantation is a surgical operation in which a healthy functional kidney is transferred from a living or brain-dead donors to a non-functioning kidneys recipient. Kidneys are retrieved from either living donors or deceased (brain-dead or post - cardiac death) donors. Usually, living- donor donation occurs between people who share an emotional connection but are not inherently linked. (Collins, 2019). This treatment is the safest option for selected end-stage renal disease patients (ESRD). Longer survival time, reduced costs and improved quality of life all make kidney transplantation the treatment of choice for patients with end- stage kidney disease compared to dialysis (Tonelli et al., 2011; Pinter et all, 2017). Patients consider the treatment to be the path to personal freedom needed to regain control of their lives (Tong, Morton, Howard, McTaggart, & Craig, 2011).

The number of kidney transplants for adults continues to grow. Patients survival rates have also improved (Squifflet, 2011). Kidney transplantation is currently active in Palestine. The presence of nurses at all stages of the process is important for a successful transplantation in order to provide the donor and patients with special treatment in the post-transplantation phase (Borsato & Escudeiro, 2014).

Kidney transplantation brings new problems to the life of the patient (Squifflet, 2011). They need to learn to deal with such difficulties after surgery, as they need to stick to a complex medical after care, which requires close self-monitoring, regular out clinic visits, and compliance with diet, exercise, weight control ,medication regimen and lifestyle changes . It describes that the patient must have to live with a lifetime of chronic disease after a transplant has been completed and function has been released to the patient functioning kidney. Researchers say that for their understanding of the complexities of post-transplantation life, recipients need to be tested (Kamran, 2014). Qualitative studies are also important to explore the particular experiences and individual variations in the process of transplantation that require lifelong commitment to treatment and continuous care.

### **1.2 Aim of the study**

The aim of this study was to explore the lived experiences of kidney transplant recipient.

### **1.3 Problem statement**

Anxiety has been identified among transplant recipients regarding potential organ rejection (Amerena & Wallace, 2009). Recipients often encounter negative feelings associated with their new organ and a dissonant sense of self (Amerena & Wallace, 2009; Richards, 2012). A sense of dissonance among oneself and the new can lead to sense of “otherness”

identified after obtaining a transplant by some people.(Lewis, 2013). This indicates that recipients of transplants feeling distinct from those around them (Taylor, Franck, Dhawan, & Gibson, 2010).

The experiences of kidney transplantation in the mind and body are always at odds with the feelings of appreciation of a person for being given a “second chance” by a donor that is identified or unknown (Richards, 2008). This is a paradox for recipients (Amerena & Wallace, 2009), who at the same time must try to navigate conflicting psychological relations to balance immunosuppressive drugs effects of the new physical dynamics of organs, and recovery from the operation. Post-transplant life also involves a feeling of sorrow (Lewis, 2013), interference (Nancy, 2010), or “living on borrowed time” (Richards, 2012, p. 55). Such encounters also go beyond the biomedical goal range, which seldom reaches beyond the medical procedure itself (Richards, 2012). The emphasis of this study is to understand the real experience of the living kidney transplantation recipients when they talk about the corporal transplant experience and its subjective results on their daily livings. In this research a holistic understanding is given of the dynamic living with a kidney transplant experience, the relationships of the transplant recipient with themselves and others, wellbeing and illness, and death and life are influenced by changed views of themselves, others and environment.

#### **1.4 Significance of the study**

A holistic outlook of the patient's approach undergoing kidney transplantation represents the quality of life of the patient, which directs them to suggest recommendations/coping strategies to enhance the quality of life of these people in this assessment of the lived experience for kidney transplant recipients. Chimbata and HU ( 2019) reported that recipients of kidney transplantation showed that life with the new organ was no longer the same.. In order to safeguard the transplant, there were many restrictions. Most participants, however, reported an improved quality of with the new organ (Chimbatata and Hu, 2019)

#### **1.5 Background**

In the back of the abdomen, the kidneys, two organs of the fist-size regulating the fluids of the body, remove waste and contain some hormones from the blood (The Kidney Foundation of Canada, 2006). These hormones promote the production of red blood cells, regulating blood pressure, and helping to keep calcium in healthy bones (U.S. Department of Health & Human Services, 2009). As a functioning kidney declines and the body continues to accumulate water, the kidney becomes incapable of efficiently removing waste from the blood. When unfiltered toxins in the bloodstream build up, the skin becomes itchy (The Kidney Foundation of Canada, 2006).

To remove waste, blood filtering by the dialysis machine. For those with stage 5 CKD, this treatment is essential, either for the rest of their lives or before a transplant is available, people can observe dialysis as intrusive, disruptive, and time consumption. Transplantation is associated with greater longevity and quality of life compared to dialysis (Epstein et al., 2000; Meade, Tornichio, & Mahan, 2009; Tonelli et al., 2004). (Epstein et al., 2000), is fewer expensive for the health care scheme. Without its challenges, though, it is not. Transplant patients must take immunosuppressive drugs for the remainder of their lives, closely controlled for episodes of rejection. Intensified drug therapy can treat these episodes, which may happen at any moment, or contribute to the return of dialysis and the need for a new transplant (The Kidney Foundation of Canada, 2014; Meade et al., 2009). the immune systems pharmacological suppression also makes people more vulnerable to serious infectious diseases and some cancers. The drug cocktail was used to establish a balance between human leukocyte antigens (HLAs) from the donor and immune response of the recipient to them (Hamilton, 2008) can lead to variety of side effects, including nausea, vomiting, gastric pain, diarrhea, acne, increase weight, increased hair growth or hair loss, mood swings, dizziness, headache, reduced desire of sex, exhaustion, problems with vision, confusion, constipation, swelling of the limb, seizures, depression, sleep disorders, and tremors (U.S. National Library of Medicine, 2008, 2010, 2014).A variety of chronic health problems, for example hypertension(U.S. National Library of Medicine, 2010, 2014), diabetes,



cardiac problems, cancer (Watson & Dark, 2012), and, paradoxically, kidney problems can also be associated with these drugs (U.S. National Library of Medicine, 2010, 2014). The transplant would However be rejected without these without these immune-modulating drugs, and the life expectancy of the recipient would decrease. Side effect from these drugs constitute “micro-experiences” for those suffering from kidney failure (Lewis, 2013) and their lives. Biological information about this intervention remains inadequate despite important developments in understanding the processes of biology and chemistry that make transplantation possible. When there is a heavy emphasis on the transplanted organs success or failure, the dynamic and paradoxical perspectives of the recipients could be ignored (Crowley-Matoka & Lock, 2006; Kierans, 2011; Kierans & Maynooth, 2001; Richards, 2012)0

The psychological implications of transplantation have important consequences even on strictly aspects. Organ transplantation is very challenging for the patient and acts as an intense stressor stimulus to which the patient reacts with neurotransmitter and endocrine metabolic changes. Transplantation can result in a psychosomatic crisis that requires the patient to mobilize all bio-psychosocial resources during the process of adaptation to the new organ which may result in an alteration in self representation and identity (pasquale,2014).

### **1.5.1 Phenomenology**

For those who live a certain phenomenon, Phenomenology is a qualitative research focus on exploring the experience, leading to the researcher having a complete and deep understanding of the experience expressed by those who live the experience in the first place. Phenomenology explains the life experiences of many individuals (Creswell, 2007). Phenomenology “suggests that we interpret experience according to its personal meaning, as standing points out and indicates that experience, practical and intuitive understanding are more important than abstract and theoretical knowledge” (2009). This means that phenomenology does not concentrate on what is seen, but on how it functions in the words (Lewis & Staehler ,2010), one of the key objectives of Phenomenological study is to obtain complex, living explanations of human experience in connection with space, time and relationships (Finlay, 2009; van Manen, 1994). The researcher tries to describe incidents through the participant’s lens through deliberate, attentive exploration.

Phenomenological study test data are detailed stories from respondents about their knowledge and experiences in the field of research Van Manen (1994) aptly pointed out that “Phenomenology does not create analytical or theoretical hypotheses or accounts, but rather offers accounts of space, time, body and human relationships experienced as we live them “(1994). Therefore, this research included the analysis of the world of each participant and their experiences, as they will seek to understand the

environment in which the experience took place as described by the participant.

### **1.5.2 Descriptive and Interpretative Phenomenology.**

The phenomenological approaches are available: interpretive and descriptive. Descriptive phenomenology mainly focuses on the describing of human experience from the work of Husserl as "understood and described from the perception of those who have had the living experiences and defined from the viewpoint of those who have had and can explain living experiences (Polit & Beck, 2008). The main question is what do we know as people? Among the observations made by Husserl's that human experience has meaning and can be a topic of empirical research (Lopez & Willis, 2004). Husserl thought that those who used phenomenology as a type of process of survey had to put their own experience, theoretical gradients and preconceptions; it is a bracketing reduction practice. Husserl assumed that only when bracketing was done was true knowledge of phenomenon obtained. Therefore, with the right way that happens with bracketing, the researcher must investigate the phenomenon "correctly" (Lewis & Staehler, 2010). Essentially, researchers should remove from the technique their preconceptions and thoughts. If the researcher could not locate interactions, pre-conceptions and theoretical gradients, through their true characteristics and aspects, he or she can see the phenomenon. Another is called universal essences or eidetic structures of the Husserl's. These terms refer to similar aspects of people with the

same experience, and it is important to generalize contributions to research (Lewis & Willis, 2004). In descriptive phenomenology four classifications occur : bracketing, intuition, analyzing and describing (Polit & Beck, 2008). Intuiting implies that the researcher "remains open to the phrases attributed to others who have experienced the phenomenon" (Polit & Beck, 2008). The investigator attempts to address the phenomenon in a healthy, somewhat naïve way by using this method (Finlay, 2009). Researcher focuses on recognizing and extracting from the interviewees significant statements and reflections, categorizing and assessing them for their contribution to the understanding of the phenomenon studied. By simply explaining their conclusions derived from the data analysis, scientists perform the final stage.

### **1.5.3 Heidegger Perspective.**

Heidegger came to conclude that scientists are unable to completely create their specific perceptions, theoretical gradients and preconceptions. For the epistemological basis of Heideggerian hermeneutics, the rejection of bracketing and the inclusion of meaning is important. It is only through the placement of a person in the universe that precise interpretation actually happens. The historic or context of a person includes what a culture offers an individual from birth, submits, and presents ways of understanding the world. One defines what is "actual" (Lavery, 2003). Heidegger thought that from the past, one could never be free. Instead, as they compile it into their own life experiences, researchers increase better comprehension and

importance of phenomenon. In order to obtain a greater or more precise interpretation of meaning, this story and context is not something that can be minimized or attached, but it adds to the strength of understanding he used the term world of life to establish that the certainty of a person is often affected by and cannot be removed from his or her surroundings. As such, the phenomenon is within the social, cultural and historical context all experience is interpreted. Examine relationships, interactions, physical experiences, social experiences etc. His aim is to let "the worlds stuff speak for itself" (Van Manen, 1994).

#### **1.5.4 Interpretive Phenomenology**

The interpretation phenomenon that emerges from Heidegger and gamer's theories attempts to recognize the significance of being in the world (Ironside, 2005). In this study the main question is "What is it?" and interpretation and understanding to just explain experience of people (Polit & Beck, 2008). The main question is what is it? Freedom is an important concept of the interpretation issue. Located freedom means people they're free to build decisions, however, their freedom is not complete; it is limited through the particular circumstances in their everyday lives "(Lopez & Willis, 2004, p. 729). The idea of liberated freedom causes the researcher to concentrate on defining the nature of the individual's existence the world and how these definitions affect the selections they make" (Lopez & Willis, 2004, p. 729). Another Heidegger idea is that a researcher's expertise contributes to co - constitutionality. Co-constitutionality means that "a

combination of the concepts formulated within the focus of the study of the analysis by both subjects and researcher has come up with the interpretation "(Lopez & Willis, 2004). He argued that the researcher's expertise is worthwhile for directing the study to specific areas in order to provide useful knowledge of the phenomenon or experience. Without knowledge of researchers that influences the direction of the interview, it is not necessary to obtain relevant information.

### **1.5.5 Phenomenology and its Fit with Nursing Research**

When starting to study areas that have not been previously studied, phenomenological research is a suitable choice especially for some nursing phenomena. "Since nursing is an art and a science that examines human responses to actual and potential health issues, nursing care professional expertise must represent the living, contextual experiences and problems of the clients for whom nurses provide care" (Lopez & Willis, 2004, p. 726). Since research of nursing is mainly concerned with the patient's care and experience, from the point of the inquiry to the subsequent stages, where particular fields of research are followed to obtain more evidence and additional knowledge. Since nursing is studying experiences, the importance of certain experiences in which hermeneutics is called must be interpreted.

Hermeneutics (Van Manen, 1994) is the theory and practice of interpretation in order to recognize common trends and therapy gain understanding and significance of the phenomena, it is about reading the

text in interviews. "In order to find the practical wisdom, possibilities and understandings that exist there, this term focuses on entering "the world of others "(Polit & Beck, 2008).Hermeneutics is, according to Spiegelberg, a" mechanism and process of getting out and manifesting what is typically concealed in human nature and human relationships "(Lewis & Willis, 2004). The researcher will discover common themes expressed by the participants by analyzing the interview text to gain new knowledge of living through a certain phenomenon or life experience.

### **1.5.6 Hermeneutical Phenomenology**

Hermeneutical phenomenology focuses both on the interpretation and describing of living experience. "It is a descriptive methodology (phenomenological)because it wants to pay attention in what way things function, it wants to let things declare for themselves; it is an interpretive (hermeneutic) approach because it believes that there are no uninterrupted phenomena" ( Van Manen, 1994). According to Van Manen ,Heidegger did not seek to carry out the experience of another, but rather consider and understand the possibilities of living an experience such as this. There is still, already in it the researcher. There is always a stage in the world where the researcher needs to clarify what the information is there, but just to make it disappear, because our "always-already" is always flowing. (Smythe, Ironside, Sims, Swenson, & Spence, 2008). The researchers come to certain possibilities when interpreting a text. The text interpretation takes place in a hermeneutic circle. To obtain an interpretation of the

phenomenon, the researcher uses the hermeneutic circle. This approach suggests that the researcher moves back and forth from parts of the experience to the entire experience to expand the reach and interpretation of the texts. "(Laverty, 2003). while focusing on their own experiences and understanding the phenomenon within the context of their own world, the investigators study their accounts.

A complete and deep understanding of the phenomenon appears from this technique of understanding circles over several periods. With recognition of patterns as an objective, reading and re – reading the texts is achieved. In order to find common themes, themes presented within a single text are searched in all text. To define areas of ambiguity, a team of researchers will interpret and share these important themes. With further explanation and description of themes that exist, a preview of the text is carried out. To recognize trends that might occur, the researchers continue this circle of analysis and re- examination of the texts. In all documents, the established patterns should be present and help to develop the significance of the phenomenon as the researcher understands it. With repeated analysis with no specified number of steps, it is designed to flow till no new themes appear, a point called saturation. Heideggerian hermeneutics and importance to the lived experience of the study of recipients of kidney transplantation. Heideggerian hermeneutic phenomenology is appropriate approach to investigate the field of lived experience of recipients of kidney transplantation. The journey to recovery from kidney transplant is highly influenced by the recipient's own understanding of the experience, the



experience of his / her life and the methods in which he / she mediates the effects of kidney transplant in his/her life, and the approaches that mediate the effects of kidney transplantation in her life phenomenology implies that we see things through a scope that reveals that they really are (things, experiences) so that we get a real understanding of them. Heidegger gives the meaning of background to phenomenology. He suggests that more understanding of the present and the future is generated by the historical context - our history, values and beliefs. the hermeneutic circle is taken advantage of a scientist using heideggerian hermeneutic phenomenology. The researcher analyzes the narrative of the living experience of renal transplant patients and discusses the account that was informed by their own experiences and views in life. the researcher revises the interview text to follow an in – depth interpretation of the transplant journey, examining it again through the context of his own experiences. This process is repeated till no new significance is identified anymore. The researcher focused on the study of commonality arose from the participant interviews by choosing heideggerian hermeneutic phenomenology as a focus of research on this qualitative, when they shared their living experience. (Lavery, 2003).

### **1.6 Research Questions**

The following research questions guide this study:

- 1) What is the lived experience of kidney transplant recipients?
- 2) What are the shared meanings and common practices of those having kidney transplant?

## **Chapter Two**

### **Literature review**

#### **2.1 Literature review**

a qualitative experiential approach was used in a research conducted by Amerena & Wallace, (2009) in the UK to research the lived experience of renal patients organizing for and recovering from transplantation and gaining the understanding of the psychological aspects of experience and coping mechanisms to support the interventions of counselors in national health services and beyond for the benefit of patients. By using snowball sampling, eight participants were recruited and semi structured interviews were used. The results of pre-transplantation displayed that most participants experienced an inner conflict of low mood, frequently related to disease, to the wellbeing optimism provided by the new kidney.

Increased concern about the real graft viability, be afraid that the transplanted organ is lost and the possibility of infection were key findings in the post- transplant phase. A clear result emerged about the fundamental paradox of a new organ's adaptive hosting challenge, and all participants felt an enduring understanding of the organ's existence and sense of obligation to it. The most adaptive hosting result was founded to form a constructive graft relationship, two approaches known, participants either recognized the organ as separate and valuable or found a way to experience the host –graft relation as a positive integration.

In a qualitative longitudinal research conducted by Gill & Lowes, (2008), 22 participants were included in a qualitative, phenomenological approach to offer an in-depth study of patients understandings of live kidney transplantation: 11 donors and 11 respective recipients were conveniently recruited and semi-structured meetings were conducted pre-transplantation and three and ten months post-transplantation, kidney transplantation was founded to be the treatment of choice for all recipients, since it was obvious to deliver the highest prospect of enhanced well-being and a return to normalcy, recipients were only able to agree on the offer of a transplant by donors after exploring the material with them and realizing that it was something they surely wished to do, recipients lives were simply altered by the offer of a transplant and afterwards, they were able to do many things they had not been able to do in the past, for example exercise. Many recipients also made future mid- to-long- term plans, receivers were pleased with how their lives had enhanced since the transplant, and were extremely thankful for donating to the donors.

While some participants sensed that their relations with each other had enhanced since transplantation, most felt that their relations were the same and surely none had deteriorated in any way. They also tended to have no deep discussions about how the transplant had affected their lives, mainly after 10 months. This was due to the sensation of the participant that transplantation had recently spent much of their lives and there was a belief among donors, especially that everybody, mainly the recipients, now had to move on with their lives.

In a qualitative study conducted in Mashhad and Ahvaz in Iran, by Valizadeh Zare, Mohammadi, Zarea, Elahi & Manzari, (2018), a hermeneutic phenomenological approach was used to find the sense of coping in stressful situations such as kidney transplantation., eleven face-to-face interviews were conducted with transplant receivers with the researchers at a time and place convenient for them using purposive sampling. the investigator considered and used non-verbal details during the interview, such as objects, sounds, facial expressions and incidents related to kidney transplant adaptation. Four major themes were identified in the coping sense of kidney transplantation, the first being that participants viewed smart acceptance of changes as an integral element of their perception of the meaning of coping. They showed coping as accepting all of the transplantation's lifetime changes of based on fair, reasonable awareness of them. The second theme is that respondents focused on self-care habits, modifying and developing one's lifestyle. The third theme is to structure the enduring meaning of coping. The Participants understood that the key to success is to be patient and tolerate transplantation difficulties problems. The fourth theme is to create the coping meaning that different support channels, such as patients with similar suffering, healthcare providers, family, and organizations such as the Transplant Association, which helps transplant patients, are crucial to tapping into and understanding.

In a qualitative study conducted by Tucker et al., (2019), a paper-based survey was used to fully understand the current perceptions and future concerns of post-kidney transplant patients. A convenience sampling method recruited Four hundred and seventy- six kidney transplant recipients, for many of whom it was found that the most common change seen after the kidney transplant is an improvement in their quality of life and a return to normalcy. Many of them recorded health improvements and spoke about the relief they felt from the problems of renal failure and dialysis. But some patients have reported unwelcome changes to their post-transplantation lives, often associated with drugs to prevent the transplantation from being rejected. Some patients indicated that after receiving a transplant, they did not experience any major improvements, and some reported having less control and reported examples of bad transplant performance. patients have also been found to have some strong concerns about their healthcare, their future quality of life, their families, and the support system. Some of them also mentioned life style concerns and changes such as the desire to be more mobile and have more power.

The systematic analysis of qualitative studies conducted by Jamieson et al., (2016), including 50 studies involving 1,238 recipients in 19 countries aged 18 to 82 years, goals to describe the attitudes and beliefs of recipients of kidney transplantation regarding self-management that are likely to inform clinical care, mutual decision-making, and self-management education tools and services,, the findings showed that transplant recipients improve their ability to participate in self-management

mainly by mastering the medical team and donors and donors and maintaining a sense of social responsibility .In order to remain diligent in self-management, they can also be highly driven by concerns about rejection, complications, and comorbid conditions, but can also intensify the sick identity and exhaustion of care. Their capacity for self-management is evidently impeded by vague or conflicting guidance, forgetfulness, and fear of the potential effects of immunosuppression. It was also evident that recipients of kidney donor transplant keep an elevated sense of accountability for keeping their health out of duty to their relative donor who could monitor the recipient's adherence, while recipients of deceased donor kidney transplant endure vigilant because they felt guilt over a deceased donor's sacrifice. While transplant recipients almost always arrange transplant survival, younger recipients, relative to older recipients, express more precise anxieties about their risk of cardiovascular disease and cancer and may therefore be more likely to participate in physical activity, food control, and cancer screening. More burnout, trivialization, and denial appear to be identified by young adults. Geographical variations have been noted, with some uninsured transplant patients making sacrifices in self-management in Mexico and the United States because they could not afford to pay for drugs.

Eight people donated a kidney, five of them women and three of them men.

In a phenomenological-hermeneutical methodology study performed by Agerskov, Ludvigsen, Bistrup & Pedersen, (2015) and conducted at a Danish University Hospital specializing in renal transplantation. The mean age for females was 51 years, and it was 49 years for males. It was found that donors suffered multiple health problems following the transplantation. Empathy and treatment were a defining factor in their relationship with health care providers. Every other day, the donors experienced the return to normal life, it was seen that feeling of stressful and loving nature from relatives is evident. It seemed to strengthen the bond between them. In addition, it seems that donors have focused on the recipient's wellbeing and kidney well-being. That is, it suggests that the donors believe that the recipient and others must be prevented from suffering the same challenges they have encountered.

In a qualitative phenomenological study conducted by Chibatata & Hu, (2016) in Shanghai, China. In order to obtain a better understanding of their views and experiences in the post-transplant period, an in-depth interview approach was used to interview kidney recipient patients. Five participants of kidney recipient patients were the total sample in the study. The results showed that all the clients in the study experienced some headache, fatigue, shortness of breath, poor appetite, sleeplessness and high blood pressure and when they saw the symptoms, they did not know what to do. Also the results showed that of the participant thought they were the cause of the problem which may be the cause behind their raised levels of stress. Also it was showed that most of them received the problem as very

serious condition which caused a lot of stress to them, a sense of denial and helplessness. Most of them faced financial issues because of the costs of the treatment. Findings showed that they react in different manners to the new kidney. Most of the participants described the process as a valuable experience. The participants know that with the life before the new organ not the same life after it. There were a lot of limitations that protect the transplant, but the most important thing was that most of the participants reported better quality of life with the new kidney.

Recipients were compared with healthy people in the population, other patients with CKD, and patients with other chronic diseases, to scale physical activity in KTRs. Both patient-reported physical activity levels and objective physical capacity measures are lower in kidney transplant candidates than in the healthy population, starting immediately before transplantation. After transplantation, physical activity increases and while overall greater in patient-related recipients remaining on dialysis therapy, it remains lower than practical in the general population. Low physical activity has been major problem for kidney transplant recipients. Since recipients of kidney transplants have historically appeared to be young, have higher levels of physical activity and do not suffer from time constraints compared to patients under hemodialysis, recipients of kidney transplants have also been documented to increase their physical activity after transplantation (Takahashi et al,2018). Exercise training has been reported in recent studies to improve both exercise tolerance and QOL for recipients of kidney transplants (Oguchi et al., 2018).



# **Chapter Three**

## **Methodology**

### **Material and Methods**

The researcher used the phenomenological hermeneutic method influenced by Heidegger's theory to interpret the interview text of the participants.

#### **3.1 Design**

The qualitative design using Heideggerian hermeneutic phenomenology, this design is the best approach to collect 'deep' information and perceptions via inductive qualitative approaches such as interviews, discussions and participant observation, the interpretive narration of the explanation and reflecting it from the perspective of a research participant. (Creswell, 2013; Marshall & Proctor, 2014, Kafle, et al., 2011).

#### **3.2 Study Participants**

A Purposive sample of 15 adult kidney recipients of both genders were recruited at the outpatient clinic in nephrology clinic in the Palestinian medical complex Ramallah .

#### **3.3 Study setting**

The research sites were the outpatient clinic in nephrology clinic in the Palestinian medical complex in Ramallah in Palestine. This hospital is

the unique for kidney transplant in Palestine. Kidney transplant recipients attend it for follow-up visits and laboratory tests.

### **3.4 Criteria for inclusion and exclusion**

#### **3.4.1 Criteria for inclusion**

- a) Conscious adult who is eligible for and wish to participate in this study.
- b) Undergone kidney transplantation at least six months since the time of surgery to obtain complete and mature perspectives about post transplantation self-experiences.
- c) Able to communicate through talking and free from mental/psychological problems or any cognitive impairments that would prevent them from expressing their self-experiences.
- d) Able to sign a consent form.

#### **3.4.2 Exclusion Criteria**

- a) Kidney transplant recipients who refuse to participate.
- b) Kidney transplant recipients exposed to more than one transplant.
- c) Kidney transplant recipients operated for this purpose for less than six months.

### **3.5 Data collection.**

The data pertinent to the current study was collected using the following variables; age, gender, place of residence, level of education,

occupation, marital status and supportive system as well as medical data such as date of surgery, type of graft received, comorbid conditions and hospital readmission.

Interviews take place face-to-face and are in-depth, semi-structured way of exploring the experiences of the participants through an interview guide (Appendix 1) which includes several open-ended questions to facilitate full, free, extensive and deep descriptions made by kidney transplant recipients of their true experiences. The interview guide was handed to a group of qualitative research experts to review its content validity. The feedback from the experts was concerned. The semi-structured interview as proposed by Seidman (1991), is used as a guide for the interview. The responses of the participants based on three steps: determining the context of the experience of the participant; building the experience; and reflecting on the meaning of the experience (Flood, 2010). Through ongoing interviews, caution was taken to reflect on the participant's experience of operations, helping individuals or organizations and strategies that promote recovery after kidney transplantation. However, the investigator was followed all areas that the participants want to explore. All interviews were recorded using a high quality audio tape recorder to guarantee that comprehensive, precise and true reflective descriptions of the experiences of participants were recorded and transcribed verbatim. At the start of the interview, informed consent was explained and received. The interview took for approximately 45-60 minutes. During the interviews, movements, physical expressions and physical status were

recorded in field notes and later added to transcriptions. The prospect of a follow-up interview, if necessary to explain the answers, was discussed with the participants at the end of the interview. The researcher led the participants to reflect on their recovery experience rather than the procedure itself to reduce the emotional burden of sharing the participant experience. A local advisor was assigned to the participants, if the recollection of their recovery experience during the interview process gives rise to an emotional crisis.

### **3.6 Procedure**

After receiving institutional Review Board (IRB) of An-Najah National University and authoritative hospital and personnel approval. Hospital approval is important because we asked the hospital's administration to provide us with information on kidney transplant recipients who had been operated in their hospital in order to recruit them in the current study. Data were collected from May 2019 to September 2019. Kidney transplant recipients who met the criteria for inclusion were recruited by the researcher and direct face-to-face contact was initiated through individual audio-recording interviews that conducted at the nephrology outpatient clinic of the designated study setting that is Palestinian Medical Complex in Ramallah. At the time of each participant's interview; the purpose, significance and the nature of the current study were explained. The participants were interviewed once to cover all questions pertinent to the study. All interviews were initiated using the

mother tongue language (Arabic), using the slang form that is commonly used by the participants. The interview began with a general question “describe the period following your kidney transplantation in as much detail as possible?” to give chance for the participant to speak freely about his/her experience of kidney transplantation. An average time for each interview ranged between 45 minutes to one hour until all guided questions were covered. Participants were encouraged by the researcher to express themselves freely in their own words through the use of an interview guide; which consists of a series of open-ended questions that were designed by the investigator to allow for a deeper exploration yielding a rich description, interpretation and understanding of their experiences. Field notes were made immediately following the interviews. Data collection interviews were terminated as participants are exhausted by narrating and describing phenomena under study, then the investigator was returned to the participant again after taking a break, no new codes, categories and themes are emerging and when there are repetitions of similar data among participants (data saturation).

### **3.7 Data analysis**

Data analysis is also carried out in a systematic manner using the hermeneutic cycle of reading, reflective writing and interpretation (Laverty, 2003). The purpose of data analysis in the phenomenology of interpretation is to enrich and provide a complete image of the living experience of those involved in the study. Phenomenological analysis of interpretation is an

active method and has many characteristics: movement from what is unique to what is communicated between the participants by an individual participant; movement from only describing the experience to interpretation of the experience; The commitment of the researcher to consider the point of view of the participant and to concentrate on the creation of meaning within the phenomenon's context (Cooper, Fleischer, & Cotton, 2012). An iterative study of the interview prints, a method previously defined as the hermeneutic circle, occurred. The general Hermeneutic approach processes include the following: residing with the text to look for meaning; interpreting words, phrases and sentences from the viewpoint of the researcher and synthesizing ideas to present the research findings (Parse, 2001, p. 53). In hermeneutics, the analyzed text is interpreted as a continuous change between parts and the whole. The whole can never be interpreted only by parts and components cannot be understood without the whole (Kvale et al 1997, Thomsson et al 2002).

To ensure anonymity, the interviews were transcribed verbatim and all identifying functions were eliminated. Three phases are covered by word processing: naive reading, structural analysis and the whole of interpretation (Ricœur, 1976). After multiple readings, the naive interpretation was created and would form part of the entire method. in the phenomenological component of the method. For the creation of meaningful units, pre-understanding might be allocated. A meaningful unit can be a piece, meaning or a section of an opinion (Lindseth et al 2004).

The interviews are read with an open and accessible attitude to have the essential feel of the stories of the interview participants in order to establish a thematic structural study. Against naïve analysis, the meaningful units are condensed (Lindseth et al 2004). The summarized sentences have been read, applying the similarities and differences. The aim is to form sub – themes and then main themes in order to find differences and similarities. The interpretation process allowed the use of pre-understanding. According to Lindseth and Norberg (2004), the naïve interpretation continues to equate condensation and sub-themes. Main themes and sub-themes are the product of the thematic structural study. The writing method and rewriting were described by Van Manen(1994) as a key step, since this concerns the researcher with a more complete understanding of the phenomenon from the identification and comparison of themes (Cohen, Kahn, & Steeves, 2000). From this stage, in the simplest language and structure possible, an even more succinct statement presents the phenomenon. The participants are then questioned about the capture of the essence of the phenomenon by the researcher. The participants ultimately question whether the researcher has effectively captured the meaning of his/her lived experience.

To ensure rigor of data analysis, some of expert in qualitative research read and read about the transcribers, identify themes and constitutive patterns. A variety of researcher's discussions focused on the identified themes and patterns. Differences between researchers in data analysis were discussed, transcripts were reviewed, and continuous analysis and discussion were repeated until agreement was reached.

### **3.8 Establishing Rigor**

Credibility focuses on the researcher's exact interpretation and is a credibility construct. Peer debriefing, long-term commitment, sustained observation and audit trail can demonstrate the credibility of a research (Tobin & Begley, 2004). The credibility of this analysis has been demonstrated by the use of peer debriefing, which relies on transcripts and themes identified by other researchers. The purpose of showing rigor is to legitimize naturalistic investigation. As qualitative researchers, Tobin and Begley (2004) indicated, "rigor is the way in which we show integrity and competence". Innovation, imagination and openness need rigor in qualitative research (Tobin & Begley, 2004). Most qualitative researchers refer to the languages of trustworthiness, reliability and confirm of the rigor of their research created by Lincoln and Guba (1985). The researchers compared their lists of themes found and will test for them for their commonality. In addition, there is a field record for the researcher who reported on research experiences and personal reactions, increased self-awareness of the researcher, while showing involvement in the research method (Koch, T. 2006). To follow the research process, audit tracks are also used. These stages give this research study credibility. According to Sandelowski (1986), the integrity of a study is demonstrated if those who have the same experience instantly understand the descriptions of the phenomenon (human experience) (Cope, 2014). The participants who will be interviewed again agreed that during the follow-up interviews the researcher concentrated on many important areas that they wanted to



expand. Another criterion of rigor in qualitative research is transferability or fit. Sandelowski (1986) expands on this concept by clarifying that fit means that a study can "fit" into the context outside the situation of the study when the results are seen as significant and applicable to the experiences of the participant (Koch, 2006). When the method and data can be reviewed and the data appears to be correct, the readiness of a study is evident. In this study, the use of an audit trail performed extensive interviews, transcripts and interpretative notes, and supported the research capabilities of this research (Tobin & Begley, 2004). In addition, the use of reflectivity from the side of the researcher supported reliability. For this purpose, this researcher will maintain a personal journal describing the internal and external dialogue that takes place during the data collection and analysis process. Koch (2006) argues that if the study findings can be repeated in other studies with similar participants and contexts, the study of reliability can be demonstrated further. Confirm a study's ability to gain integrity, transferability and reliability (Guba & Lincoln, 1989, Koch, 2006). Conformability of a study derives from research study elements. Those aspects of this study included audio tapes through interviews, detailed prints, and notes taken during the interviews with the settings and non-verbal gestures of the participants and a systematic track for the experience of data processing and interpretation of participants. The researcher documented how conclusions and interpretations come from data in order to demonstrate the confirmation.

Van Manen (1997) who combines hermeneutic phenomenology as a paradigm ideal for the educational study, has provided four strict criteria for this type of research. Van Manen (1997) describes orientation, power, wealth and depth as the key quality consideration in view of hermeneutical phenomenology as an educational practice of textuality where study should be involved in view of the texts that describe the life stories of the researchers. According to him, the orientation is the commitment of the researcher to the world of the study participants and their stories. Power refers to the convincing ability of the text to reflect the central purpose of understanding the intrinsic meanings conveyed by the research participants through their narratives. Richness is intended to serve the artistic quality of the text that states the meanings interpreted by the participants. Depth is the capacity of the research text to penetrate and express the best interests of the participants. Similarly, as key components assessing the quality of a hermeneutic phenomenological research. Langdrige (2007) proposes analytical rigor, persuasive account and participant input rigors. Analytical rigors refer to the attitude of the researcher to be aware of all cases confirming or disconfirming the theme. During hermeneutic analysis, no one taken for granted is permitted.

Convincing account, in the light of what he / she has read, refers to the quality of convincing the reader and its appeal to reflect on the reader's personal experience. Feedback from the participants is another quality track that must be passed by a hermeneutic phenomenological research before it

reaches its audience, since it helps to better reflect what is intended for the participants.

What is most important about hermeneutic phenomenological research is to pay attention to rhetoric in order to make all these demands on consistency. Rhetoric refers to the research work's writing or reporting style. The art of speaking and writing effectively is rhetoric according to Firestone (1987). It generally refers to how the language is employed because the purpose of hermeneutical phenomenology is to express the central essences encountered by the participants because the everyday language will not do justice to express what is intended for the participants. Therefore, it is hermeneutic Phenomenology that requires a typical rhetoric that best evokes the research participants' true purpose. For reporting this type of research, a language mode with an informal tone with idiographic expressions full of adages and maxims is considered suitable.

### **3.9 Pilot testing**

One interview was performed as a pilot testing. The researcher read many times through the initial interview before the second interview to find areas that require further exploration and clarification and to make notes about these areas for easy reference through the second interviews. There were no additions taken from pilot study.

### **3.10 Ethical consideration**

The study followed the Declaration on the Ethical Principles of Helsinki for Human Medical Research by the World Health Organization (World Medical Association, 2013). The approval of the study was taken from the Institutional Review Board (IRB) of An-Najah National University.

In hermeneutic phenomenology, ethical problems are as significant as any other research paradigm. Any ethical problems must be understood and practiced as a qualitative research paradigm when performing this type of research. In addition to the ethical standards of qualitative research suggested by Creswell (2007), which notes that participants are given aliases to protect their integrity, clarify the research form's purpose and procedure in order to be informed and do not disclose the participants' identity and add a variety of other ethical methods to be implemented, including severe compliance to ethics or care, confidentiality and other concerns essential to share the research findings with the participants.

## Chapter Four

### Results

#### 4.1 Interviews Results and Analysis:

Interviews with the participants were conducted at the outpatient clinic in nephrology in the Palestinian medical complex Ramallah.

Characteristics of study participants:

The study included clinically stable kidney recipients. There were a total of fifteen customers, their ages ranging from 18 to 67 years. There were two women and 13 men in total and the participants had lived with the kidney transplant for another period of seven months to seven years. They all worked except for two housewives and two unemployed. (Table 1)

**Table 1: Demographic characteristics of the 15 participants**

| Characteristic     | Number   |
|--------------------|--|
| Age                | 18-67  |
| Gender             | 13 male<br>2 female  |
| Place of residence | 3 Hebron<br>3 Ramallah<br>2 Nablus<br>3 Bethlehem<br>2 Jenin<br>1 Jerusalem<br>1 Tubas |
| Level of education | 6 university graduated<br>6 tawjihi<br>3 school  |
| Occupation         | 1 soldier<br>2 housewives<br>2 without work<br>8 workers<br>1 nurse<br>1 merchant      |
| Marital status     | 3 single<br>12 married   |

|                      |           |           |
|----------------------|-----------|-----------|
| Date of surgery      | 6         | 7months   |
|                      | 2         | 9 months  |
|                      | 1         | year      |
|                      | 1         | 1.5 years |
|                      | 1         | 2 years   |
|                      | 1         | 3 years   |
|                      | 1         | 7 years   |
|                      | 1         | 8 years   |
| Type of graft        | Allograft |           |
| Hospital readmission | None      |           |

## 4.2 Results

As a coherent text The field notes and transcribed interview data were analyzed,. the analysis was carried out on three levels, Inspired by Ricoeur's thoughts on storytelling and interpretation: naive reading, structural analysis and critical interpretation and discussion (Pedersen, 1999; Ricœur, 1976). naive reading is the first impression of the text, in which the researcher reads the text with an open mind to "let the text speaks" and the first impressions are obtained. there is a movement from the participants' quotations in the structural analysis. "what is said" to a first interpretation of "what the text is about." It is a dialectical process in which themes arise and are constantly compared with the text and impressions in the naive reading to fulfill a deeper understanding and interpretation that is argued with the text itself (Pedersen, 1999; Ricœur, 1976). in the final critical interpretation and discussion of the new themes, it is the beginning of a movement from an individual to a general level, which will be further developed. The distance to the text is an important method, which allows the researcher to work carefully with the text to achieve deep knowledge and gain a new understanding of the researched area (Dreyer & Pedersen, 2009). Storytelling involves a process of reflection in the participants,

according to Ricoeur, and leads to new perspectives in their lives (Ricoeur, 1976).

#### **4.2.1 Naïve Understanding:**

The text is read several times to understand its meaning. To do this, it is necessary for us to be open enough to let the text speak to us. We are moved and touched by it. When we read, we try to make it change from a natural attitude to a phenomenological attitude. The first understanding of the text is formulated in phenomenological language. It is considered an initial approval and must be validated or invalidated by subsequent structural analysis. The naive understanding, that is, the first understanding of the text as a whole, and the preliminary interpretation of the phenomena is the context for patients undergoing kidney transplantation experiences.

**Below is an example of the formulation of a naive understanding of the interview text.**

Living experiences of patients undergoing kidney transplants means experiencing a feeling of anxiety over organ rejection, anxiety and negative emotions.

In addition, the individual feels grateful to have been offered a second chance by the donor and a feeling of gratitude to the caregiver.

Many changes cause a revolution in the participant's lifestyle, which results in isolation from people who have diseases. They recognize the side effects of drugs such as obesity and the appearance of hair.

The text revealed the overall improved quality of life for the recipients and that kidney transplant patients undergo extensive experiences and life adjustments after the kidney transplant procedure. The text indicated that kidney recipients are exposed to a lot of psychosocial stress with kidney disease and when they live with the new organ after transplantation

#### **4.2.2 Structural Analysis**

Structural analyzes are the methodological instance for interpretation.

Here we describe thematic structural analysis, i.e. a way of trying to identify and formulate themes. A theme is a thread that penetrates parts of the text, either all or only a few. It is seen as conveying an essential meaning of lived experience. To capture this meaning of lived experience, we make summarized descriptions as we formulate them in a way that reveals meaning.

There are many ways in which thematic studies can be carried out (Van Manen, 1990). we may for instance. Ask the text questions and gather parts of the text that answer these questions (Brown, et al 1989). Here we will describe the technique in which the entire the text is read and divided into sentence units. A sentence unit may be part of a sentence, a sentence, several sentences, a paragraph, i.e. only one sentence is expressed by a piece of any length. The units of meaning are read through and reflected in



the light of understanding. Then they condense, i.e. each sentence unit's basic meaning is expressed as briefly as possible in literal words. The similarities and differences are read through and expressed in all simplified units of meaning. Similarly, then-sorted and all-condensed sentence units that are further condensed and sometimes even abstracted to form sub-themes that are composed into themes that are sometimes grouped into main themes. we try to see the text as objectively as possible During the structural analysis. We decontextualize the units of meaning from the whole of the text i.e. we look at the text parts as independently from their text context as possible. In relation to naïve understanding, themes are reflected the results presented in the sense of fifteen themes: (Table 2)

**Table2: themes of study**

| Meaning bearing unit  | condensed                          | Subthemes                  | Themes                  |
|---|------------------------------------|----------------------------|-------------------------|
| “Now I had undergone a kidney transplant six months ago, I move and walk normally, there are no problems”                 | Find a new normal                  | 1. Feeling of being normal | 1. encountered feelings |
| “After the kidney transplant it is extremely different I feel comfortable, no pain, my creatinine is always normal”       | The feeling is extremely different | 2. Feels comfortable       |                         |
| “I feel as if I am a new person, that in just reborn again, life is open for me”  | feeling of a new person            | 3. feeling of rebirth      |                         |
| “It feels like someone gave you something that brings you back to life, someone conceive a new identity and life for you, | brings back to life                | 4. Conceive a new identity |                         |

|   |  |  |  |
|---|--|--|--|
| <p>frankly, I thank my wife who gave me that”</p> <p>“ I was on dialysis 3 times a week; I could not feel stable or able to live. By having transplantedation my condition gets better, my psychological condition becomes stable and able to go on with life”.</p>   | <p>Physiological and psychological stability</p>   | <p>5. feeling, of a steady life</p>  |  |
| <p>" I can travel, work, walk and come"</p> <p>“Before the transplant I couldn't even carry a glass, after the transplant I do everything, I cook, clean the house”.</p> <p>“Before the transplant I was in a certain worry with myself but now I am with my family and share with daily life being able to reintegrate with society and make my own living again</p> | <p>Return back to activities of daily living</p> <p>Do everything</p> <p>Be able to reintegrate with society and make their own life again</p> | <p>1. adapting to a new life situation</p> <p>2. Improved physical activity and work ability</p> <p>3. Be independent.</p> | <p>2. perceived impact on life</p>     |
| <p>In the beginning, the drugs are so many, in the long run they become lesser</p>  | <p>Reduce drugs</p>  | <p>Multidrug intake</p>  | <p>3. Encountered medicalized life</p> |

|   |   |  |   |
|---|---|--|---|
| <p>” I am afraid that; the new kidney can be rejected, that was the scariest thing for me ”,</p> <p>the fear I may have it; I return to dialysis is still inside me, more than before and it still lasts until now ...</p> <p>“ I am afraid from the side effects of the immune suppressive drugs”</p> <p>My wife lost her kidney and I am afraid for her</p> | <p>the most frightening thing is the rejection of the kidneys</p> <p>fear of returning to dialysis</p> <p>Afraid of the side effects</p> <p>fear for the donor's life</p> | <p>1 inescapable rejection anxiety</p> <p>2. aversion to dialysis</p> <p>3. setbacks</p> <p>4. Fear of the life of the donor</p> | <p>4. Prevailing fear of consequences</p> |
| <p>I am feeling of happiness compete with further impairments and worries.</p> <p>“My biggest fear. I do not think, I do not know if I could go back to dialysis”</p> <p>“I am taking the medication that prescribed for me by the doctor because I must preserve the kidney that I took from the donor”</p>  | <p>Concern and fear of future.</p> <p>Feeling confused</p> <p>compliance with the prescriptions</p>   | <p>1. Feelings of happiness.</p> <p>2. Anxiety / fear</p> <p>3. Feelings of guilt</p>  | <p>5. conflicting emotions</p>            |
| <p>“all participants' felt a continuous consciousness of the organ's presence and feeling of responsibility for it”</p>   | <p>Constant commitment awareness of new organ and a sense of responsibility for it</p>  | <p>1. Feeling of responsibility</p>  | <p>6. Experience of altered body.</p>     |
| <p>“Now it is good for me to continue the medicine until the end of my life. If I do not take it, I will lose the new kidney. (P )</p> <p>“The environment in hospital and diagnostic laboratories is difficult to bear, but I will accept it throughout my life”</p>   | <p>The importance of taking medicines for the life long</p> <p><i>Continue to take medication no matter how well the patient is feeling</i></p>                           | <p>1. Accepting changed health</p> <p>2. Accepting the realities of transplantation</p>  | <p>7. Acceptance of changes</p>           |

|   |   |  |  |
|---|---|--|--|
| <p>I played weight lifting sport before the operation, but after the operation I decreased my practice of it</p> <p>“I changed my job because I am a Bricklayer construction worker. I said I would not go there longer because it can hurt my kidney”.</p> <p>I am asked to drink as much water as I can, one and a half liters or even more, it's ok no problem ”.</p> <p>Actually I pass plenty of urine and a passed stool, I am ok...”</p> <p>“ I never cared to measure temperature, but I feel it myself, I know whether it is high or low, I have a thermometer, I clean it and I measure when I feel feverish”</p> <p>“I follow up my blood pressure every day. It was high before transplantation but after transplantation it is normal”</p> <p>I am gaining weight around 10 kg after transplantation</p> | <p>Patients correcting and improving their lifestyle</p> <p>A transplant kidney needs extra fluid to stay healthy successful recovery is staying well-hydrated and passing urine and stool</p> <p>monitoring temperature by the patient</p> <p>high blood pressure plays an important role during acute rejection of transplanted kidneys</p> <p>As a result of the changes in life style, such as dietary intake and insufficient physical activity.</p> | <p>1. Improve one's lifestyle</p> <p>2. . changing and improving lifestyle</p> <p>3. obligatory fluid intake</p> <p>4. Urine and stool monitoring</p> <p>5. Body temperature monitoring</p> <p>6. Blood pressure monitoring</p> <p>7. Gaining weight</p> | <p>8. Understanding the necessity of self-care</p> <p>Attitudes toward self-care practices</p> |
|---|---|--|--|

|  |  |   |  |
|--|--|---|--|
| <p>“In order not to suffer from pain, I tolerated the difficulties after the transplant. I cannot eat everything. I have to wear masks when I go out. I have to avoid crowded streets”. (N7)</p> <p>“Seeking help and trusting in God results in tolerating a difficult condition”.</p> <p>“After the transplant, my relationship with God increased. I felt closer to God because it was the God which healed me. That's why I asked the God to help me tolerate these conditions”.</p> | <p>Carrying odds</p> <p>Seeking help</p> <p>Pray to God</p>                            | <p>1. conscious tolerance for difficulties</p> <p>2. spiritual reliance on God's eternal power</p> <p>Seek to God</p>         | <p>9. Enduring Abiding</p>   |
| <p>It feels like someone gave me something that bring me back to life, someone conceives a new identity and life for me, frankly, I thank my wife who gave me that”.</p> <p>“The care from medical team was very high quality. The person who doesn't thank people doesn't thank God</p> <p>“I will be forever grateful to my brother</p>  | <p>Thanks to the donor</p> <p>Thanks to the medical team</p> <p>Honoring the donor</p> | <p>1-feeling gratitude for donor</p> <p>2-demonstrating gratitude toward the medical team</p> <p>3- indebtedness to donor</p> | <p>10. Thanks and gratitude</p> <p>Giving can only be described as redemption<br/>ان العطاء لا يمكن وصفه الا بالفداء</p> |

|   |   |  |  |
|---|---|--|--|
| <p>"My family cares a lot about me. If I forget to take medication, they remind me. It's really important to me not to forget to medicate". (N8)</p> <p>"When I have a question - at noon or midnight - the doctor answered my phone calls. The doctor really cared of me". (P2)</p> <p>"When I encounter a problem I call immediately my transplanted friend. He kindly advises me. That's why it's good for me to have contact with friends. We fully support each other"(P7)</p> <p>A person must pray to his God to get him back. All things are in God's hands</p> | <p>Family care</p> <p>Physician care</p> <p>Friends care</p> <p>Pray to God</p>                           | <p>1. Gain of family support and perceived needs</p> <p>2. the presence and companionship of health care providers</p> <p>3. feeling of support from friends that undergone kidney transplantation</p> <p>4. spiritual beliefs</p> | <p>11. Appreciating supportive encouragement</p>     |
| <p>I did not see any of my friends because I was susceptible to infections, but now I do</p> <p>I can not meet everyone, I have carefully chosen who I will meet</p> <p>Stressful to remember when to take my drugs</p>   | <p>stayed at home</p> <p>Decide who is allowed to visit</p> <p>avoid missing any doses of medications</p> | <p>A sense of being in quarantine</p> <p>Placed themselves apart from others</p> <p>Scheduling and planning of medications</p>   | <p>12. Living with restrictions</p>                  |
| <p>Before the kidney transplant operation, my weight was 70 kilos, after 2 years my weight was 80 kilos</p>   | <p>Weight gain</p>  | <p>1. obesity</p>  | <p>13. Long term effects after kidney transplant</p> |

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| <p>The outpatient clinic was crowded especially in the first 3 months after the operation. The shoulder over the shoulder</p> <p>The site and shape of the operation is embarrassing , especially when going outside for swimming</p> <p>“Hair appeared on my body densely</p> <p>There are no side effects after operation</p>           | <p>Outpatient clinic is full of patient</p> <p>Surgical site and shape</p> <p>appearance of hair in women</p> <p>having no side effects</p> | <p>2- crowded in outpatient clinic</p> <p>3- site of operation embarrassed</p> <p>4-Hairsutism</p> <p>5- no effects</p>               |                                   |
| <p>I kept wearing mask for 3 months</p> <p>I stayed 8 days in the hospital in an isolation room in the intensive care unit. The family was visiting me behind the glass</p> <p>My family made my own room, and I was isolated from all people</p>   | <p>Wearing mask</p> <p>visiting family behind the glass in the hospital</p> <p>Stay in private room</p>                                     | <p>1.Commitment to wearing a mask</p> <p>2. visiting behind the glass in the hospital</p> <p>3. Social distancing</p>                 | 14. isolation                     |
| <p>I train the walk daily. I walk for an hour a day<br/>The operation has a negative effect on my sexual relationship, but after two months it has returned to normal</p> <p>Before the operation, I was disappointed. waiting for death. I am currently a happy person</p> <p>After two months of operation, I regain my normal life</p> | <p>Walking daily</p> <p>Sexual relations get better</p> <p>Being happy person</p> <p>Regain to normal health</p>                            | <p>1. Training and walking</p> <p>2. Improve sexual relations</p> <p>3. Psychological improvement</p> <p>4. Life return to normal</p> | 15. Better health and more energy |

Fifteen main themes were emerged: (Table 3)

**Table 3: Summary of themes and subthemes of the study**

| Subthemes  | Themes  |
|--|---|
| <ol style="list-style-type: none"> <li>1. Feeling of being normal</li> <li>2. Feels comfortable</li> <li>3. feeling of rebirth</li> <li>4. Conceive a new identity</li> <li>5. feeling of a steady life</li> </ol>   | 1. Encountered feelings                       |
| <ol style="list-style-type: none"> <li>1. Adapting to a new life situation</li> <li>2. Improved physical activity and work ability</li> <li>3. Be independent.</li> </ol>  | 2. Perceived impact on life                   |
| Multidrug intake   | 3. Encountered medicalized life               |
| <ol style="list-style-type: none"> <li>1 Inescapable rejection anxiety</li> <li>2. Aversion to dialysis</li> <li>3. Setbacks</li> <li>4. Fear of the life of the donor</li> </ol>  | 4. Prevailing fear of consequences            |
| <ol style="list-style-type: none"> <li>1. Feelings of happiness</li> <li>2. Anxiety / fear</li> <li>3. Feelings of guilt</li> </ol>  | 5. conflicting emotions                       |
| <ol style="list-style-type: none"> <li>1. Feeling of responsibility</li> </ol>   | 6. Experience of altered body.                |
| <ol style="list-style-type: none"> <li>1. Accepting changed health</li> <li>2. Accepting the realities of transplantation</li> </ol>   | 7. Acceptance of changes                      |
| <ol style="list-style-type: none"> <li>1.Improve one's lifestyle</li> <li>2. Changing and improving lifestyle</li> <li>3. Obligatory fluid intake</li> <li>4. Urine and stool monitoring</li> <li>5. Body temperature monitoring</li> <li>6. Blood pressure monitoring</li> <li>7. Gaining weight</li> </ol> | 8.Understanding the necessity of self-care    |
| <ol style="list-style-type: none"> <li>1. Conscious tolerance for difficulties</li> <li>2. Spiritual reliance on</li> <li>3. God's eternal power</li> <li>4. Seek to God</li> </ol>  | 9. Enduring Abiding                           |
| <ol style="list-style-type: none"> <li>1-Feeling gratitude for donor</li> <li>2-Demonstrating gratitude toward the medical team</li> <li>3- Indebtedness to donor</li> </ol>   | 10. Thanks and gratitude                      |
| <ol style="list-style-type: none"> <li>1. Gain of family support and perceived needs</li> <li>2. The presence and companionship of health care providers</li> <li>3. Feeling of support from friends that undergone kidney transplantation</li> <li>4. Spiritual beliefs</li> </ol>                          | 11. Appreciating supportive encouragement     |
| <ol style="list-style-type: none"> <li>1. A sense of being in quarantine</li> <li>2. Placed themselves apart from others</li> <li>3. Scheduling and planning of medications</li> </ol>   | 12. Living with restrictions                  |
| <ol style="list-style-type: none"> <li>1. obesity</li> <li>2- crowded in outpatient clinic</li> <li>3- site of operation embarrassed</li> </ol>  | 13. Long term effects after kidney transplant |



|  |                                   |
|--|-----------------------------------|
| 4-Hairsutism   |                                   |
| 1. Commitment to wearing a mask<br>2. visiting behind the glass in the hospital<br>3. Social distancing            | 14. isolation                     |
| 1. Training and walking<br>2. Improve sexual relations<br>3. Psychological improvement<br>4. Life return to normal | 15. Better health and more energy |

The participants in this study had shown a wide range of emotions and life experience after transplantation. Fifteen main themes and related sub-themes were identified as follows; encountered feelings, perceived impact on life, encountered medicalized life, prevailing fear of consequences, conflicting emotions, Experience of altered body, acceptance of changes, understanding the necessity of self-care, enduring abiding, Thanks and gratitude, appreciating of supportive encouragement, Living with restrictions, long-term effects after kidney transplantation. Isolation, better health and more energy.

### **1. Encountered feelings**

The patients felt that life after the transplant was a new life that had begun with autonomy. They needed to adapt to a new life situation that involved changing relationships with themselves, others, the health care system and the organ donor. Their expectations differed from what life was like after the kidney transplant, where life after was both a challenge, but at the same time an experience of joy and freedom with new opportunities in life.

After the transplant, the new kidney was perceived as a gift and the period was characterized by a feeling of having had a second chance and regained the quality of life. The patients no longer felt any burden, they expected to be able to live a normal life. Getting back to normal, everyone now felt generally good and stressed that things are "going back to normal" and that they are now trying to "move on" and get the most out of life. The recipients' health continued to improve, which had a significant impact on them and their families. In addition, everyone now felt able to plan for the future. Four sub-themes emerge from this theme:

Feeling of being normal, feels comfortable, feeling of rebirth,  
Feeling of a steady life

### **1.1 Feeling of being normal**

” one participant reported that “. Now, I had undergone kidney transplantation some months ago, I am moving and walking normally, there is no any problem”.

### **1.2. Feels comfortable**

one participant, expressed that “before kidney transplantation, I was feeling tired, after kidney transplantation, it is extremely different I feel comfortable, no pain in my two sides, there is no nausea and my creatinine is always normal.”

### **1.3. Feeling of rebirth**

The transplant provides a new life situation that brings strength and joy of life even if there are problems. Getting a new body can be experienced as getting life back. A completed transplant is experienced by most patients are very positive although some patients have physical concerns, one feels both alert and tired at the same time. It can be experienced as a "rebirth" with the new body. It is a very positive experience to feel that what was once heavy and forbidden is now reversed. A participant, expressed that “, I feel as if I am a new person, that in just reborn again, life is open for me.”

### **1.4. Feeling of a steady life**

One participant, reported that “I was on dialysis three times a week; I could not feel stable or able to live, by having transplantation my condition gets better, my psychological condition becomes stable and able to go on with life”.

## **2. Perceived impact on life:**

Accepting to be transplanted was seen as a commitment. In the early phase after undergoing a kidney transplant, patients had difficulty processing and accepting the importance of having a kidney. The ways that could be used to deal with the new life situation were to think positively, compare with the time before the transplant and focus on successful role models and by distracting oneself with other things. Most patients felt that

the future was uncertain. They did not consider themselves completely healthy and described the vulnerability to infections as a roller coaster between health and disease. Concern for the future while the participants were generally happy with life, all recipients were still afraid of transplant failure. However, this concern had diminished over time as they felt that the risks were now diminishing. They also stressed the importance of "taking care of themselves" to reduce the risk of health-related problems and continued to use coping mechanisms to manage this stress. Three sub-themes emerge from this theme: adaptation to a new life situation, Improved physical activity and work ability, Social life reintegration

### **2.1 Adaptation to a new life situation**

The experience of improvements was described with bright visions of the future with increased social activity and an infinite feeling of freedom. One experience that attracted attention shortly after the kidney transplant was their ability to mobilize as soon as possible, which was described as a euphoric feeling. The patients described the emotions as a driving force for increased energy and well-being in one's health. Each patient described their subjective view of normality and how they resumed it after transplantation by resuming hobbies, jobs, travel, physical activities, eating and drinking with few restrictions compared to the time before the kidney transplant. Resuming activities that they have not been able to perform since the onset of the illness gave them a sense of normality,

satisfaction and greater freedom from care that motivated them to maintain and improve their life situation.

But even though patients experienced it as a freedom to avoid dialysis treatment after transplantation, life was uncertain with new restrictions, one participant, verbalized that "... after kidney transplantation, one can travel, work, walk and come"

As one participant expressed that I am traveling now, because my wife and I have traveled to Turkey, I am moving and doing some exercises

## **2.2 Improved physical activity and work ability**

The kidney transplant gave the patients improved physical ability with increased energy with better self-confidence and self-esteem. A self-confidence that meant that it was easier to handle their new life situation. The increased energy led to a freer lifestyle. Kidney transplant recipients experienced a marked improvement in quality of life with a reduced sense of helplessness and lack of control a participant, verbalized that "before the transplant I could not even carry a glass, after the transplant I do everything, I cook and clean houses. Another participant expressed that my sexual activity is normal after three months

## **2.3 Social life reintegration:**

A participant, expressed that "Before the transplant I was in a certain worry with myself but now I am with my family and share with daily life"

### 3. Encountered medicalized life

Multidrug intake: all participants mentioned that “At the beginning, medications are so many, on the long run they get lesser”

Another participant declared that “I Keep medication times, especially prograf”N8

The other stated that “They told me to keep on medication and keep the fluid stable” N9

### **4. Prevailing fear of consequences- fears of uncertain outcomes**

From the first day of kidney transplantation, patients experienced thoughts of anxiety about transplant rejection, postoperative complications that the transplanted kidney would not work and that they would need to undergo dialysis treatment. Uncertainty about the uncertain future and awareness that dialysis treatment is a current future treatment when the kidney stops working. This leads to patients experiencing fear of bad news during the return visits to the doctor, where bad news can mean that transplant rejection begins. This fear of transplant rejection remained with the patient for several years after the kidney transplant and adversely affected their daily lives.

This was perceived as an uncertainty, problematic and a challenge after the transplant, despite the positive changes that kidney transplantation brought. The uncertainty described was based on the patients' fear that the new kidney would not "find" its place in the body and a life with a

weakened immune system. Patients experienced feelings of anxiety and worry about the health and future of the transplant. Although patients experienced an improved quality of life, but there was always an underlying fear of complications and wondered how long the transplant would work. This fear and anxiety led to a constant vigilance and caution over their health and they looked for signs of complications that could lead to rejection. A feeling of powerlessness may arise. The fear of complications was reinforced when patients constantly reminded of the risks associated with frequent sampling and return visits. Four sub-themes emerge from this theme: Inescapable rejection anxiety, Aversion of dialysis, Setbacks, and Fear of the life of the donor.

#### **4.1 Inescapable rejection anxiety**

Fear of transplant rejection and change in health, patients were perceived as the main problem that led to insecurity. Some patients succeeded by taking regular health checks on themselves to draw attention to symptoms that may be a possible transplant rejection. Another way to deal with those anxious thoughts was to try to live a healthier life. a participant, put it; "Sometimes I do health checks and live a healthy life, such as exercise and healthy food because I am afraid of it. The new kidney can be rejected, that was the scariest thing for me ".

Transplant rejection can happen at any time due to infection as a participant, stated that "Two days after I was released from the hospital. I

felt pain and high fever, and I went to the hospital, my fear and the doctor's fear was that I had kidney rejection” N5

Despite the side effects of immunosuppressive drugs, the patient must take these drugs for fear that the body will reject this organ. Another participant stated that "I am still taking treatment and if I stop the treatment, the body will reject the new kidney" N11

One participant explained that "If I stop taking medication, my body will reject my new kidney" N12

One of the main reasons for the body's rejection of a new kidney is the exposure to infection when one participant stated that “The doctors told me that I had to stay away from all patients with the flu for fear that the infection would pass on to me due to of immunodeficiency, which would cause a negative impact on my new kidney”.N1

#### **4.2 Aversion of dialysis:**

Patients chose to take medication throughout their lives to avoid the dialysis machine

One participant stated that "During the first kidney transplant period, I was afraid that I would return to dialysis, which is why I am so strict in taking the medicine". N2



Another participant explained that "if I stop taking the medicine, I will return to dialysis as before" N4, N14. "I'm still taking a treatment that I'll be on forever. If I stop the treatment, I return to dialysis again "N7

One participant verbalized that "I can have fear; I return to dialysis is still inside me, more than before and it still lasts until now". Another participant expressed the following for the same sub-theme "after kidney transplantation; I'm afraid I can go back to dialysis, that's the biggest nightmare."

### **4.3. Setbacks النكسات**

Due to the large impact that the transplant has on the body's immune system, there is a high risk of adversity. The transplant involves medication with immunosuppressive agents that give rise to slow wound healing and side effects. Transplantation is a major operation and it can cause problems. As one participant stated that "I am afraid of the side effects of the immunosuppressive drugs"

### **4.4 Fear of the life of the donor**

The participant felt fear for the donor's life and worried about the consequences of their donation. One participant expressed that "My wife lost her kidney and I am afraid about her" N1. Another said that "I was afraid of myself and my mother" N3 and another participant expressed that "I was afraid of my father more than myself" N4. "If my father was in pain

and he had a toothache he could not take medicine, I wish the pain was mine" N5

One participant said that "When I left the operating room, I only remembered my sister, the donor, where I cried until my mother and the doctors assured me of her." N 10

"When I woke up after the operation after three hours, the first question I asked was about my brother's status" N11

## **5. Experience of conflicting emotions**

The patients no longer felt a burden, they expected to be able to live a normal life. Two sub-themes emerge from this theme: Feelings of happiness, Anxiety / fear, Feelings of Guilty.

### **5.1 Feelings of happiness, Anxiety / fear**

The patients were filled with feelings of joy and happiness but at the same time anxiety and fear for the future. As one participant put it: I feel happy and compete with further deteriorations and worries". Another participant stated that "my biggest fear. I do not think, I do not know if I will return to dialysis again ".

### **5.2 Feelings of Guilty**

Guilt and shame were also common sometimes when patients forgot to take their drugs which they then felt they had let down themselves and others. To avoid these feelings of guilt, compliance with the recipes

increased. One participant stated that "I am very anxious to take my medicine in time to preserve the organ that was donated to me, so I am ashamed and feel guilty if I forget to take my medicine"

## **6. Experience of altered body**

Patients after kidney transplantation had an increased physical capacity / performance. emphasizes that kidney transplantation provides better mobilization

compared to before transplantation. It was described how patients paradoxically feel as usual after the kidney transplant at the same time as they feel different. Patients experienced an ongoing awareness of the new kidney and felt a responsibility for it. It was a challenge to take care of the kidney. The kidneys were accepted as a separate but useful part of body. point out that the experience of resumed urine production made patients aware of the presence of the new kidney. One sub- themes emerge from this theme: Feeling of responsibility.

### **6.1 Feeling of responsibility**

Constant commitment awareness of new organ and a sense of responsibility for It "all participants' felt a continuous consciousness of the organ's presence and feeling of responsibility for it".

## **7. Acceptance of changes**

Participants experienced acceptance of change as a crucial aspect of their understanding of the importance of coping. They saw that the management accepted all lifelong changes. After the kidney transplant, patients experienced a transition from being sick to being healthy as an emotional psychological process. The patients had a hard time understanding at first, but confirmed that their new life had begun. The new organ in the body was described as something foreign and unpredictable. It was difficult for patients to find words and explain the dramatic change. They also experienced the new life as insecure because they would no longer rely on care without being able to fend for themselves. At the same time, they felt relieved to be independent of others. This theme came from two sub-themes:

### **7.1 Accepting changed health**

Even their current state of health and continued dependence on medication, patients pointed out the importance of medication for their health:

"Now it's good for me to continue the medicine until the end of my life. If I do not take it I will lose the new kidney. (N2)

### **7.2 Accepting the reality of transplantation**

The participants understood that their lives are strongly dependent on accepting reality, for example, the continuation of problems that arise after

transplantation. The participants expressed that they felt that transplantation freed them from dialysis, but that this freedom does not mean the absence of any problems or the ability to continue life without them. One participant stated: "The environment in hospitals and diagnostic laboratories is difficult to bear, but I will accept it throughout my life". (N3)

### **8. Attitudes toward self-care practices, understanding the necessity of self-care**

Another aspect of the importance of coping is understanding the need for self-care. In interviews, it became clear that the participants saw two ways to pay attention to care needs as the key to living freely with transplantation and accepting its problems: focus on self-care behavior and change and improve their lifestyle.

Participants accepted and followed the difficult care systems assigned to them to preserve the transplanted kidney. They felt that they could follow this care system preserve the kidneys and have a long and healthy life. While understanding and perception change in the state of health, participants identified such necessary, caring behaviors as awareness of the need for medication, maintaining medical advice, and what not to do. In this definition of caring, they learn what behaviors should be prevented and how to maintain in order to stay healthy. Seven subthemes were emerged from this theme: Improve one's lifestyle, Self-care behaviors and change, Obligatory fluid intake, Urine and stool

monitoring, Body temperature monitoring, Blood pressure monitoring, Weight monitoring

### **8.1 Improve one's lifestyle.**

Patients who modify and improve their lifestyle are necessary to promote their health such as eating fruits and vegetables, understand which activities are harmful to their health and replace them with other activities. Avoid grapefruits, as taking grapefruits with cyclosporine may increase the amount of this medicine that is absorbed into the bloodstream.

One participant stated that "I eat a lot of vegetables, without eating meat, I also used to eat it every day" N1

Another said "I avoid preservatives, spices, grapefruits and lemon" N3

Another participant explained that "I played weightlifting sports before the operation, but after the operation I reduced my exercise with it" N5

The participants focused strongly on the sensitivity of the drug as a self-protective behavior. Participants realized that correcting and improving their lifestyle is necessary to maintain and promote their health. Focusing on lifestyle improvement as a hallmark of management, participants preferred healthy and homemade food. One participant stated that "I eat healthy and homemade food and refrain from buying ready-made food"

Another participant stated that "I was advised to stay away from red meat and grapefruits" N3

## **8.2 Self-care behaviors and Change**

Understanding which activities are harmful to health after transplantation, participants began to abandon these activities and replace them with other activities that do not threaten kidney health: one of the participants stated that "I changed jobs because I am a construction worker. I said I would not go there anymore because it could damage my kidney".

Another participant stated that: "I was very committed to cleanliness, as the doctors told me" N1

Another said: "The doctors asked me to go, so I went with the help of a nurse" N5

## **8.3 Obligatory fluid intake**

A participant, stated that "...I am asked to drink as much water as I can, one and a half liters or even more, it's ok no problem".

## **8.4 Urine and stool monitoring:**

A participant, mentioned that "actually I pass plenty of urine and passed stool, I am ok..."

### **8.5 Body temperature monitoring**

One participant, reported that “ I never cared to measure temperature, but I feel it myself, I know whether it is high or low, I have a thermometer, I clean it and I measure when I feel feverish”

### **8.6 Blood pressure monitoring**

A participant, stated that “I follow up my blood pressure every day. It was high before transplantation but after transplantation it is normal”

### **8.7 Weight monitoring**

A participant, stated that “I am gaining weight around 10 kg after transplantation”

## **9. Enduring –abiding**

A major theme that structured the importance of coping was enduring. The participants understood that patience and tolerance for difficulties due to transplantation is the key to success. For patients, endurance has two sub-themes: Conscious tolerance for difficulties and Spiritual tolerance.

### **9.1 Conscious tolerance for difficulties**

The participants were aware that if they are patient with the difficulties that arise as a result of current changes in their condition, they can achieve a quiet life without the care of dialysis: one participant stated



that "In order not to suffer from pain, I tolerated the difficulties after the transplant. States also that " I have to wear masks when I go out. I have to avoid crowded streets". (N7).

## **9.2 Spiritual tolerance.**

When the patient constructed, it was important to deal with a merciful God and God's blessings played crucial roles. Relying on this power gave patients peace and a lack of fear of the difficulties due to changing circumstances. By relying on this power, they could more easily follow this way. One participant expressed that "seeking help and trusting in God leads to tolerating a difficult condition". Another participant stated: "After the transplant, my relationship with God increased. I felt closer to God because it was God who healed me. Therefore, I asked God to help me tolerate these conditions. (N9)

## **10. Thanks and gratitude**

The patients experienced that their relationship with the living donor was difficult to rebalance when the donor was related. They described it as having a hard time finding a balance in the relationship because they felt they could not show their gratitude enough for the kidneys they were getting. The kidneys were seen as a valuable gift where they experienced an indescribable gratitude for bringing life back.

Kidney transplantation gave feelings of gratitude and debt of gratitude. Gratitude to the donor, his own and the donor's family and the

transplant team. The feeling of gratitude meant that it was sometimes difficult to make a complaint or question one's own treatment. They were afraid to betray people. The feelings of gratitude and debt of gratitude meant that patients were more likely to take their medications as well as to take care of themselves as a way of showing appreciation. In some cases, with relatives. Under this theme, three sub-themes emerged as illustrated: Feeling of gratitude for donor, Demonstrating gratitude toward the medical team, Indebtedness to donor.

### **10.1 Feeling of gratitude for donor**

One participant, expressed that “It feels like someone gave me something that bring me back to life, someone conceives a new identity and life for me, frankly, I thank my wife who gave me that”.

### **10.2 Demonstrating gratitude toward the medical team**

The medical team was considered as caregivers who helped them return to normal life. Patients felt grateful to the medical team (doctors, nurses) for their efforts to care for them by doing laboratory tests for them. Some doctors treat patients without taking money. One participant stated that "Thank you to the doctor for not taking the money from me in his private clinic, and he used to do laboratory tests every month" N6

Another participant declared that “The medical team at the hospital took care of my health and did laboratory tests. Dress up my wounds so I'm grateful for them “N8

One participant verbalized that “The care from the medical team was very high quality. He who does not thank people does not thank God” N9

### **10.3 Indebtedness to donor**

The recipients were eternally grateful to their donor and felt indebted to them. One participant said that "I will be grateful to my brother"

Some recipients thought they had to show love and respect for the kidney donor forever. Some of them consider the kidney to be a valuable gift that needs to be preserved. Some of the participants stated that

"My feelings towards my father (donor), he gave me a piece of his body and I owe him forever" N4

“My feelings towards my wife (donor) cannot be described. All words are incapable of describing it “N6

"My sister (giver), I owe her forever, and I will never forget what she did to me" N7

“My wife (donor) gave me a new life. Gave me a smile” N8

“My feelings towards my brother (donor) are indescribable. He gave me an invaluable gift from his body that I must preserve it” N11

“My feelings towards my son (donor) are something that is not natural and indescribable; it is the most valuable thing in my life, for he gave me life and a smile” N14

"My friend (giver) gave me life, gave me hope, gave me a piece of his body" N1

## **11. Understanding supportive encouragement**

Crucial to creating the importance of coping is understanding and using different support channels, such as family, caregivers and patients experiencing similar suffering. It was described that the relative's support during the postoperative phase helped them deal with concerns and thoughts about transplant rejection. Under this theme, four sub-themes emerged as illustrated below: Understanding the support of family, the presence and companionship of health care providers, feeling of support from friends that undergone kidney transplantation, Spiritual beliefs.

### **11.1 Understanding the support of family**

Patients received encouragement and psychological support from their families before and after surgery, which helped them recover better and faster.

After a kidney transplant, an increased social ability was experienced and there was a need for increased social contact. The participants reported that a sense of understanding and support from the family is the key to managing. One participant explained that: "My family cares a lot about me. If I forget to take medicine, they remind me. It is really important for me not to forget to medicate ". (N8)

Another participant stated that: "Everyone encouraged me and said that the 'mashallah' crisis will take over." N1

"My husband is the first to help me, as are my brothers and sisters".  
N2

"My mother, my father and my brothers assured me and said it will be released" N3

"My family told me that my neighbor had a kidney transplant and that he was recovering" N5

"My family and relatives supported me mentally" N7

"My family, my neighbors and my family encouraged me" N8

"My family supports me to have surgery and they told me you will be a normal person; they did not leave me alone" N1

## **11.2 The presence and companionship of health care providers**

Attendance and camaraderie between caregivers is encouraged by the participants. Caregivers including doctors, nurses encouraged patients, gave them optimism and told them the positive results of their laboratory reports. Participants stated that as follows: "When I have a question - at noon or midnight - the doctor answered my phone calls. The doctor really cared about me." (N2). "The doctor and nurse encouraged me and they told me that the success of the operation was over 95%." N10. Another participant stated that "When the doctor told me the good news, he gave me

optimism, especially when he told me that your laboratory tests are excellent" N3. "Doctors and nurses at the outpatient clinic assured me of laboratory tests, especially creatinine tests" N13

### **11.3 Feeling of support from friends that undergone kidney transplantation**

Friends and relatives who have undergone kidney transplants support patients undergoing surgery because experience is the best evidence. Talking to and getting support from friends with transplants also helps manage. Participants stated that as follows "When I encounter a problem, I immediately call my transplanted friend. He kindly advises me. That's why it's good for me to have contact with friends. We fully support each other "(N7).

"The patients who have had a kidney transplant in the kidney department say that the transplant is not scary and encourage me" N1

"The patients who underwent kidney transplantation before me encouraged me" N2

"My uncle told me that you will be relaxed after the transplant, especially that my uncle underwent a kidney transplant before me" N4

"My neighbor underwent a kidney transplant 13 years ago and explained everything to me" N11

“My cousin had done a kidney transplant before me, he told me the difference between dialysis and a kidney transplant. I saw him live his life normally, this gives me optimism” N14

#### **11.4 Spiritual beliefs**

Patients pray to God for recovery, their mothers and their families gave them hope. Reading the Qur'an provides psychological support. Prayer makes patients feel happy and hopeful. Participants said, “Al hamdollelah. A person must pray to his God to get him back. Everything is in God's hands” N7

"I read the Qur'an daily and pray to God that he will not recover me for me but for my children" N8

"I hear Surae Al Baqara from the Qur'an daily, and this gives me psychological support, and I pray to God to recover" N10

"My Prayers to God for Recovery" N13

"My family prays for recovery" N14

#### **12. Living with restrictions**

Restrictions that patients stated they needed to adapt to and balance where they included their diet, fluid intake, demanding physical activity such as sexuality, direct sunlight against the skin, vigilance and staying away from infections. This caused patients to restrict their freedom and it negatively affected their social life in order to maintain their kidneys.

Examples may be routine care to follow the immunosuppressive treatment according to a strict diet schedule limited freedom to spontaneity. They could not perform heavy lifting, which precludes showing work and hobbies, as well as staying away from certain environments where infections occur. Patients could become upset when they could not perform important activities that they saw as part of their lives. Three sub-themes were emerged from this theme.

A sense of being in quarantine, placed themselves apart from others, scheduling and planning of medications

### **12.1 A sense of being in quarantine.**

As one participant was stated that “I did not see any of my friends because I was susceptible to infections, but now I do”N9

### **12.2 placed themselves apart from others.**

As one participant was stated that “I cannot meet everyone, I have carefully chosen who I will meet”N3

### **12.3 scheduling and planning of medications.**

As one participant was stated that “Stressful to remember when to take my drugs”N6.



### **13. Long term effects after kidney transplant**

The side effects of immunosuppressive drugs are a big part of the experience after undergoing a kidney transplant. Examples of common side effects that immunosuppressive drugs can cause are osteoporosis, swelling of the ankle and weight gain. The side effects in turn affect patients' experience of quality of life. The patients who recently underwent kidney transplantation had fewer side effects and were more optimistic. At the same time, the side effects were perceived as serious and had a negative impact on the experience of the quality of life, the goal of the drug was considered important.

Due to the risk of rejection and return to dialysis, patients did not dare to stop taking their medication. The side effects were seen as inevitable and the patients were well aware that the drug was lifelong. To manage life after transplantation with these immunosuppressive drugs, patients were forced to become experts in their disease and the side effects of the drug. Five subthemes were emerged from this theme: obesity, crowded in outpatient clinic, site of the operation embarrassed, appearance of hair in women, and no effect

#### **13.1 Obesity**

Weight gain is caused by an increase in the amount of food the patient eats due to cortisone which promotes appetite. Participant stated that as follows

"Before the kidney transplant operation, my weight was 70 kilos, after two years my weight was 80 kilos" N1

"I take cortisone which opens the appetite and my weight increases by about 10 kilos" N3

"Eating too much causes obesity" N12

### **13.2 Crowded in outpatient clinic**

The outpatient clinic is full of patients, so patients wait hours and hours. The outpatient clinic was crowded, especially in the first three months after the operation. Participants described as follows. "The shoulder over the shoulder" "N1

"The outpatient clinic at the time of the examination is sometimes crowded" N3

### **13.3 Site of the operation embarrassed**

The surgical area and shape made some patients embarrassed. Others were afraid that others would harm them. Participant stated that "The location and shape of the operation is embarrassing, especially when going out and bathing" N 4 "I'm afraid someone will come to the scene of the operation or hit me in the stomach" N7.

### **13.4 Appearance of hair in women**

This sub-theme occurs especially in women. Some women suffer from body hair because they take cyclosporine medication. Participants declared that

"Hair appeared on my body tightly" N2

"I suffer from the appearance of dense hair in my body" N 8

### **13.5 No effect**

Some patients have no side effects. Participant stated that

"There are no side effects after surgery" N9, N10, N 14, N15

"There are no complications, no pain" N13

## **14. Isolation**

Under this theme, three sub themes were emerged as illustrated below: Wearing mask, visiting family behind the glass in the hospital, isolation inside home

### **14.1 Wearing mask**

Because the immunity of transplant recipients is low, they had to be careful to prevent infection by avoiding colds or flu patients by wearing a mask. Participants expressed that as follows

"I continued to wear a mask for 3 months" N2

"I stayed in intensive care for ten days in isolation while wearing the mask"  
N4

"I isolated myself at home for two weeks but not completely. I only had a mask"  
N5

"I sat with my family and wore the mask" N6

"I isolated myself at home, I wore a mask" N9

#### **14.2 Visiting family behind the glass in the hospital**

Staying in hospital after kidney transplant isolated in intensive care to monitor for signs of complications and prevent visits except behind the glass to avoid infection. Participant stated that as follows "Staying in hospital after a kidney transplant isolated in intensive care to monitor for signs of complications and prevent out-of-glass visits to avoid infection".  
N3

"I stayed in the intensive care unit for 10 days in the isolation room. Only nurses, doctors and cleaners came in"  
N4

"I stayed in the hospital for eight days in an isolation room in the intensive care unit. The family visited me behind the glass"  
N10

#### **14.3 Isolation inside home**

Stay in private rooms in the home to avoid contact with the family to prevent the infection from spreading to the patient. Participant explained

that as follows "For the first 94 days I did not leave the room, I was isolated at home" N1

"The patient must isolate himself, especially during the first two months after the operation" N3

"My parents prepared an isolation room for me that contained my personal belongings (hand gel, bed). I stayed in the isolation room for a month "N7

"I did not get out of my own room for a long time" N8

"When I was discharged from the hospital, I sat at home for two months" N10

"And I isolated myself from people, without taking any contact with them " N12

"My family prepared my own room and I was isolated from all people" N14

### **15. Better health and more energy**

Under this theme, four subthemes were emerged as illustrated below: Exercise and walking, Sexual relationships get better, Psychological improvement, Health status controlling.

## 15.1 Exercise and walking

Some patients recovered and were able to do their work and housework such as cooking, washing clothes. One participant expressed the following:

"I do everything, I do housework daily, I wash clothes, I cook, I go to the market" N2

Others could not go when they were on dialysis, but after transplantation they could walk and walk long distances. The participants expressed themselves as follows:

"I am walking every day. I walk one hour a day" N1

"Earlier during the dialysis period I slept almost all the time, but now I go daily" N9

"I did not do any activity before, if I walked two meters I got tired, but after the transplant I started walking without getting tired" N12

Others regained their energy and activity and practiced various sports within the club. The participants expressed that "After 6 months I went to the club to train for an hour daily" N4

"My energy and activity improved" N5

"Before the operation I slept, at present I am an active person with high energy" N15

## 15.2 Sexual relationships get better

Some patients ended sexual relations because the donor was his partner in the relationship. The participant expressed that "In the beginning I did not have any sexual relation due to wounds and surgery, because my wife was a donor" N1

Other patients were afraid of having a sexual relationship due to physical inability and preferred to stay away from their partners for a while and then the sexual relationship returns to normal. Participants stated that as follows "The sexual relationship returned after one year of operation" N2

"During the first four months the sexual relationship broke down, I could not get close to my wife and there is no sexual desire, but after 4 months it became normal again" N9

"The operation has a negative effect on my sexual relationship, but after two months it has returned to normal" N10

Some patients had sexual dysfunction before surgery and the weakness continued after surgery, which negatively affects the sexual relationship. One participant explained that "For sexual relations, I have sexual dysfunction before surgery, and I still have and I cannot take Viagra because it causes heart problems" N14.

### 15.3 Psychological improvement

Some patients considered dialysis to be a major crisis. They wish for death but after the operation they were happy. One participant stated that "" I was happy that dialysis was a major crisis, and I stopped it, I feel happy. Wow, I'm a king "N1. Another participant stated that" I am very happy, especially I stopped dialysis "N3

"I relaxed and felt happy, at present I am a different person, before the operation I had no goals and ambitions, I was mentally frustrated but at the moment I feel comfortable" N4

"Psychologically, it has gotten better. I swear by God. I feel like I did not have kidney dialysis in my life, even though I had kidney dialysis for 7 years" N5

"I am the happiest person in the world. I was a miserable person who was exhausted by illness. I preferred death a thousand times, now I am a happy person" N6

"Another person from the life of humiliation to the life of happiness"  
N11

"Before the operation, I was disappointed. Waiting for death. I am currently a happy person" N15.



#### **15.4 Health status controlling**

All patients have normal health after a while, one participant stated that “Almost 6 months later, my health is good. I came back to my normal life everywhere” N1

"Thank goodness, there are no problems for me, no high blood pressure, no diabetes or anything. I am a fully recovered person" N2

"The pain is permanently removed after four months" N5

"After two months of surgery, I got my normal life back" N6

“Eventually, my health improves. The big improvement occurred after the sixth month “N15

#### **4.2.3 Discussion**

Because the purpose of the study is to explore the lived experience of kidney transplant recipients. We choose the hermeneutic phenomenological method. This method is allowed for certain parts of the research and the use of its pre-understanding and interpretation based on theories. Questions answered by the recipients consider how their lives had changed and their concerns about care. Fifteen themes emerged from the recipients' responses.

The study showed that with increased energy with better self-confidence and self-esteem, the kidney transplant provided patients improved physical ability. Takarhashi, et al (2000) found that after

transplantation physical activity increases and although it is generally higher in the recipients compared to their period when they were on dialysis before transplantation, dialysis treatment remains. Oguchi, et al (2018) also reported that after transplantation kidney transplant recipients increase their physical activity.

Achieving a sense of rebirth and normality were important feelings expressed during the study by the participants. They were inspired to start and prepare a new life by such feelings of rebirth and normality, to enjoy its hopeful aspects of sweets like planning for their future and returning to their social roles and relationships with their families. Such findings are consistent with both Tong, et al (2011) and Santos et al (2015). Tong and colleagues stated that achieving gaining a sense of normalcy promoted improved functioning, social adjustment, well-being and positive development among the participants in their study after transplantation, while Santos and his colleagues explained that the feeling of rebirth is based on the perception that the participants have a new kidney to improve. The feeling of rebirth reflects a return to its former state, even though it was believed that the lives of the recipients were closer to that during the study.

understanding the need for self-care is another aspect of the importance of coping. In order to preserve the kidneys and have a healthy life by monitoring temperature and blood pressure, the study showed that participants followed the care system. De Pasquale, et al (2014) reported

that disease and self-control are managed by the feeling of self-efficacy. a greater ability to self-manage their own health, a satisfactory quality of life and a reduced risk of complications were shown Patients with greater self-efficacy. Transplantation often affects patients and their families in a transforming way, which can facilitate their ability to manage and adapt. it is also a source of substantial uncertainty, however, particularly with regard to the prospects of transplant failure and subsequent return to dialysis. In many ways, post-transplantation resembles a new chronic condition, and great anxiety and depression can be caused by associated uncertainties (McCormick 2002). Therefore, in order to adapt to life after a transplant, patients must understand these feelings. Transplant recipients also try to be considered a “normal” healthy person in the adaptation process, as this helps them to “move on” emotionally (Dabbs et al. 2004, Nilsson et al. 2010). The psychosocial desire for normality, which is certainly a subjective concept, possibly starts before transplantation and is therefore one of the main reasons for having a transplant. However, the importance of managing realistic patient expectations and presenting balanced information is stressed.

Understand and use different support channels, such as family care and patients with similar pain. They described that the encouragement of the relative during the postoperative process helped them deal with transplant rejection issues and thoughts. In order to provide significant quality of life for this particular community of patients, quantitative research has demonstrated substantial quality of life and well-being in these

patients after transplantation. It is necessary to continue to understand these experiences. There is a need to include an evidence base that is patient-led and patient-centered. This will offer an understanding of the holistic perspective and experiences of transplant patients. This will also increase awareness, ensure clear and appropriate recommendations

in routine practice, psychosocial support and interventions are available. (McKeaveney et al, 020). Psychosocial adaptation also seems to be facilitated through social support, with donors and recipients actively supporting each other through the transplantation process especially in marriage transplantation. Traditionally coping studies have focused on individual coping styles, but coping is often a dyadic process, especially in chronic diseases where the entire family is affected (Revenson 1994). the effect of one spouse on the other is difficult to distinguish, but it has been shown that spouses and family support help patients manage and adjust to their disease (Revenson 1994, Banthia et al. 2003). evidence from the United States suggests in living transplantation that supporting the donor's spouse can help reduce stress and facilitate the well-being of the donor and spouse (Taylor & McMullen 2008). In life- related transplantation, however, social support is unique and complex, as donors and recipients are patients with an interest in the well-being of each other at the same time. Therefore, assessing the needs and expectations of the patient and if necessary, finding ways to facilitate dyadic management during the transplant is critical for healthcare professionals. However, donors and recipients' ability to support each other is likely to be affected by the

quality of their relationships. Good relationships tend to provide the resources needed for efficient management (Revenson 1994). Therefore, this is an area that requires further research that may later help inform clinical practice.

Regarding praying to God for recovery, Vslizadeh Zare, et al (2018) found that it is difficult to understand and accept changes in care interventions such as performing effective health habits by continually relying on spirituality and supportive encouragement to sustain and promote a new life.

As for the theme, the medical life hit; the results of the study pointed out that while all participants in the study experienced multidrug intake, they showed a remarkably positive attitude, including taking a self-responsibility by most participants for drug intake because the study results showed strong willingness to control drug intake but the experienced side effects and reported challenges, some participants said the reasons for this were to protect the new kidney as much as possible and not return to dialysis again. These findings are consistent with Tong et al (2011) , who conducted a systematic analysis of qualitative studies of drugs taken after kidney transplantation, including the views of patients on taking medications to protect life and a way to show responsibility for preserving their own. Participants take immunosuppressive agent drugs that cause slow wound healing and side effects. Amerna & Wallace, (2019) found that recipients must follow vigorous drug treatment, which prevents the new

organ from being rejected by the body's immune system. This drug can cause side effects that are harmful and is necessary for the kidney to last. Tucker et al, (2019) found that patients reported unwanted changes in their lives, this was linked to medications to prevent transplantation from being rejected.

The patients talked about being able to live a normal life. Life is getting back to normal. They managed to improve their fitness. Tucker et al (2019) found that after kidney transplantation, most common change is an improvement in the quality of life of patients and a return to normal. They felt they were suffering from dialysis and kidney failure.

The participants have showed other feelings of anxiety, fear and guilt were also expressed by to be continuous. fear of an uncertain return to painful dialysis sessions and rejection of the new kidney were the main sources of these feelings. These findings are compatible with De Brito, et al (2015) who studied the changes and difficulties among 50 recipients that occurred during kidney transplantation; the episodes identified such as infection / hospitalization, transplantation failure and need for return to dialysis were widely cited as a cause for fear. Previous studies that have asked patients to rank possible transplant results have shown that patients consider transplant defects worse than death (Howell, et al, 2012; 2017) and that there is a persistent fear of the possibility of graft failure (Boaz & Morgan, 2014). Our study adds to previous literature by expanding why graft defects affect. Patients reported stress related to confusion about when

the error was going to occur and subsequent life implications. both the physical load and the possible stress on their support system may be attributed to anxiety about returning to dialysis. In addition, due to the gift of the transplant, some patients expressed an obligation to live for a purpose; this is similar to a previous study that indicated that some patients felt an obligation to care for their kidney (Orr, et al 2007).

Schipper, et al (2013) also mentioned feelings of guilt as they explained that the participants had encountered guilt against their living donor in their research. participants are afraid of transplant rejection and health changes, which are experienced by participants as the main problem with lending in security. Amerena & Wallace, (2009) found that there is fear of losing the transplanted organ and the possibility of infection with increased concern about the viability of the transplant.

The study indicates that some patients experienced recognition of change as an important aspect of their understanding of the importance of coping. Patients experienced a change from being sick to being healthy as an emotional psychological price after kidney transplantation. Valizadeh Zare, et al (2018) showed that management based on fair, rational, logical knowledge of understanding as accepting all lifelong transplant changes.

Literature has shown that the quality of life of patients with kidney transplantation has increased substantially (Overbeck, et al 2005; Wiederhold, 2008). Similarly, a significant improvement in quality of life during the post-transplant period was recorded by all participants in the

current study. Most participants stated that their lives were now better than before and that they were more active than before. They described their status as a dignified condition and that they had been given new hope by the new kidney and a new chance to live a new life again.

The support of friends and family was valued by many kidney recipients. a study conducted by Clarke et al. (2015) confirmed this in which participants appreciated that they were surrounded by peers of similar skills, and this was perceived as mutually supportive, pedagogical and a way of improving t confidence. Furthermore, studies by Griva et al. (2017] and Prihodova et al. (2014) have stated that according to the same author, family support mainly served as a direct facilitator to follow treatment recommendations, increased support by providing clues to action, direct assistance with drug administration or cooking, fortification and advice or reminders to control fluid and dietary intake [Griva, et al. 2014; Prihodova, et al. 2014]. Participants showed that an effective system of health care represents a smooth process that promotes adherence among recipients of kidney transplants. Most participants were pleased with kidney transplant management.

Fear of transplant loss and a positive sense of well-being, especially if the transplant is going well, as most show that the participants are a strong motivator to get the recipients to follow the management of the transplant. This is consistent with a study by Griva et al. (2013) who indicated that they were aware of the adverse consequences of non-



compliance as a deterrent and encouraged patients to change their treatment recommendations. Concerns about refusal, complications, and comorbid conditions according to Jamieson et al. (2016) may also be severe in encouraging recipients of kidney transplants to be vigilant in self-management. Around half of the participants stressed that positive staff attitudes made kidney recipients look forward to the next follow-up appointment, which led to follow-up visits for the recipients. This is supported by a study by Zhao et al. (2017) showing physical function, social function, treatment, subjective satisfaction and overall quality of life of patients were affected by the follow-up.

To understand cultural differences in community, Religious views are also crucial. In order to deal with stressful situations, numerous studies of religious beliefs have confirmed that different cultures rely on the supernatural forces of faith (Kra' geloh, 2011) the concept of spirituality supports religion from an Islamic viewpoint, and without religious thought and practice spirituality does not exist (Hatamipour et al., 2015). A strong faith in the infinite power of God that works in life's events leads to belief in God in all difficulties. In this study, the supportive dimension of the special role of the family is also stressed as an aspect of the leadership, as the emphasis on the family in Islamic countries has been emphasized. The present study results are consistent with a study outcome where devotion to the family, which is the first priority of the individual, is one of the dominant aspects of Iranian culture as an Islamic country. the main support

for the family in Iran is considered to be system for individuals in times of crisis (Rambod and Rafii, 2010).

In the present study, recipients can travel to maintain their dialysis regimens when away from their normal dialysis facilities without having to make cumbersome dialysis arrangements. Although the number of patients who traveled before vs. after transplantation did not find statistically significant differences between Smith et al. (Smith, et al 2008). It's also possible to draw hope from how much better many patients feel. As their health improves, predicting that their path will also improve might be normal.

After a kidney transplant The recent study reveals general satisfaction with the donor and recipient. The studies which after a donation process, took into account the relationship between the donor and the recipient show an equally good or enhanced relationship between the majority of cases of the parties. This is in line with a 2006 systematic review article, that explored a number of psychosocial aspects of living donors (Clemens, et al. 2006).

## **Chapter Five**

### **Conclusion and Recommendations**

#### **5.1 Conclusion**

Among these feelings were the participants in the current study who displayed optimistic feelings after kidney transplants, feelings of satisfaction, feeling of becoming healthy, feeling of regeneration, feeling of resuscitation and feelings of living life. Other feelings of anxiety and fear of their living associated donors and fear of an uncertain return to painful dialysis sessions and rejection of the new kidney were also encountered. Participants have experienced increased physical activity and desire to work, social life reintegration and hopeful life preparation as positive impacts on their lives. Although all participants recorded enhanced quality of life during the transplant time, faith in God allows them continue, in addition to medical aspects, the psychosocial difficulties that patients may encounter after transplantation. Live kidney transplantation, while an important therapy, is often a source of significant stress, which can cause a number of psychosocial issues. Principal stressor in this study was the fear of transplant failure. In order to overcome the stressors associated with transplantation, Participants used a number of coping mechanisms and donors and recipients played an essential role in helping each other during the transplantation process. There is potential for new and enhanced research, advice and encouragement at all stages of the treatment process,

with greater understanding of the course of the transplant treatment journey.

## **5.2 Recommendation**

the following recommendations are proposed based on previous themes in the study.

Design and implement patient education programs on the issues addressed by the proverbs of kidney recipients in order to raise awareness of patients and others expected to undergo kidney transplantation on the problems discussed by the proverbs of kidney.

Also this study recommends that kidney transplant is an adaptive challenge and counselling has the potential to psychological support recipients of emotions and uncertainty which characterize the experience.

## **5.3 For Future Research**

Implement patterns of mixed. Since quantitative trends can help to evaluate the severity of their recorded fear and anxiety and all relevant kidney transplantation causes, and to evaluate their effect on all aspects of life. Further research to investigate the experiences of long term recipients is recommended.

#### **5.4 Nursing Implications**

All aspects of being able to survive with a kidney transplant should become common to nurses. Nurses can only recognize areas that are being handled and modify their care programs based on changes in those areas by recognizing the importance of coping with this specific stressful condition. Providing kidney transplant patients with high quality health care facilities requires a greater understanding of certain areas of the life of the patient.

#### **5.5 Limitation of the study**

The study participants were chosen from one center, because it is the only center in which kidney transplants are performed in the West Bank.

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## **Appendix**

### **Appendix 1**

#### **Interview guide**

In phenomenological research, the researcher has followed the essences of the participants' responses. Therefore, this document begins with some grand tour (general) questions and the other questions will be used to probe the participants' responses further.

#### Grand Tour Question

1. Would you please describe in as much detail as possible the period following your kidney transplantation?
2. Probing Questions based upon participants' responses
3. How did you find yourself responding to the kidney transplant?
4. Please describe your feelings, fears, actions, etc. following the kidney transplant
5. How did the kidney transplant affect your everyday life?
6. Would you please tell me about people, things, or actions, which you felt, helped you during the recovery process?
7. How did each of these help you recover?
8. At what point did you feel that you reclaimed or gained control of your body or your life again?
9. Would you please elaborate on those persons, things, and actions, which you identified which provided you the most support following your kidney transplant?

10. Were there any spiritual beliefs that you felt promoted your recovery?
11. Would you please describe any long-term effects that you still experience from the kidney transplant?
12. If you chose to share your recovery experience with another kidney transplant patients, what would you share that helped you the most during your recovery?
13. Describe how you see yourself now compared to the person you were before the kidney transplant.?
14. Would you consider yourself to be fully recovered?
15. What feelings and thoughts lead you to believe this?
16. What hopes and goals do you have for your future? How are these impacted by your experience of kidney transplant?

1. هل يمكنك أن تصف بالتفصيل قدر الإمكان الفترة التي تلي زراعة الكلى؟
2. كيف وجدت نفسك تستجيب لعملية زرع الكلى؟
3. يرجى وصف مشاعرك ، مخاوفك ، أفعالك ، إلخ بعد عملية زرع الكلى
4. كيف أثرت عملية زرع الكلى على حياتك اليومية؟
5. هل يمكن أن تخبرني من فضلك عن الأشخاص أو الأشياء أو الإجراءات التي شعرت بها ،  
ساعدك أثناء عملية الاسترداد؟
6. كيف ساعدك كل من هؤلاء على التعافي؟
7. في أي نقطة شعرت أنك استعادت أو حصلت على السيطرة على جسمك أو حياتك مرة أخرى؟
8. هل من الممكن أن توضح بالتفصيل هؤلاء الأشخاص والأشياء والإجراءات التي حددتها والتي  
وفرت لك أكبر قدر من الدعم بعد عملية زرع الكلى؟
9. هل كان هناك أي معتقدات روحية شعرت أنها شجعت على شفائك؟
10. هل يمكنك وصف أي آثار طويلة الأجل لا تزال تواجهها من عملية زرع الكلى؟
11. إذا اخترت مشاركة تجربة الشفاء الخاصة بك مع مرضى آخر في زراعة الكلى ، فما الذي  
كنت ستشاركه أكثر شئى خلال فترة الشفاء؟
12. صف كيف ترين نفسك الآن مقارنة بالشخص الذي كنت قبل عملية زرع الكلى؟
13. هل تعتبر نفسك قد تعافى بالكامل؟
14. ما المشاعر والأفكار التي تقودك إلى تصديق هذا؟
15. ما هي الآمال والأهداف التي لديك لمستقبلك؟ كيف تتأثر هذه بتجربتك في زراعة الكلى؟

## **Appendix 2**

### **Informed Consent for Participants**

#### **A Hermeneutic Phenomenological Study for Patients Undergoing Kidney Transplantation**

The policy of research is that all research participation is voluntary, and you have the right to withdraw at any time, without prejudice. You are entitled to ask questions and to receive an explanation after your participation. I am Ashraf Alawneh a Registered Nurse and a master student at An-Najah National University. I am doing some research, which might help patients of kidney transplant. In my research, I will talk to participants and invite them to share their stories following their transplantation. Before you decide to participate in this study, there may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. In this study, I will talk about what helped you during your recovery process. If you do not wish to answer any of the questions during the interview, you may say so and we will move on. These discussions will occur in a single room. We will meet in a private setting. You and I will be the only ones present during the interviews. I will invite you to share your knowledge and experiences so I can use that information to inform what we, as health care providers, understand about recovery from kidney transplants recipients. Confidentiality again, you can choose to participate or not. After beginning the study, you can choose to stop participating at any time. I know that it

can be especially hard when choosing to talk about such a subject as your recovery process. I want to assure you that your participation will be kept confidential. Your interviews will be audio recorded for later transcription (written record). All information, recorded and transcripts, is confidential and no one else except members of the research team will have access to the information documented during your interviews. The audiotapes will be destroyed after a period. The interviews will take approximately 1 hour.

**Risks and Benefits** There will be no immediate and direct benefit to you for your participation however, there is some research supporting that the “telling” of your experiences may prove beneficial in the healing process. There are no anticipated risks from participating in this research. However, if you should become emotionally upset during the interviews from revisiting your experiences, a list of area counselor will be provided to you.

**Sharing of research findings:** At the end of the study, I am willing to share what I learned with you, the participant, and with other health care personnel. I will contact you and offer you a written report. I will also publish the research results in order that other interested people may learn from the research. It is my intention that other health care providers who encounter kidney transplant patients will deliver more sensitive and informed care following this research.

Who to Contact if you have any questions: you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact me by phone at \*\*\*-\*\*\*-\*\*\*\* or at. This proposal has been

reviewed and approved by University IRB committee, which is a committee whose task it is to make sure that research participants are protected from harm.

### **Certificate of Consent**

I have been asked to give consent to participate in this research study which will involve completing an interviews. I have been informed that there are no risks to participation. I am aware that there may be no benefit to me and that I will not be compensated. I have been provided with the name of the researcher who can be easily contacted using the telephone number that was given for the participants. I have read the previous information or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I voluntarily consent to participate in this study and understand that I have the right to withdraw from the study at any time.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Appendix 3

## IRB approval letter

An-Najah  
National University  
Health Faculty of medicine &  
Sciences  
IRB



جامعة النجاح  
الوطنية  
كلية الطب وعلوم الصحة  
لجنة أخلاقيات البحث العلمي

## IRB Approval Letter

## Study Title:

"A Hermeneutic, Phenomenological Study of the Lived Experience of the kidney transplant recipients"

## Submitted by:

Ashraf Alawneh

## Supervisors:

DR. Aidah Alkaissi

## Date Reviewed:

19<sup>th</sup> September, 2019

## Date Approved:

23<sup>rd</sup> Sep. 2019

Your Study titled "A Hermeneutic, Phenomenological Study of the Lived Experience of the kidney transplant recipients" with archived number (20) Sep.2019 was reviewed by An-Najah National University IRB committee and was approved on 22<sup>th</sup> Sep. 2019.

Hasan Fitian, MD

  
IRB Committee Chairman

An-Najah National University



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جامعة النجاح الوطنية  
كلية الدراسات العليا

## دراسة لتفسير ظواهر التجارب الحياتية للمرضى الذين خضعوا لزراعة الكلى

إعداد  
أشرف علاونة

إشراف  
د. عايدة القيسي

قدمت هذه الأطروحة استكمالاً لمتطلبات الحصول على درجة الماجستير في برنامج ترميز  
العناية المكثفة، بكلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس-فلسطين.

2021

ب

دراسة لتفسير ظواهر التجارب الحياتية للمرضى الذين خضعوا لزراعة الكلى

إعداد

أشرف علاونة

إشراف

عايدة أبو السعود القيسي

الملخص

**المقدمة:** تعتبر زراعة الكلى في جميع أنحاء العالم أفضل علاج لمرضى مختارين يعانون من مرض الكلى في نهاية المرحلة (الداء الكلوي بمراحله الأخيرة) لأنها توفر وقتاً أطول للبقاء على قيد الحياة وتكاليف أقل ونوعية حياة أفضل مقارنة بغسيل الكلى. ومع ذلك، بعد الزرع يحتاج المرضى إلى الالتزام بنظام طبي معقد، لذلك هناك حاجة لدراسات جديدة للتحقيق في التجارب الفريدة والاختلافات الفردية بينهم.

**الهدف:** الهدف من هذه الدراسة هو استكشاف التجربة الحية لمتلقي زراعة الكلى.

**التصميم:** تم استخدام تصميم ظاهري تأويلي نوعي، وهو أفضل نهج لجمع المعلومات العميقة والتصورات من خلال المقابلات الاستقرائية.

**جمع البيانات:** كان وجهاً لوجه، في مقابلات متعمقة شبه منظمة لاستكشاف تجارب المشاركين.

**العينة:** تم تجنيد عينة هادفة من 15 من متلقي الكلى البالغين من كلا الجنسين

**المكان:** أجريت المقابلات في العيادة الخارجية لأمراض الكلى في مجمع رام الله الطبي

الفلسطيني

**تحليل البيانات:** تم تحليل البيانات كنص متماسك مستوحى من أفكار ريكور حول سرد

القصص والتفسير.

**النتائج:** من المقابلات تم تحديد خمسة عشر موضوعًا وموضوعات فرعية ذات صلة على النحو التالي؛ المشاعر التي تم مواجهتها، التأثير المتصور على الحياة، مواجهة الحياة الطبية، الخوف السائد من العواقب، المشاعر المتضاربة، تجربة الجسم المتغير، قبول التغييرات، فهم ضرورة الرعاية الذاتية، الالتزام الدائم، الشكر والامتنان، تقدير التشجيع الداعم، العيش مع قيود، آثار طويلة المدى بعد زراعة الكلى، والعزل، وصحة أفضل والمزيد من الطاقة.

**الاستنتاج والتوصيات:** أظهر المشاركون في الدراسة الحالية عواطف إيجابية بعد عمليات زرع الكلى، والشعور بالسعادة، والشعور بأنك طبيعي، ومشاعر إعادة الميلاد، ومشاعر الإنعاش ومشاعر الحياة المعيشية كانت من بين هذه المشاعر. كما تمت مواجهة مشاعر القلق والخوف الأخرى ضد المتبرعين الأحياء والخوف من عودة غير مؤكدة إلى جلسات غسيل الكلى المؤلمة ورفض الكلية الجديدة.

**التوصية:** تصميم وتنفيذ برامج توعية للمرضى حول القضايا التي تتناولها أمثال متلقي الكلى من أجل زيادة وعي المتلقين والمتوقع أن يخضعوا لعملية زرع الكلى.

وتوصي هذه الدراسة أيضًا بأن زراعة الكلى هي تحدٍ تكيفي والاستشارة لديها القدرة على دعم متلقي الدعم النفسي من المشاعر وعدم اليقين التي تميز التجربة.

**الكلمات المفتاحية:** التجربة الحية، الظواهر، التفسير، زرع الكلى.

