



Experiences of Muslim patients living with peritoneal dialysis: A qualitative study in Southern Thailand

Sunisa Seephom^{1*} , Karnsunaphat Balthip² , and Piyanuch Jittanon²

¹ Division of Adult and Gerontological Nursing, The Srisavarindhira Thai Red Cross Institute of Nursing, Pathumwan, Bangkok, Thailand

² Division of Community Health Nursing, Faculty of Nursing, Prince of Songkla University, Hat Yai, Songkla, Thailand

Abstract

Background: Living with peritoneal dialysis affects the patient's life. The experiences of peritoneal dialysis patients, especially Muslim patients, are incomprehensible. There is a need to explore this area further to foster nursing practice improvement through enhanced understanding.

Objective: The purpose of this study was to understand the experiences of Muslim patients who are undergoing peritoneal dialysis.

Methods: A qualitative descriptive design was employed to gain a deeper understanding of the experiences of Muslim patients undergoing peritoneal dialysis in a peritoneal dialysis unit in Southern Thailand. Participants were initially recruited through purposive sampling and then selected based on the inclusion criteria. Data saturation was reached from October 2019 to January 2020. Ten Muslim patients who had been receiving peritoneal dialysis for a minimum of one month participated in personalized, in-depth, face-to-face interviews, which were supplemented by field notes. Inductive content analysis was performed using open coding, categories, and abstractions.

Results: The experiences of Muslim patients undergoing peritoneal dialysis were grouped into two main categories: 1) Overwhelmed by change and 2) Learned to survive.

Conclusion: Peritoneal dialysis has a significant impact on Muslim patients, especially during the first months of treatment. Recognizing religious teachings and strengthening religious commitment through participation in religious practices are central to living on peritoneal dialysis. The findings offer a more profound insight into the experiences of Muslim patients receiving peritoneal dialysis. These results can be foundational knowledge for establishing and improving culturally appropriate nursing practices for Muslim patients.

Keywords

Islam; Thailand; Muslim patients; peritoneal dialysis; qualitative study

*Corresponding author:


Dr. Sunisa Seephom, Ph.D, RN
Division of Adult and Gerontological
Nursing, The Srisavarindhira Thai Red
Cross Institute of Nursing, Pathumwan,
10330, Bangkok, Thailand
Email: sunisa.s@stin.ac.th

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Background

The prevalence of kidney failure has been increasing, significantly affecting healthcare expenses and patient health outcomes. Liyanage et al. (2015) reported that the global dialysis patient population is projected to reach 5.4 million by 2030. In Thailand, the number of patients undergoing peritoneal dialysis (PD) rose from 32,375 in 2020 to 34,477 in 2021 (National Health Security Office, 2022).

Patients receiving peritoneal dialysis have various health problems, many of which arise since the beginning of treatment. Physical health issues include fatigue, lack of appetite, activity intolerance, digestive disorders, pain, sleep disturbances, weight gain, and changes in sexual life (Cuevas Budhart et al., 2023; Göktuna et al., 2024; Jacquet & Trinh, 2019; Uzdil et al., 2023). Additionally, they often encounter mental and emotional challenges such as depression, anxiety, stress, loneliness, weariness, worry, fear, and burden (Adhi et al., 2021; Cuevas Budhart et al., 2023; Göktuna et al., 2024; Griva et al., 2014; Uzdil et al., 2023).

Peritoneal dialysis also impacts social aspects and can lead to disability. Patients face negative experiences across various issues, including withdrawal from social life, changes in family relations, loss of freedom in living and traveling, rigid schedules, work-life imbalance, quitting their jobs, having difficulty working, and limitations on living (Göktuna et al., 2024; Seephom et al., 2023; Thong-on et al., 2022; Uzdil et al., 2023). The financial burden caused by limited income and high medical expenses is also perceived (Jacquet & Trinh, 2019).

Previous research has confirmed the emotional and social impacts of dialysis on patients, highlighting that stress, anxiety, and depression are significant factors contributing to a diminished quality of life, affecting both physical and mental health (García-Llana et al., 2014; Jung et al., 2016). This aligns with the findings of the study conducted by Bujang et al. (2015). Their research reported that anxiety, depression, and stress significantly affected various aspects of quality of life, encompassing physical health, psychological well-being, social impact, and cognitive environment.

In Thailand, Muslims form the second largest religious community, with a significant population in the southern region. The prevalence of peritoneal dialysis, the second most common modality, is increasing annually (National Health Security Office, 2022). Culturally, they adhere to Islamic beliefs and practices outlined in the Qur'an. Understanding Muslim culture, beliefs, and feelings when facing illness is crucial for providing culturally appropriate nursing care.

Unfortunately, existing information on Muslim patients undergoing peritoneal dialysis primarily focuses on their quality of life (Rad et al., 2015). A deep understanding of the real-life experiences of Muslim patients undergoing peritoneal dialysis is rare, and nurses infrequently offer them holistic care in practice. Therefore, there is a need to further explore this area to foster practice improvement through enhanced understanding. Our study aimed to explore the experiences of Muslim patients practicing peritoneal dialysis. The findings will serve as basic knowledge for healthcare providers, particularly peritoneal dialysis nurses, in developing culturally appropriate nursing care for Muslim patients.

Methods

Study Design

According to Colorafi and Evans (2016), qualitative description is grounded in the fundamental principles of naturalistic inquiry. To obtain factual responses about the experiences of Muslim patients undergoing peritoneal dialysis, a qualitative descriptive study was conducted. The study focused on gathering descriptions of the actual experiences, feelings, beliefs, and perspectives of Muslim patients who had undergone peritoneal dialysis for at least one month.

Participants

All potential participants were initially recruited by purposive sampling. The inclusion criteria for selecting participants included the following: (i) being Muslim patients aged 18 years or older who had undergone peritoneal dialysis for a minimum of one month and could provide detailed insights into their experiences, including challenges faced; (ii) being capable of communicating and understanding Thai; (iii) expressing willingness to participate in the study; and (iv) having no cognitive impairment. The head nurse of the PD unit initially approached 12 potential participants who fulfilled the inclusion criteria. Subsequently, the researcher approached Muslim patients undergoing peritoneal dialysis who expressed willingness to participate during the scheduled follow-ups. Ultimately, two participants were excluded from the study as they were unable to articulate their experiences.

Data Collection

This study, led by a nurse instructor and expert in peritoneal dialysis care and other nurse instructors specializing in qualitative studies, utilized in-depth face-to-face interviews to explore participants' profound experiences during peritoneal dialysis. The data were collected in a private room during patients' follow-up visits at the peritoneal unit, without time constraints or the presence of another person. Data collection continued until saturation was reached, from October 2019 to January 2020. To establish trust and rapport, the researcher initiated by introducing herself, seeking permission, and

conveying respect and support throughout the interviews. The individual comprehensive interviews with participants were conducted in the Thai local language. All interviews were recorded digitally with consent. Participants were encouraged to speak comfortably. The semi-structured open-ended interview questions were employed after validation by three content experts for content validity. The researcher maintained an unstructured approach, utilizing probes in response to participants' answers to extract additional information.

All questions were related to life experience on peritoneal dialysis; for example, "How do you feel about your life (right now)?" "Could you please tell me about your life before you were diagnosed with kidney disease and received peritoneal dialysis?" "What have you experienced after receiving peritoneal dialysis?" The in-depth interview lasted 40-60 minutes. During each interview, the researcher took field notes.

Data Analysis

The data were first transferred from an audio recorder to verbatim transcriptions in Thai, then translated into English for analysis using the content analysis method outlined by Elo and Kyngäs (2008). This analysis focused on interpreting the meanings of words and phrases in relation to the research questions and objectives, ensuring objectivity and minimizing researcher biases. In the initial phase, the researcher started by analyzing the significance of words or sentences based on their explicit contents. This was followed by the organizing phase, where inductive content analysis was performed using methods such as open coding, categorization, and abstraction. Initially, open coding involved manually assigning codes to each line of data using a computer. The goal was to identify and describe the phenomena in the text, with code names directly derived from the text itself. Subsequently, these codes were categorized into sub-groups by analyzing their relationships through inductive inference. Thirdly, each subcategory was grouped into broader categories by assessing their similarities and differences. Finally, these general categories were further organized into main categories. The name of each category was derived directly from its content. Field notes were also considered to gather additional information about the phenomenon. All results derived directly from the data were established and explained, confirmed by two co-researchers.

Trustworthiness

Five criteria for ensuring trustworthiness were utilized (Polit & Beck, 2014). Credibility was achieved through peer debriefing, while dependability was ensured through an external audit conducted by two experts. Confirmability was demonstrated by detailed descriptions of study methods and extensive participant quotations. Transferability was assured by comprehensively describing the study's circumstances, place, participant attributes, and sampling techniques. Finally, authenticity was attained through purposive sampling, where participants were deliberately selected based on their experiences aligned with the research objectives and questions. In addition, the consolidated criteria for reporting qualitative studies (COREQ) checklist (Tong et al., 2007) was used to ensure the completeness of the report of this study.

Ethical Considerations

This study was conducted as a part of the Doctoral dissertation of the first author (Seephom, 2022) entitled “The Development of Islam-Based Caring Model for Family Caregivers of Patients with Peritoneal Dialysis in Southernmost Thailand,” with research approval received from the Institutional Review Board on Research Involving Human Subjects at the Prince of Songkhla University and the hospital (PSU IRB 2019-NSt 009 and ETA004/62). Before requesting signed consent, all participants were advised verbally and in writing regarding the research objectives, procedures, potential drawbacks, advantages, and ethical considerations. Participants volunteered for this study without experiencing adverse effects on their care and treatment. They were informed that all the information collected would be kept anonymous by using codes to ensure confidentiality.

Results

Ten Muslim patients receiving peritoneal dialysis participated in the study, with an average age of 54.70 years, ranging from 43 to 69 years (SD = 8.90). There were equal numbers of women and men. Six of them had completed elementary school. All participants were married and had pre-existing medical conditions, with the most common diseases being hypertension and dyslipidemia. The average duration of peritoneal dialysis was 3.02 years, ranging from 0.25 to 8 years (SD = 3.02).

Based on the analysis, Muslim patients' peritoneal dialysis experience was grouped into two main categories: 1) Overwhelmed by change and 2) Learned to survive (Table 1).

Table 1 Main categories emerging from Muslim patients' experiences of undergoing peritoneal dialysis

Generic Categories	Main Categories
Facing physical hardship	Overwhelmed by change
Experiencing a psychological crisis	
Working with limitations	
Lacking social interactions	
Decreasing religious practices	Learned to survive
Adherence to religious doctrine and practice	
Receiving a variety of support	
Maintaining social relationships at religious practice– with friends who are Muslim	
Gaining a sense of encouragement	
Finding meaning in life	

Main Category 1: Overwhelmed by Change

Overwhelmed by change implies that undergoing peritoneal dialysis results in substantial alterations in life, significantly impacting an individual's way of life. Participants acknowledged that initiating peritoneal dialysis treatment brought about numerous changes across physical, psychological, social, and spiritual aspects of their lives. This was described with five generic categories: (i) facing physical hardship, (ii) experiencing a psychological crisis, (iii) working with limitations, (iv) lacking social interactions, and (v) decreasing religious practices.

Facing physical hardship

Facing physical hardship pertains to the negative experiences occurring during or after peritoneal dialysis, notably within the initial three months. According to the

participants, peritoneal dialysis produces poor appetite, vomiting, diarrhea, activity intolerance, sleep deprivation, and memory loss, contributing to a profound sense of misery and contemplation of death. Some participants mentioned:

“I couldn't eat anything, especially the first three months after dialysis... I thought... I might not survive... I can eat a little bit... I always end up vomiting... I thought that I would not survive at that time... I didn't want to do anything” [Man, 02]

“I could not sleep well... then, I'm fatigue... I also could not eat well... I can eat a little bit... when I eat more... I feel difficulty breathing... I cannot eat more... I feel suffering with this illness” [Woman, 07]

Experiencing psychological crisis

Experiencing a psychological crisis refers to the negative emotions stemming from illness and undergoing peritoneal dialysis. The participants felt that undergoing peritoneal dialysis made them feel different from other people, facing challenges in their work and experiencing uncertainty about their treatment and life. These factors contribute to low self-esteem and suicidal thoughts. As shared by some participants in the following responses:

“I could not work... I could not do anything by myself... I felt like I was worthless... At that time... I thought that a worthless person like me is like a broken motorcycle... it should be destroyed... if we cannot do anything... it means... I'm expired... I thought about suicide... I'm discouraged... I'm not fully healthy like before... when it's abnormal... I mostly feel discouragement.” [Man, 10]

“When I got sick... I'm stressed... anxiety... I thought... it will be improved or not... how long can I live? How long will I be treated?... I always thought like that... it makes me insomnia... it makes me stress.” [Woman, 07]

Working with limitations

Working with limitations entails a decreased ability to work while undergoing peritoneal dialysis, encompassing challenges related to both work conditions and tolerance toward exposure to hazardous labor conditions. All participants who were adults and employed reported work limitations after dialysis due to high-risk activities such as infection or work intolerance. They were unable to operate normally. Some participants had to adjust their work conditions or abandon their jobs due to health concerns, leading to decreased income and subsequently causing financial and psychological hardships. Participants indicated:

“My work is not the same as before... I cannot work as a healthy person; I cannot lift heavy weights. I can do something... I'm a fisherman... I have to fall overboard for fishing... I cannot do that right now... I don't want to have an infection... so I changed my work... I can do whatever I don't fall overboard.” [Man, 04]

“Before dialysis, I'm earner... I earn alone... I support my family in everything... when I got sick... I cannot work... I have no income... I only have expenses... I thought, can I earn like before? Can I provide tuition fees for my children?” [Man, 05]

“I cannot work, I'm tired easily... I'm tired when I work like before” [Man, 08]

Lacking social interactions

Lacking social interactions refers to decreased participation in social activities, including insufficient time for

socializing with friends and traveling. Participants were aware that their lifestyles were constrained by their dialysis schedules and expressed concerns about potential complications, particularly infections, associated with peritoneal dialysis. After undergoing dialysis, their routines changed significantly. Their leisure time for social connection with friends or others was transformed into a period for dialysate change. Travel became limited due to the challenges of administering and managing peritoneal dialysis. These circumstances contributed to feeling less free in their social interactions. Participants revealed:

"I don't have time for talking with my friends right now... I had to change dialysate while my friends had lunch... I rarely had lunch with my friends... my time is not free like others... they sometimes want to travel... I have to think and plan... how long I will go... how much dialysate bag I have to pick up... if it's too many days... I decided to cancel... I fear infection..." [Woman, 03]

"I now cannot go anywhere... I could go everywhere with others before... when I received dialysis... I cannot go anywhere... it's time for changing dialysate... after a while, I have to change dialysate again... and again... that's why I cannot go anywhere." [Woman, 07]

Decreasing religious practices

Minimizing religious practices refers to less involvement in religious practices such as prayer and Muslim merit-making. For Muslims, carrying out these practices holds significant importance, providing them with a sense of inner peace and strength. When they faced challenges carrying out worship services, such as difficulty sitting, bowing, kneeling, or experiencing pain at the peritoneal dialysis catheter exit site, they were not exempted. This is because the frequency and postures of prayer often allow for flexibility. Despite being overwhelmed by these difficulties, their strong religious faith in Allah compelled them to practice to the fullest extent possible, as shown in the following quotes:

"It's decreased... because my body is not normal... It's difficult to sit and bow... but it's not an obstacle if I want to do it." [Man, 04]

"Earlier, I'm painful at my wound... I cannot stop during prayer... I sometimes pray by sitting on the chair" [Man, 05]

"I'm not praying now... after I got sick... I cannot pray... before dialysis, I often pray." [Woman, 06]

Main Category 2: Learned to Survive

Learned to survive denotes the strategies that patients have adopted while living on peritoneal dialysis. Participants reported that upon receiving peritoneal dialysis, they endeavored to cope with adverse situations, aiming to maintain a semblance of normalcy and find inner peace. They outlined these experiences through five categories: (i) adherence to religious doctrine and practice, (ii) receiving a variety of support, (iii) maintaining social relationships at religious practice—with friends who are Muslim, (iv) gaining a sense of encouragement, and (v) finding meaning in life.

Adherence to religious doctrine and practice

Adherence to religious doctrine and practices refers to participants who follow religious teachings and seek to enforce religious practices during peritoneal dialysis treatment. The unwavering faith and trust in Allah were profoundly valued and sustained across all situations. As the Creator of everything, Allah subjects them to tests through diseases and adversities,

reflecting God's will. Their faith inspires them to live in the present, constantly remembering Allah. Muslims enriched their lives by seeking blessings and forgiveness for sins and misdeeds through prayers and reading the Qur'an. Muslims who undergo trials are subsequently rewarded according to how they behave after death. Understanding their illness and condition through religious teachings inclined them towards alleviating greater sufferings to attain peace of mind. The participants detailed:

"After I got sick... I have more faith in Allah... in Islam... this is the test from God... when I'm discouraged... I turn to... remembrance in Allah... in the latter days, we (Muslims) will turn to God... He (Allah) creates us... when we know that we will turn to him, we now look after ourselves and do good deeds for our life after death... I will do my best right now... after this... it's up to God to create everything." [Woman, 03]

"It (prayer) makes me relaxed, composed, and encouraged. My fear is gone... I have always recognized it. Muslims will return to Allah sooner or later... depending on Allah's needs. I have faith in Allah... I always pray and read the Qur'an for "Dua" (blessing from Allah). After performing, I feel alright... Allah is testing." [Woman, 09]

Receiving a variety of support

Receiving support encompasses assistance from various sources, such as family members, healthcare providers, and peers sharing similar experiences. Family members, relatives, and friends served as primary emotional support, offering verbal and nonverbal encouragement through close social connections. Simultaneously, healthcare providers played a vital role by providing essential information and interventions, aiding patients in overcoming difficulties and sustaining their treatment. Some of the quotations are presented below:

"My wife always supports me... everything... then I have encouragement... my son also supports me... he encouraged me to exercise... he always stays with me and expresses concern about me... this is my encouragement." [Man, 02]

"My friends always come to visit me as well as my relatives... it makes me encouraged... my friends come to talk with me... they make me socialize... they encouraged me a lot... I'm pleased right now... healthcare providers also help me... when I have problems... I can ask them (PD unit's staff). They always support the information and some instruments." [Woman, 03]

"When I talked with others, I felt better... If I don't talk with anyone... I'm stressed" [Man, 10]

Maintaining social relationships at religious practice—with friends who are Muslim

Maintaining social relationships at religious practice refers to the involvement of peritoneal dialysis patients in social activities with their Muslim friends through religious practices. These practices contribute to inner peace and foster and strengthen social relationships formed during religious participation in a mosque (Masjid).

Participants predominantly utilized religious engagement to foster social connections, particularly emphasizing participation in religious communities during illness. Their efforts have consistently achieved religious involvement. The emotional and spiritual support and sense of sociability offered by these communities significantly bolstered the participants'

resilience in coping with challenging life situations, as evident in the participants' statements.

"When I go to Masjid... I meet my friends... I sometimes can talk with them... at Masjid... when I arrived Masjid... my friends always support me... they help me to perform prayer by sitting on a chair" [Man, 02]

"At the prayer time, I tried to go to Masjid... I tried to go to perform prayer... If I don't do anything... I'm stressed... I don't want to be stressed... Therefore, I tried to go to Masjid for prayer as much as possible." [Man, 05]

Gaining a sense of encouragement

The sense of encouragement reflects the positive feelings derived from ongoing constructive changes in life circumstances. For many participants, the heightened ability to lead a near-normal life was a significant encouragement, ultimately contributing to their overall life satisfaction. Empowerment to live is driven by improvements in self-care, the ability to work, re-engaging in social interactions, and surmounting physical challenges. Six participants noted an improvement in their physical health after the first 2-3 months of dialysis. Other adverse effects diminished over time, encouraging them to hope for a better life. A few mentioned how they felt:

"About two months... I feel better... I can do self-care and work a little after dialysis for six months... when I can do something by myself... it makes me encouragement... I can involve social activities as normal right now (smile)" [Man, 05]

"Difficult breathing is gone after dialysis... I'm now not anxious... I feel better... when I don't have difficulty of breathing ... I'm pleasant... peritoneal dialysis is good" [Man, 08]

Finding meaning in life

Finding meaning in life entails discovering the purpose and value of living with illness, ultimately leading to peace of mind. Having reconciled with their illness upon reconnecting with religion, individuals tackled challenging life situations by relying on self-determination, self-worth, and belief in fate. The illness served as a catalyst for participants to grasp the importance of life—prompting them to seek forgiveness from God through repentance and good deeds. Embracing a life dedicated to kindness towards oneself and loved ones becomes the cornerstone for achieving life satisfaction, as the following quotes show:

"After I got sick... I returned to remembering God... I do all things that help me return to God... I now need 4-5 years to ask God's forgiveness... I made a lot of mistakes.... In just 4-5 years, I would do all things to ask forgiveness for all my sins so that I can return to God... My sins may not be gone... but I ask for God's mercy and forgiveness... This is my thought right now that is different from the previous one" [Man, 02]

"I tried to do all my best... I know... everyone has to die... so I tried to be pleased... I tried to look after myself for being alive... I let myself in for the illness... It makes me pleased... let it go according to fate." [Man, 04]

Discussion

The findings of this study enhance our comprehension of the experiences encountered by Muslim patients undergoing peritoneal dialysis, a treatment significantly impacting the

patients' overall health. The findings underscore the substantial influence of being a peritoneal dialysis patient on daily life.

The initial three months of peritoneal dialysis predominantly exhibit pronounced physical challenges, potentially attributed to uremic manifestations and syndromes in patients. Prior to commencing dialysis, patients commonly reported symptoms such as anorexia, insomnia, fatigue, nausea, diarrhea, and vomiting (Bolton et al., 2021; Wang et al., 2021). These symptoms significantly impact all facets of patients' quality of life (Voskamp et al., 2019). Post-dialysis recovery time showed that some pre-dialysis symptoms gradually decreased after three months (Bolton et al., 2021), a trend mirrored in the participants' experiences in this study. They articulated an enhancement in their physical well-being after the initial 2-3 months of dialysis.

When physical health interferes with everyday life, so does mental health implications. The study participants elucidated that their psychological crisis stemmed from a sense of detachment from their accustomed social circles, an inability to engage in work, and an overarching feeling of life and care insecurity. The limitation in their physical activity indirectly correlated with their mental well-being (Ohnberger et al., 2017). These findings align with observations from this study, wherein several participants articulated feelings of low self-worth, harbored low self-esteem and contended with thoughts of self-harm and suicide. However, working with limitations, our study's findings have been supported by previous research. Peritoneal dialysis patients mostly had reduced physical work capacity. These limitations often manifest as reduced working hours and a slower pace and necessitate modifications in their job roles, resulting in a shift towards limited work capacity, incapacity, and, in some cases, loss of employment (Alma et al., 2023; de Jong et al., 2022; Lakshmi et al., 2017). The decline in workability often precipitates psychological distress, marked by heightened anxiety, depression, and a notable erosion of self-esteem (van der Mei et al., 2021).

The lack of social interaction notably affected peritoneal dialysis patients socially. While religious engagements like prayer and Muslim merit-making sustained some level of participation in social activities, the constraints on time persisted, leading to challenges in visiting friends and traveling. Worries regarding the dialysis schedule necessitate adjustments in their daily routines, spanning work, hobbies, and social engagements. Consequently, this adaptation often results in a pervasive sense of social isolation among patients (Jacquet & Trinh, 2019).

The study suggests a correlation, possibly because all participants are employed. Work appears to foster social connections and enhance one's capacity to engage actively within society (de Jong et al., 2022). Unemployment seems to sever social connections for peritoneal dialysis patients, notably reducing networks beyond family ties, especially friendships, and impairing social functioning. This decline in human connections often precipitates feelings of social exclusion, ultimately resulting in a decrease in overall social interaction (Lakshmi et al., 2017; Neumann et al., 2018; Oliveira et al., 2019).

Several participants expressed experiencing a decrease in their religious practices. Despite grappling with challenges,

particularly in adhering to prayers, they endeavored to lead as normal a life as possible. The frequency and posture of prayers were often adapted to accommodate their circumstances and intentions. Muslims basically utilized adherence to religious practices while undergoing peritoneal dialysis, including prayers and reading the Qur'an. These practices were pivotal anchors for physically ill patients, offering solace, alleviating negative emotions, and fostering hope (Lo & Tong, 2016). It is essential to manage one's life in terms of coping, buffering some of the stressors associated with illness (Achour et al., 2019; Al Zaben et al., 2015; Fradelos et al., 2015; Lo & Tong, 2016) and maintaining a connection with God (Elliott et al., 2012). The connection with Allah (God) often fosters a sense of closeness that empowers Muslims, providing them with the courage and strength needed to confront life's challenges. This spiritual bond can be a source of resilience during difficult times.

Indeed, praying during illness serves a multifaceted purpose. It not only fosters a connection with Allah but also demonstrates potential improvements in both physical health and mental well-being. For chronic patients, prayer becomes a means to seek guidance in navigating illness and finding significance within the experience. Additionally, it instills a sense of reassurance and comfort, affirming Allah's care and support. Strength and hope often emerge with faith, trust, gratitude, and forgiveness (Jors et al., 2015), forming a powerful foundation that helps individuals navigate through challenging times with resilience and perseverance. This is consistent with the findings of this study. Participants reported that during the prayer, there was a blessing from Allah, forgiveness of sins and bad deeds, and belief in and remembering Allah.

Furthermore, turning to religion to foster inner strength and seeking support is a means of sustaining stability while undergoing peritoneal dialysis. Emotional support primarily came from family members, relatives, and friends, while healthcare providers remained consistently available to offer information and active support. Consistent with previous studies, receiving support can be a critical factor in enabling Muslim patients to cope with adverse situations and maintain a normal life (Fox et al., 2020). Receiving support from those close to them helps them adapt to the treatment process and enhances their quality of life (Sitjar-Suñer et al., 2020; Zengin et al., 2018).

Engaging in social activities with Muslim friends is crucial. Given the constraints on social participation due to illness and dialysis, religious engagement emerged as a vital activity utilized by participants in this study to foster social connections. Constant engagement in religious activities, such as prayer and attending mosques (Masjids), enabled Muslims to uphold social interactions. Simultaneously, religious communities also offer emotional, spiritual, and social support, aligning with findings from previous studies. Visiting the mosque and engaging with peers correlate positively with receiving emotional support from others (Nguyen et al., 2013).

Positive feelings resulting from sustained positive changes in life outcomes inspired participants in this study to be motivated. Enhanced capacity to lead an almost normal life, improve self-care and workability, reintegrate into society, and overcome physical difficulties significantly contribute to overall

life satisfaction. As the adverse effects gradually subside, a surge in feelings of encouragement ensues, ultimately resulting in an improved mental health-related quality of life (Cho et al., 2022).

In accepting their condition, participants had to learn to live with the disease and find peace of mind. The quest for life's purpose and significance, rooted in cultural values and Islamic beliefs, guided their understanding of life's meaning, significantly influencing the attitudes and behaviors of Muslims (Rassool, 2015), particularly in relation to healing and hope (Almukhaini et al., 2020), shaping their daily actions and fostering a sense of perseverance and continuity in their struggles (Hatthakit & Thaniwatthananon, 2019). Finding meaning in life serves as a motivating force for Muslims to persevere through their treatment and challenges, carry out daily activities, and take care of themselves with the goal of living. The findings of this study revealed that seeking forgiveness from God and achieving life satisfaction were expressed as primary goals for Muslim patients undergoing peritoneal dialysis.

Limitations of the Study

This study was conducted by interviewing Muslim patients receiving peritoneal dialysis in a single PD unit in Southern Thailand. It is important to note that the findings might not universally apply to other PD units. The interviews were conducted on the day of the patient's appointment, occasionally facing interruptions from different individuals and environmental factors. The data collection involved in-depth interviews alongside the recording of field notes. To ensure credibility and transferability, future research endeavors should encompass other areas to explore the diverse experiences of Muslim peritoneal dialysis patients. Additionally, focus groups should be conducted to discuss, confirm, and validate all data.

Implications for Nursing Practice

This study has implications for nursing practice, particularly when caring for Muslim patients undergoing peritoneal dialysis. Nurses should adopt a holistic approach, addressing the physical, psychological, social, and spiritual dimensions of patient care. Culturally sensitive practices, such as facilitating adherence to religious rituals and understanding patients' beliefs, are vital. Effective communication is crucial for building trust and providing emotional and informational support, helping to manage symptoms and treatment side effects. Tailored education in the patient's preferred language and relevant to their cultural context can empower them in self-management. Nurses should encourage family and community involvement, recognizing the critical role of support systems in coping with illness. Addressing psychological well-being is essential; nurses need to identify signs of distress and provide mental health support, incorporating activities to promote relaxation and spiritual peace. Empowering patients to engage in self-care and regain control over their lives can enhance their independence and confidence.

Moreover, nurses should facilitate social interactions by offering flexible treatment schedules or portable dialysis solutions, enabling patients to maintain social connections and improve their overall quality of life. By integrating these insights into nursing practice, care for Muslim patients on

peritoneal dialysis can potentially be enhanced, ensuring it is compassionate, comprehensive, and culturally sensitive.

Conclusion

Peritoneal dialysis notably affects Muslim patients, particularly in the initial three months. The negative experiences perceived by Muslim patients undergoing peritoneal dialysis were revealed, shedding light on aspects that can benefit healthcare providers, especially peritoneal dialysis nurses who intervene to provide assistance when individuals face obstacles. Enhanced religious involvement in professing religious doctrine and performing religious practices are the basics of living with peritoneal dialysis. Providing holistic nursing care based on individuals' cultural diversity is a key challenge in improving quality care. The findings offer a comprehensive insight into the experiences of Muslim patients undergoing peritoneal dialysis, aspects that are occasionally disregarded in nursing practice. These results can serve as the foundational knowledge for developing and improving culturally appropriate nursing practices for Muslim patients.

Declaration of Conflicting Interest

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Authors' Contributions

SS conceived the idea, designed the study, collected and analyzed the data, and drafted and revised the manuscript. KB supervised the data analysis and contributed to drafting the manuscript. PJ supervised the design and data collection. All authors approved the article's final version to be published and were accountable for each step of the study.

Authors' Biographies

Dr. Sunisa Seephom, Ph.D, RN is a Lecturer at the Division of Adult and Gerontological Nursing, The Srisavarindhira Thai Red Cross Institute of Nursing. She is interested in transcultural care; her previous studies focused on Muslims.

Assoc. Prof. Dr. Karnsunaphat Balthip, Ph.D, RN is a Lecturer at the Division of Community Health Nursing, Faculty of Nursing, Prince of Songkla University.

Assoc. Prof. Dr. Piyanuch Jittanoon, Ph.D, RN is a Lecturer at the Division of Community Health Nursing, Faculty of Nursing, Prince of Songkla University. She is an expert in community health nursing.

Data Availability

The datasets supporting the results of this study are available from the corresponding author upon reasonable request.

Declaration of Use of AI in Scientific Writing

The authors used ChatGPT to check for grammatical errors while preparing this work. After utilizing the tool, the authors thoroughly reviewed and edited the content as necessary and assumed full responsibility for the publication's content.

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