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Haemodialysis Patients' Experiences on Complementary and Alternative Therapies: A Qualitative Study

Hemodiyaliz Hastalarının Tamamlayıcı ve Alternatif Terapiler Konusunda Deneyimleri: Kalitatif Bir Çalışma

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ABSTRACT

Background: The term complementary and alternative therapies refers to a broad range of medical and healthcare procedures that are outside the purview of traditional medicine. Despite gaps in the scientific evidence to support its use and difficulties in regulating and integrating it into traditional healthcare procedures, the use of complementary and alternative therapies is constantly rising.

Aim: This study aims to explore the experiences of complementary and alternative therapies among haemodialysis patients.

Material and Methods: The study was carried out by adopting the qualitative descriptive research method. Semistructured qualitative interviews, with 17 haemodialysis patients, were analyzed with qualitative content analysis. Data saturation was reached during interviews, and audio recordings were verbatim transcribed. Both researchers independently identified key topics, which were subsequently discussed and evaluated simultaneously.

Results: We identified 4 overarching main themes in this setting: **(1) Seeking Control over Health** (to have control over their health status); **(2) Relief from negative symptoms** (to get rid of the negative symptoms they experience; **(3) Hope** (in the hope of feeling healthy again); and **(4) Fear** (in which they are afraid to tell health professionals and are afraid of not receiving support).

Conclusion: This study showed that haemodialysis patients seek complementary and alternative therapies because of having control over their health, relief from negative symptoms, hope to feel healthy again, and fear of telling health professionals and receiving support. It is recommended that health professionals should provide information about the safety and possible side effects of these therapies and practice patient-centered treatment through active communication during the treatment process.

Keywords: complementary therapies, qualitative research, renal dialysis

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ÖZET

Giriş: Tamamlayıcı ve alternatif terapiler, geleneksel tıbbın kapsamı dışında kalan geniş bir tıbbi ve sağlık prosedürleri yelpazesini ifade etmektedir. Kullanımını destekleyen bilimsel kanıtlardaki eksikliklere ve geleneksel sağlık prosedürlerine entegre edilmesi ve düzenlenmesindeki zorluklara rağmen, tamamlayıcı ve alternatif terapilerin kullanımı sürekli artmaktadır. Tamamlayıcı ve alternatif terapiler hakkındaki görüşler bu açıdan önem kazanmaktadır.

Amaç: Bu çalışmanın amacı, hemodiyaliz tedavisi alan hastaların tamamlayıcı ve alternatif terapiler konusundaki deneyimlerini araştırmaktır.

Gereç ve Yöntem: Çalışma nitel tanımlayıcı araştırma yöntemi benimsenerek gerçekleştirilmiştir. Yarı yapılandırılmış nitel görüşmeler, 17 hemodiyaliz hastası ile yapılmış ve nitel içerik analizi ile analiz edilmiştir.

Bulgular: Bu çalışmada 4 ana tema belirledik: (1) Sağlık Üzerinde Kontrol Arayışı (kendi sağlık durumları üzerinde kontrol sahibi olmak için); (2) Olumsuz semptomlardan kurtulma (yaşadıkları olumsuz belirtilerden kurtulmak için); (3) Umut (tekrar sağlıklı hissetme umuduyla); ve (4) Korku (sağlık çalışanlarına söylemekten korktukları ve destek alamamaktan çekinmeleri).

Sonuç: Bu çalışma, hemodiyaliz hastalarının sağlıkları üzerinde kontrol sahibi olma, olumsuz semptomlardan kurtulma, yeniden sağlıklı hissetme umudu ve sağlık profesyonellerine söyleme ve destek alma korkusu nedeniyle tamamlayıcı ve alternatif tedavilere başvurduklarını göstermiştir. Bu çalışma, hemodiyaliz hastalarının tamamlayıcı ve alternatif tedavilerle ilgili deneyimlerinin derinlemesine anlaşılmasını sağlamıştır. Sağlık profesyonellerinin bu tedavilerin güvenliği ve olası yan etkileri hakkında bilgi vermesi ve tedavi sürecinde aktif iletişim yoluyla hasta merkezli tedavi uygulaması önerilmektedir.

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Anahtar Kelimeler: nitel araştırma, renal diyaliz, tamamlayıcı terapiler

1. Introduction

Chronic kidney disease (CKD) is an irreversible illness that progresses gradually. As CKD becomes more common and more commonplace, it becomes a global public health issue with dismal prognoses and a heavy financial cost. Renal failure, renal anemia, renal osteodystrophy, and cardiovascular disease (CVD) are among the clinical consequences of CKD [1]. When kidney function is severely impaired and the loss of function is irreversible, renal replacement therapy (RRT) options are applied to sustain life. Haemodialysis treatment, which is one of the RRT methods, causes patients to be dependent on the machine, loss of workforce, social isolation, lifestyle change, and decrease in quality of life [2].

Haemodialysis patients experience many discomforts and complications related to the disease, such as chronic pain, itching, fatigue, and sleep disturbance, which reduce the quality of life. Therefore, they may seek different treatment options. In addition, in parallel with the rapid developments observed in the diagnosis, care, and treatment of diseases today, patients' desire to take more control and responsibility in their treatment, their efforts to reach symptom-reducing interventions, the inability of the healthcare team to allocate sufficient time, the high cost of current treatments, feeling better mentally, and not being satisfied with traditional treatment methods have increased the interest in complementary and alternative therapies (CAT) [3].

This trend is propelled by the swift advancements in medical diagnosis and treatment, coupled with a growing desire among patients to assert greater agency over their healthcare. Efforts to alleviate symptoms, time constraints faced by healthcare teams, expensive traditional treatments, the mental uplift from alternative methods, and dissatisfaction with conventional therapies have all fueled the rise in popularity of CAT [4, 5].

In Turkey, the increasing interest in CAT methods as well as traditional treatment and the widespread use of these methods among patients have revealed the need for health professionals to focus on this field. In addition, several studies show that the majority of patients who use CAT hide this situation and do not share it with their nurses and doctors [3, 6-9]. They stated that the reason for this was that they were afraid of health professionals and feared that they would prevent them from using it. Their treatment plan may suffer if they don't disclose the method they utilize, and adverse effects from CAT and conventional treatments may occur. This qualitative study will focus on exploring the experiences of CAT among haemodialysis patients.

2. Material and Method

Study Design

A descriptive qualitative research design was used. The research was conducted in the haemodialysis unit of one state hospital in Turkey between June and October 2023. The sample of the study, in which the purposive sampling method was used, consisted of 17 haemodialysis patients who were being treated in the haemodialysis unit three times a week.

Participants and Settings

The study was conducted with haemodialysis patients. For inclusion in this study, participants were required to have been diagnosed with ESRD and on HD for at least 3 months, older than 18, able to read and speak, free of any acute medical conditions, and not diagnosed with cognitive disability or mental illness. Participants' ages ranged from 47 to 68. The research coordinator (HC) approached eligible patients in person during scheduled haemodialysis sessions and arranged an interview with those expressing interest. Eligible patients were identified and contacted only if the patient agreed and provided contact information. All participants provided oral or written informed consent. All participants provided oral or written informed consent.

Data Collection

We used the framework proposed by Lincoln and Guba [10] for data collecting and analysis to verify the design's reliability. In-depth, open-ended interviews were used as the method of data collection. Sociodemographic information form and semi-structured interviews were used as data collection tools in the research. All questions were clarified before informed consents were signed. Thereafter, demographic forms were completed. Out of the participants, three favored doing interviews prior to starting dialysis, while the others opted to interview within the initial hour or two of the dialysis to prevent weariness that frequently arises later on. By drawing curtain around the patient's bed and chatting gently, privacy was preserved.

A research coordinator, a PhD graduate (HC) with experience in qualitative interviewing conducted semi-structured face-to-face interviews in a quiet setting for 30 to 40 minutes with participants who had agreed to participate. The study coordinator (HC) used the qualitative method on her master's thesis, has taken numerous courses and lectures on this subject, and is currently working as an assistant professor at a state university. Patients were first asked "Are there any traditional and complementary methods that you use in addition to HD during your treatment? Subsequently, If yes, can you tell us what they are and for which symptom you use them? And the other question is "If yes, can you describe your positive and negative experiences while using it?" General probes such as "Can you tell me more about that?" were also used. Consistent with phenomenology, data were created by participants rather than collected.

All interviews were audio recorded and transcribed for later analysis and quality control. Before the interviews started to be recorded, the patients were again informed about the study and their written and verbal consent for consent was received. We ensured the patients that the information they shared would be kept private.The interviewer summarized and reviewed responses with participants throughout the interview. Interviews were audio-recorded and transcribed verbatim to facilitate data management, coding, and retrieval. Two researchers including a research coordinator (HC) independently reviewed the transcripts as a whole to try to extract an understanding of the data for each participant. Once participants stopped revealing new information about their experiences, data saturation was reached.

Ethical Considerations

Written consent was obtained from all participants prior to data collection. The study protocol was approved by the non-invasive clinical research ethical committee at the one of authors' institution (Date: 03.05.2023, No: 2023/273). Approval was given by the administration of the university where the study was conducted.

Coding Data Analysis

The sociodemographic information form of the patients was evaluated with descriptive analysis. The interviews that were recorded with a voice recorder were evaluated with content analysis. The interviewer listened and documented the data, formed them as meaningful data, and coded the writings. The other researcher and a teaching staff blinded to the study evaluated the writings by listening to the voice record reliability. Content analysis was held due to phenomenological data analysis. Thematic and content analysis strategies were used to identify and explore the experiences of haemodialysis patients. The records of interviews were transferred to a computer in raw form by the researchers. The data was analyzed manually with content analysis. Two independent researchers identified the themes and categories. The preliminary themes that the research team produced were discussed, improved, and cross-checked against the dataset to find trends and connections. Using the codes that were produced from our transcript analysis which we also discussed and refined in team meetings we examined the field notes. Thematic conclusions drawn from interview data were supplemented and strengthened by field note analysis. The final themes were examined for coherence and consistency. Data gathering and analysis happened concurrently, and after code saturation was reached that is, after no new concepts appeared and the coding system stabilized recruitment stopped [11]. The steps involved in the analysis are given in Figure 1.

Study Rigour

We took steps to ensure the rigor and trustworthiness of our study [12] and have reported our study following the Consolidated Criteria for Reporting Qualitative Research (COREQ) reporting standards [13]. The credibility of the results is considered one of the most important criteria of scientific research. "Validity" and "reliability" are the two most commonly used criteria in research in this respect. "Validity" is about the accuracy of research results, while "reliability" is about the repeatability of research results [14]. For the validity and reliability of the study, the criteria suggested by Lincoln and Guba were taken into consideration [10]. Lincon and Guba [10] recommends that credibility, dependability, confirmability, and transferability be used to support rigor in qualitative research. The fact that the subject under study is presented as objectively as possible is defined by these ideas. In light of this, the following tactics were used in our study:

Credibility: Creswell and Miller [15] reported that Lincon and Guba [10] used the terms "consistency" instead of "internal reliability" and "confirmability" instead of "external reliability". For consistency in this study, we received support from other researchers in creating the data collection tools, and collecting and analyzing the data. For confirmability, the results reached by the researcher were conveyed to the reader clearly and understandably. In addition, all data collection tools, coding made during the analysis phase, and observation notes are kept. Participants engage with researchers for an extended period (prolonged participation). The researchers have gathered data with an emphasis on depth and have expertise in doing qualitative studies. Two researchers worked independently to analyze the study's data and evaluate the findings. A different researcher looked at the information and contrasted it with the encoded (external check) data. On the most recent topics and categories, agreement was established (triangulation). The participants were informed of the study's conclusions and given confirmation (member checking).

Transferability: To enhance the study's "transferability," we recommend using purposive sampling techniques and detailed explanations. The presentation of outcomes and data analysis was sufficiently detailed for easy understanding, allowing readers to directly compare patient data without interpretation (detailed description) [14,16, 17]. We ensured a broad range of demographic backgrounds and experiences among patients to broaden the applicability of our findings.

Consistency: Confirmability was established as two other experienced qualitative researchers evaluated the audit trail using field notes and transcripts. The rich, in-depth descriptions contribute to their transferability. (Confirmability) [15].

Study Limitations

Our study was confined to a select group of haemodialysis patients at a single institution, which may not reflect the broader haemodialysis population's experiences with CAT. Due to sample variety and material richness, it's plausible to suppose that the basic conclusions may transfer, albeit not statistically, to bigger populations and different national settings [16, 17].

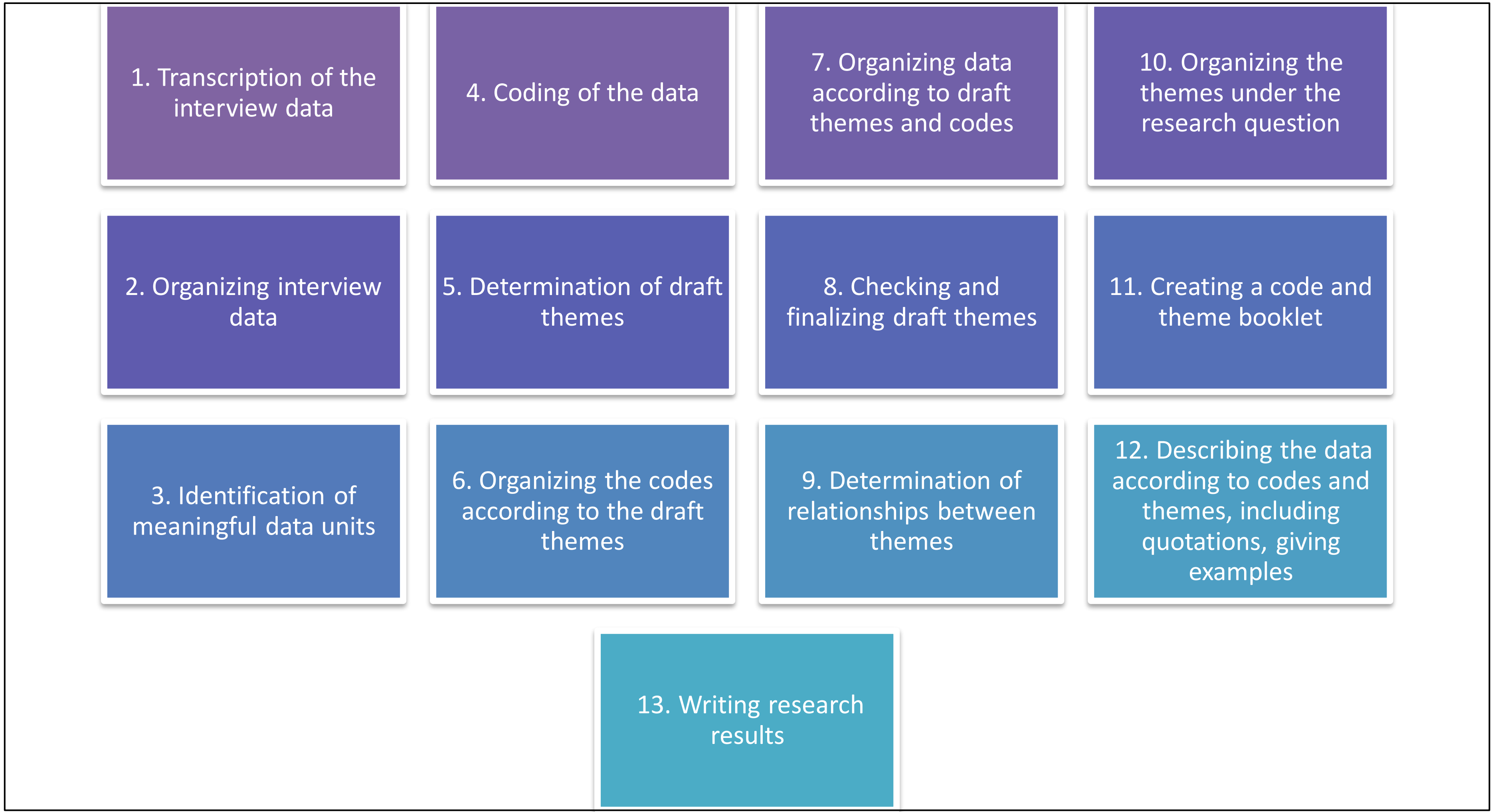

Figure 1. Algorithm of the data analysis.
Reference: Yıldırım A, Şimşek H. Qualitative investigation methods in social sciences. 8th. edition. Ankara: Seçkin Yayın Evi. 2011.

3. Results

We completed 17 interviews with haemodialysis patients (9 males and 8 females, age range=47–68 years) (Table 1). Only four patients that we approached declined participation due to a lack of interest. Thematic content analysis of the interview data revealed four main themes. These themes are; seeking control over health, relief from negative symptoms, hope, and fear most respondents reported using complementary and alternative medicine on frequently. Figure 2 shows the themes and categories that arose from the participant data analysis.

Table 1: The sociodemographic characteristics of patients (*n* = 17)

Variables	Total (17[%])
Age (years)	
Mean ± SD	60.8 ± 5.68
Gender	
Female	8 (47)
Male	9 (53)
Education Level	
Primary School	6 (35.3)
High School	7 (41.2)
University	4 (23.5)
Marital Status	
Married	16 (94.1)
Single	1 (5.9)
Income Status	
Income Less Expenses	6 (35.3)
Income Equals Expenses	10 (58.8)
More Income than Expenditure	1 (5.9)
Employment Status	
Employed	2 (11.8)
Self-employed	3 (17.6)
Homemaker	6 (35.3)
Retired	6 (35.3)

Theme 1: Seeking Control Over Health

Eight of the patients often experience a loss of control over their health due to the demanding routine of their haemodialysis treatment. This theme suggests that these patients often turn to complementary and alternative therapies as a way to regain some degree of control. It also reflects the inherent human desire for autonomy, especially when faced with serious and long-term health challenges.

Autonomy and feeling empowered

The use of CAT has been found to provide five patients with additional options beyond standard medical care, enabling them to make powerful, personal health choices and feel more in control of their treatment journey.

"Choosing to take herbal supplements in addition to my usual prescription gives me a sense of empowerment over my health. Making these choices on my own is powerful" (53 years old, F).

"I feel like I have a role in my care because I can use natural remedies to manage some of my symptoms. Being able to control some elements of my health feels liberating" (60 years old, M).

Partnership with their own Care Plan

Four patients reported being able to take a more active role in their care plans with the use of CAT. In addition to passively undergoing dialysis, they reported having the option to actively seek treatments consistent with their values and views about their health.

“I come to haemodialysis three times a week and connect to the machine. I feel like I'm not doing anything for my health until I find alternative therapies” (62 years old, F).

Treatment Personalization and Customization

CAT facilitates these aspects of treatment planning. Patients of three reported that certain therapy modalities addressed exactly their symptoms or general health status and that they had the freedom to choose what suited them.

“It was truly beneficial that I was able to find a physical therapist who was ready to modify the workouts for my post-dialysis exhaustion. It seems like the routine was created specifically for me" (61 years old, M).

“My diet is now customized to accommodate not just my kidney disease but also my ethnic foods and taste preferences. It seems more like a customized lifestyle adjustment than a medical restriction” (47 years, M).

Theme 2: Relief from negative symptoms

The theme "Relief from Negative Symptoms" emerged strongly in the study, indicating that six haemodialysis patients experience a range of uncomfortable or distressing physical and psychological symptoms as a direct consequence of their treatment and disease. This theme encompasses the patients' pursuit of complementary and alternative therapies to mitigate such negative effects.

Symptom Relief

Patients of two report seeking CAT for symptoms that are not adequately addressed by conventional medical treatments. These can be physical ailments such as pain, cramping, and fatigue, as well as mental distress such as anxiety or depression.

"Since I started having regular massages at home, I have noticed a significant reduction in the muscle cramps I usually experience after dialysis" (55 years old, M).

"The herbal remedies I've been taking seem to ease the constant fatigue I feel, allowing me to enjoy more activities with my family" (58 years old, F).

Enhanced Well-Being

Nine patients have mentioned learning that certain CAT treatments not only address certain symptoms but also improve general health and vigor, which leads to a better overall state of being.

"Taking vitamin supplements not only helped with my anxiety but also made me feel more centered and satisfied with my life, despite my health problems" (47 years old, F).

"Regularly undergoing thermal treatment makes me feel very good" (59 years old, M).

Non-Pharmacologic Options

Given the high drug burden that often accompanies standard treatment regimens for haemodialysis, CAT considers that it offers non-pharmacological alternatives that patients perceive as more natural or having fewer side effects. Four of the patients reported that nonpharmacological methods helped them.

"I really wanted to avoid adding more medications to my routine, so discovering acupuncture as a way to manage my pain has been a game-changer for me" (66 years old, M).

"I was really worried about the side effects of so many medications, so it was a relief to find relaxation with something as simple as listening to music, and breathing exercises" (64 years old, F).

Theme 3: Hope

The theme "Hope" reflects the aspirations and optimism of haemodialysis patients despite the often grueling realities of living with end-stage renal disease. Ten of the patients stated that CAT was hopeful for them despite knowing the difficult processes of haemodialysis. This theme provides insights into the psychological and emotional dimensions that influence patients' orientation toward complementary and alternative therapies. The prevalence of hope as a significant theme among haemodialysis patients using CAT suggests that, in addition to the physical management of the disease, the emotional and psychological dimensions of patient care are critical.

Psychological Resilience

Patients of seven reported that CAT interventions instilled a sense of hope that contributed to their psychological resilience. According to patients, this hope was multifaceted they reported aiming for better health, longer life, or improvement in symptoms.

"Dialysis is hard to face, but meditation has been my anchor. It's like a mental exercise that strengthens my ability to cope with stress" (61 years old, M).

"Learning about nutrition and adapting my diet has made me feel empowered. It's like I've developed a mental armor against the disease's progression" (66 years old, M).

Spiritual Support and Comfort

Some options of CAT have been found to provide spiritual support or comfort to two patients and are thought to be of significant benefit, particularly for patients who find strength and hope through spiritual or religious belief systems.

"Prayer has always been a big part of my life and now it gives me a sense of comfort and peace in these challenging times" (68 years old, F).

"Participating in spiritual healing sessions has given me an inner peace that I haven't felt in years. It's comforting to feel supported on more than just a physical level" (67 years old, M).

Hope for a Cure or Disease Recovery

With this theme, it has been found that even when four patients are aware of the chronic nature of their condition, patients using CAT often retain hope for a cure or significant disease improvement.

"Even though I know my condition is chronic, trying out new herbal treatments gives me hope that one day I might experience significant improvement or even recovery" (64 years, F).

"Reading about the potential benefits of Green tea for kidney health on social media gave me hope and incorporating it into my daily routine makes me feel proactive in my fight against the disease" (59 years, M).

Emotional Stability

Five of the patients stated that they hoped for positive change through acceptance of their condition and that they started to have a more positive perspective and mental state with the use of CAT.

"Since I've started attending support groups and exploring art therapy, I've found my emotions are more balanced, and I'm not as overwhelmed by fear or sadness" (60 years old, M).

"Using aromatherapy has surprisingly helped steady my moods. On days I feel down, the right scent can lift my spirits and make things more manageable" (53 years old, F).

Theme 4: Fear

The "Fear" theme unearthed the apprehensions and concerns of haemodialysis patients regarding their use of complementary and alternative therapies. The findings under this theme disclose the emotional and communicative barriers patients of the twelve face. In addition, 14 patients stated that they were afraid to tell their concerns and worries about the use of complementary and alternative therapies to health personnel.

Fear of Medical Disapproval

Five Patients feared the reactions of health professionals to their use of CAT. They stated that they did not tell the health personnel about the method they used for fear of being met with disapproval.

"Although I'm afraid to inform my doctor, I've been looking into various alternative choices, such herbal pills. I'm so concerned that their disapproval could damage our connection" (55 years old, M).

"I've learned about the benefits of certain herbal therapies, but I'm anxious about bringing it up with my nephrologist in case they dismiss it as just another internet fad" (47 years old, M).

Concerns Over Integrating Treatments

Patients four were also afraid that they might inadvertently cause harm by using CAT without the knowledge or guidance of their medical team, leading to potential negative interactions with their conventional treatments.

"I'm interested in trying out herbs to help with my symptoms, but I'm not sure how to combine these with my medical treatments or if they'll interfere in some way" (66 years old, F).

"I'm applying essential oils to reduce stress, but I'm worried that they could interfere with my medication. Finding safe information is difficult since there is so much of it available" (55 years old, M).

Fear of Being Judged

Six patients felt that disclosing their use of CAT might lead to them being judged or not taken seriously by their healthcare providers, which in turn could lead to a lack of support or even condemnation of their choices.

"It's tough enough dealing with dialysis, and I don't want to be judged by my friends and family for using things like aromatherapy or homeopathy. Some people can be pretty dismissive about these kinds of treatments" (68 years old, M).

"I find peace in spiritual healing, but I keep it to myself because I am worried that my doctor will think it is irrational and not in line with modern medicine" (67 years old, M).

"I'm applying essential oils to reduce stress, but I'm worried that they could interfere with my medication. Finding safe information is difficult since there is so much of it available" (56 years old, F).

Lack of Support

Nine of the patients stated that health professionals were not open to discussing CAT and that they felt that they would not be supported in seeking holistic or non-traditional treatment.

"I sometimes feel alone in my interest in complementary therapies because I don't have much support from my social circle, and it's hard when the people around you don't understand the value you find in these treatments" (62 years old, F).

"It feels right for me to include natural medicine in my treatment plan, but when my own family doesn't support it, it feels isolating." I feel like I'm battling for respect for my choices and my sickness on two fronts" (59 years old, M).

Concern about the Effectiveness of Treatment

Eleven patients had an underlying concern about the effectiveness of CAT and whether it could actually improve their health, combined with a fear of not following medical advice to the letter.

"I've started acupuncture, but there's a part of me that's always questioning if it's really making a difference or if I'm just wasting time and money on something that might not work" (47 years old, M).

"I've been trying a specific dietary plan to help my problem, but occasionally I have questions. And if it's all for nothing? It would be convenient to refer to more specific success stories or studies" (58 years old, F).

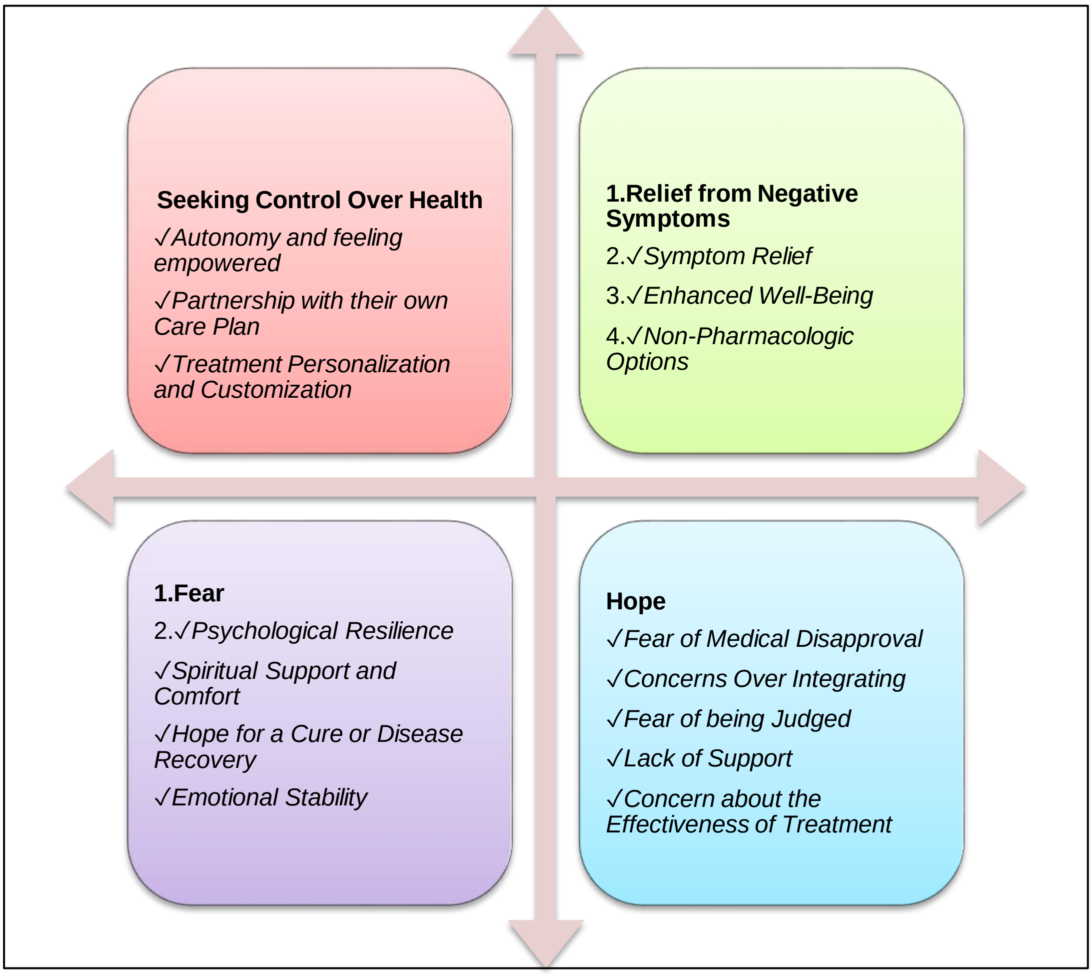

Figure 2. Themes and categories of haemodialysis patients' experiences with complementary and alternative therapies

4. Discussion

The findings of this study reflect overarching themes that emerged from haemodialysis patients' experiences of complementary and alternative therapies.

Seeking Control over Health

The exploration of alternative therapies by haemodialysis patients demonstrates their desire to have control over their health status. Faced with the structured and often rigid regimen of haemodialysis, individuals may find themselves grappling with a loss of control over their lives. As a result, patients seek alternative methods to regain a sense of agency. As in our study, similarly in the literature by actively seeking out methods such as acupuncture, massage, and yoga for pain management and engaging in practices like meditation and mindfulness for mental health and well-being, patients are expressing their agency in managing their health outside of traditional medical approaches [18, 19]. Patients' search for control over their health status points to a deep-rooted desire for autonomy and empowerment in their healthcare journey. The decision to explore alternative therapies reflects a proactive approach to pain management and mental well-being, indicating a fundamental need for a more comprehensive healthcare experience [18, 20, 21]. Moreover, the holistic perspective adopted by haemodialysis patients in integrating complementary and alternative therapies underscores a profound understanding of health as a multifaceted concept. By addressing physical, emotional, and spiritual needs simultaneously, patients are acknowledging the interconnectedness of these aspects and prioritizing a comprehensive approach to healing [22, 23]. This finding in our study is consistent with the literature.

The expressions in this theme underscore the need for a more nuanced and inclusive approach to healthcare that recognizes and accommodates patients' different preferences and experiences in managing their health and well-being. through this theme, it is understood that haemodialysis patients' experiences with complementary and alternative therapies reflect their desire for control over their health and their holistic sense of well-being [24, 25]. A recurring theme in the existing literature is the positive impact of control on health outcomes. Patients who feel in control are typically more engaged in their treatment, demonstrate better adherence to medical advice, and often report improved quality of life. The role of CAT in providing this sense of control should not be underestimated [18, 26]. As identified in our study, patients articulate that these therapies help mitigate the sense of powerlessness that can accompany chronic illness and the rigorous demands of haemodialysis treatment. It is essential, however, to approach the integration of CAT with caution. Healthcare providers must be aware of the potential for interactions between conventional treatments and certain alternative therapies. Moreover, they have a responsibility to facilitate informed decision-making by providing evidence-based information [26, 27].

Relief from Negative Symptoms

The pursuit of complementary and alternative therapies also highlights the patients' desire to alleviate the negative symptoms associated with haemodialysis. By embracing these alternative approaches within a holistic framework, patients aim to address their physical discomfort and mental stress, seeking relief from the burdensome symptoms they experience as a result of their condition [24, 28]. Furthermore, the use of mind-body practices and other complementary therapies can provide patients with a sense of empowerment and control over their health.

These therapies offer patients a way to actively participate in their healing process and manage their symptoms, contributing to an overall improved quality of life [29]. Moreover, the incorporation of complementary and alternative therapies allows patients to explore a wide range of therapeutic options beyond what conventional medicine may offer.

Through the qualitative interviews, the study uncovered a strong sentiment among participants that while dialysis manages the physiological aspects of kidney disease, the additional use of CAT is perceived as a valuable way to improve the day-to-day symptoms of living with such a condition. These findings suggest the need for clinicians to engage with patients regarding their symptoms and to consider integrative approaches that address both the medical and experiential aspects of chronic disease management.

Hope

The patients stated that CAT was hopeful for them despite knowing the difficult processes of haemodialysis. The proactive engagement with alternative therapies reflects the patients' hope of feeling healthy again, both physically and emotionally. These approaches serve as a source of optimism and resilience, offering patients a way to actively contribute to their healing journey and maintain a sense of hope for improved well-being [24, 30]. Additionally, the use of complementary and alternative therapies provides a sense of hope for haemodialysis patients that extends beyond conventional medical treatments [28]. Patients are seeking a more comprehensive and integrative approach to their health, recognizing that conventional medicine alone may not address all of their needs [27, 29].

By incorporating complementary and alternative therapies into their treatment plan, patients are embracing the possibility of finding additional avenues for healing and symptom relief [29]. The use of complementary and alternative therapies by haemodialysis patients is not a rejection of conventional medicine, but rather a recognition that different approaches can coexist and contribute to their overall well-being. Furthermore, the use of complementary and alternative therapies allows patients to tap into their innate healing abilities and take an active role in managing their health. The prevalence of hope as a significant theme among haemodialysis patients using CAT suggests that, in addition to the physical management of the disease, the emotional and psychological dimensions of patient care are critical. The role of CAT in fostering hope further highlights its potential value as a supplementary therapy that could be strategically integrated into traditional care to support patients' emotional well-being [18, 26]. These findings align with previous research on the use of complementary and alternative therapies in other patient populations, such as cancer patients [9]. The decision to use complementary and alternative therapies is often driven by a desire for control, symptom relief, improved well-being, and social interaction [27, 29]. In the context of haemodialysis patients, the decision to use complementary and alternative therapies is influenced by the desire for control over their health, symptom relief, and the hope for improved well-being.

Fear

The challenges and barriers faced by patients in accessing and utilizing alternative therapies point to underlying fears, including the fear of not receiving adequate support from healthcare providers and the reluctance to disclose their exploration of alternative approaches. This fear further underscores the importance of addressing the stigmatization and skepticism surrounding complementary and alternative therapies within the healthcare system [18, 29]. Additionally, patients may fear judgment or criticism from medical professionals for their interest in alternative therapies [29]. They may worry about being labeled as "noncompliant" or fear negative consequences for deviating from the standard treatment protocols. Despite these fears, it is crucial that healthcare providers create an open and non-judgmental space for patients to discuss their use of complementary and alternative therapies [18, 27]. Patients' reluctance to discuss their exploration of alternative approaches reflects the need for a shift in the healthcare system's approach to complementary and alternative therapies. It highlights the deep-rooted stigmatization and skepticism within the healthcare community, which has created a barrier for patients seeking holistic care.

Furthermore, the fear of judgment or criticism from medical professionals is a significant concern for haemodialysis patients utilizing alternative therapies, as reported by patients who participated in our study. The risk of being labeled as "noncompliant" or facing negative consequences for deviating from standard treatment protocols adds to their apprehension. This fear emphasizes the necessity for healthcare providers to cultivate an environment of open communication and non-judgmental support for patients to freely express their interest in complementary and alternative therapies [9, 18].

Moreover, addressing the difficulties and underlying fears they face in accessing alternative therapies, as reported by many of the patients who participated in our study, is of great importance in promoting a patient-centered care approach. Healthcare providers should strive to bridge the gap in understanding and acceptance of complementary and alternative therapies within the healthcare system [18, 22, 27]. This can ultimately lead to a more inclusive and comprehensive approach to patient care, acknowledging the diverse needs and preferences of haemodialysis patients. By doing so, healthcare practitioners can build trust and foster effective communication with their patients, ultimately leading to a more collaborative approach to treatment decision-making. Patients' fears and concerns surrounding complementary and alternative therapies must be addressed to reduce stigmatization and skepticism within the healthcare system [18, 22]. This can be achieved through open and non-judgmental communication between healthcare providers and patients, creating a safe space for patients to discuss their use of alternative therapies and ensuring that they feel supported in their decisions. Overall, this qualitative study highlights the importance of addressing patients' fears and concerns regarding complementary and alternative therapies to promote open communication and collaboration between healthcare providers and patients. This will ultimately lead to better patient satisfaction and potentially enhance healing outcomes for haemodialysis patients.

5. Conclusion

In conclusion, the experiences and perspectives of haemodialysis patients highlight the multifaceted nature of their healthcare journey and the profound impact of incorporating complementary and alternative therapies. By recognizing and addressing the diverse needs and preferences of patients, healthcare providers can work towards a more inclusive, patient-centered, and comprehensive approach to healthcare that encompasses both traditional and alternative forms of treatment.

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Declaration of Ethical Code

This study was conducted according to the Declaration of Helsinki. The ethical approval was obtained from University's Clinical Research Ethics Committee (Date: 03.05.2023, No: 2023/273). The participants were given information about the aim and procedure of the study on the first page of the online survey before starting the study. Informed consent was obtained from all participants.

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