



In-Center Hemodialysis Experiences Among Latinx Adults: A Qualitative Study

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Rationale & Objective: Latinx individuals are more likely to start and remain receiving in-center hemodialysis, over home dialysis, than non-Latinx White individuals. The objective of our study was to understand the drivers of sustained in-center dialysis and deterrents of switching to home dialysis use for Latinx individuals receiving in-center dialysis.

Study Design: This qualitative study used semi-structured one-on-one interviews.

Setting and Participants: Latinx adults receiving in-center hemodialysis therapy at 2 urban dialysis clinics in Denver, Colorado between November 2021 and March 2023.

Exposures: In-center hemodialysis, Latinx ethnicity.

Outcomes: Qualitative.

Analytical Approach: Interviews were analyzed with thematic analysis using inductive coding. Theoretical framework development used principles of grounded theory.

Results: In total, 25 Latinx adults (10 [40%] female and 15 [60%] male) receiving in-center hemodialysis therapy participated. One theme demonstrated that Latinx individuals experienced hardship with in-center dialysis but used Latinx values to persevere: Psychosocial resilience using Latinx cultural values (faith and spiritual coping, belief in predestination and acceptance, optimism and positive attitude toward treatment, and positive relationships with

health care professionals and peers). Two themes illustrate barriers to starting or switching to home dialysis: Insufficient knowledge of kidney replacement therapy (lack of awareness of kidney disease, lack of preparation for dialysis) and Barriers to patient-centered decision making in dialysis treatment (lack of peer perspective to guide dialysis decision making, fear and apprehension of home dialysis, lack of socioemotional support, perception of housing issues).

Limitations: Most participants were from the same geographic area and country of origin, and some may have been uninsured because of immigration status.

Conclusions: As Latinx people are less likely to be treated with home dialysis modalities, this study offers important context as to what factors drove sustained in-center dialysis use for this population. Coping mechanisms that promoted resilience with in-center dialysis treatment motivated individuals to remain on in-center hemodialysis, and positive dialysis relationships in the dialysis center strengthened this experience. Switching to home dialysis is hindered by lack of knowledge as well as lack of patient-centered dialysis decision making. Understanding the drivers of sustained in-center hemodialysis use for Latinx individuals is important for future efforts at improving patient-centered education, framing conversations around modality choice, and care for this population.

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The 2019 Advancing American Kidney Health Executive Order and its subsequent payment models aimed at improving rates of home dialysis (ie, home hemodialysis and peritoneal dialysis) have demonstrated success in improving uptake in home dialysis therapies overall; however, disparities persist.¹ For example, compared with non-Latinx White individuals, Latinx (ie, Hispanic, a non-gender-based term for Latino/Latina) individuals remain less likely to initiate and switch to home dialysis therapies, which has been incompletely explained by socioeconomic, medical, demographic, or geographic factors.²⁻⁵ There are several patient benefits to home dialysis that align with Latinx values, such as scheduling flexibility, self-efficacy, and treatment at home with family.⁶⁻⁹ Additionally, Latinx individuals who receive home dialysis report an improved lifestyle and quality of life.¹⁰ Importantly, these outcomes are country dependent. Mexico has one of the highest peritoneal dialysis rates in the world, with

uninsured populations often receiving emergency or intermittent peritoneal dialysis, a practice associated with many complications.^{11,12}

Latinx individuals with kidney disease experience multiple barriers to adequate pre-dialysis kidney care, which can lead to unplanned and urgent hemodialysis initiation with a central venous catheter over home dialysis or pre-emptive transplant.^{2,13} Although these upstream issues impair initiation of dialysis with home therapies, little is known about why Latinx individuals continue to receive in-center hemodialysis after the initiation period. Understanding factors influencing remaining on in-center dialysis treatment over transitioning to home dialysis for Latinx individuals will inform strategies to increase patient-centered kidney care and education. As such, the objective of this study was to identify the drivers incentivizing in-center dialysis use and de incentivizing switching to home dialysis (both

PLAIN-LANGUAGE SUMMARY

Latinx individuals are more likely to receive in-center hemodialysis over home dialysis (peritoneal and home hemodialysis) compared with non-Latinx White individuals. This study interviewed Latinx individuals undergoing in-center hemodialysis in Denver, Colorado. Coping mechanisms driven by a cultural belief system of faith, fatalism, and optimism encouraged staying on in-center hemodialysis, and patients enjoyed the social element of hemodialysis. We found lack of awareness and preparation for kidney disease influenced starting and remaining on in-center dialysis. Switching to home dialysis was hindered by a fear, as well as lack of support and housing issues. Understanding these factors is crucial for improving education and conversations about dialysis options for Latinx individuals, particularly those already receiving in-center dialysis.

peritoneal and home hemodialysis) for Latinx individuals with kidney failure.

METHODS

Study Design

Semistructured one-to-one interviews were conducted via phone between November 2021 and March 2023. The study followed the Consolidated Criteria for Reporting Qualitative Research reporting guideline.¹⁴ The Colorado Multi-Institutional Review Board approved the study.

Setting and Participants

Eligible participants were adults (age ≥ 18) receiving in-center dialysis from 2 dialysis clinics in Denver, Colorado who self-identified as Latinx/o/a/e or Hispanic. Use of other modalities before in-center dialysis or prior receipt of kidney education were not part of eligibility criteria. Participants were recruited using purposive sampling capturing equal gender and age distribution and were approached via phone by the study investigators. Participants provided verbal consent before participation and received a \$60 gift card. The semistructured interview was completed by phone in the patient's preferred language (English or Spanish).

Interview Guide

The interview guide was developed using a prior literature review regarding dialysis modality decision making in non-Latinx populations.^{13,15-17} Questions assessed the predialysis experience, dialysis decision making, modality education, and challenges/facilitators of in-center dialysis (Item S1).

Data Collection

Interviews were conducted by 4 members of the study team: KR is a nephrologist with prior qualitative research

experience, and RGJ and CG are bilingual medical students trained in qualitative interviewing by KR. KR, RGJ, and CG did not have prior interactions with the participants. CC is a bilingual patient navigator with ample qualitative research experience; she had previous interactions with participants. The interviews were audio-recorded, transcribed verbatim, professionally translated to English, and deidentified. Interviews continued until thematic saturation (when further observation and analysis do not identify new concepts).¹⁸

Analysis

Interview transcripts were contemporaneously analyzed by KR, CG, and CC using atlas.ti version 9.22 between November 2021 and March 2023. Inductive coding and analysis was performed identifying concepts using principles of thematic analysis.¹⁹ A theoretical framework was developed using principles of grounded theory.^{20,21} Consensus on this framework was reached after review by study team members to ensure that findings reflected the full range and depth of the data. Member checking was not conducted.

RESULTS

Out of 30 participants approached, 25 were interviewed (Table 1). Reasons for non-participation included lack of interest ($n = 4$) and difficulty hearing ($n = 1$). The average age of participants was 54 years (SD 9.2 years). Ten (40%) participants identified as female, and 15 (60%) identified as male. Twenty (80%) preferred to be interviewed in Spanish. Eighteen (72%) participants were from Mexico. Fourteen (56%) reported less than a high school education, and 10 (40%) reported access to a nephrologist before dialysis. The average interview was 45 minutes (SD 14.5 minutes). We identified 3 themes (Table 2) and a thematic schema was developed to illustrate relationships among themes (Fig 1).

Psychosocial Resilience Using Latinx Cultural Values

Latinx participants described multiple coping mechanisms that allowed them to persevere while receiving in-center dialysis therapy (rather than consider switching to home).

Faith and Spiritual Coping

Faith was described by participants as a coping mechanism that enabled them to endure the challenges of kidney disease, especially in challenging and uncertain times, such as going to dialysis in inclement weather, managing depression, and waiting for transplant evaluation. Participants described surrendering these challenges to fate or God's will, which alleviated their stress: "If God helps me and everything, then I can ask for information and have the possibility [of transplant]." (Participant 21).

Table 1. Participant Characteristics

Characteristic	Value, No. Participants (%) (N = 25)
Age, y (mean, SD)	54.2 ± 9.2
Gender	
Female (n, %)	Female: 10 (40)
Male (n, %)	Male: 15 (60)
Preferred language Spanish	20 (80)
Country of origin (n, %)	Mexico: 18 (72) US: 4 (16) El Salvador: 1 (4) Honduras: 2 (8)
Self-reported limited English proficiency (n, %)	High: 6 (24) Medium: 8 (32) Low: 11 (44)
Married or has a partner (n, %)	11 (44)
Average number of people living at home (mean, SD)	2.8 ± 2.2
Average number of bedrooms at home (mean, SD)	1.9 ± 1.1
Less than high school education (n, %)	14 (56)
Working (full or part time) (n, %)	7 (28)
Total years receiving dialysis (mean, SD)	3.6 ± 2.8
Prior history of peritoneal dialysis (n, %)	3 (12)
Access to kidney doctor before starting dialysis (n, %)	10 (40)
Proximity to dialysis in minutes (mean, SD)	16.8 ± 10.3
Self-reported history of diabetes (n, %)	12 (48)

Belief in Predestination and Acceptance

Participants described the notion that their illness is inevitable and there is no control over the outcome, which made them feel as though remaining with in-center dialysis was an inevitability. Participants expressed how this reduced anxiety because they believed that events were predetermined and focused on the present moment. One participant said, “When an illness happens, there’s no way I can get rid of it.” (Participant 12). Participants described a resolve to persevere as a mechanism to get through the challenging aspects of hemodialysis. One participant reflected, “This is a condition that I have to understand, accept, and assume.” (Participant 2).

Optimism and Positive Attitude Toward Treatment

A positive outlook on life was noted to be an important mechanism to getting through the challenges of kidney failure and dialysis. One participant noted, “You need to be positive. I know it’s hard to endure four hours, but we’ll get through it.” (Participant 13). Another participant stated, “Well, I try to see the positive side of it. Thanks to it I have a better lifestyle. Otherwise, I would probably be dead by now.” (Participant 17).

Positive Relationships with Health Care Professionals and Peers

Relationships with peers and health care professionals in the dialysis unit was an important driver to continuing in-

center dialysis, rather than considering home dialysis which was felt to be more isolated. Participants felt an important reason to continue in-center hemodialysis was their community at the dialysis center; participants reported that they deeply value the positive and nurturing relationships with their peers. Participants felt that being able to socialize was important to their mental health: “For me, it would be more depressing [dialysis at home compared to in-center dialysis], because I wouldn’t leave the house at all, and so I like to go out and talk with the other patients whom I already know.” (Participant 22). Participants reported an important reason they continued with in-center dialysis was their relationship with the dialysis staff (dialysis nurses and technicians). Participants described a trusting, safe relationship in which they felt listened to and supported by the dialysis staff, which allowed them to feel comfortable with their medical care.

Insufficient Knowledge of Kidney Replacement Therapy

Latinx individuals reported they were not aware of their kidney disease and did not feel they received pre-dialysis kidney education, which led to lack of an informed choice in their dialysis modality.

Lack of Awareness of Kidney Disease

Participants described not understanding the degree of their kidney disease until it was too late for various reasons, including not seeking out medical care earlier and poor communication by their doctors regarding their kidney disease progression. Participants reported not seeking care because of lack of symptoms: “I had never been to the doctor, until now when I fell in the hospital. I tell [my wife], ‘When you are sick is when you do things.’ When you are fine, you don’t do anything.” (Participant 8). Given a lack of kidney disease awareness, participants felt debilitated and helpless when they learned of their kidney failure diagnosis: “I was devastated because I didn’t even know [kidney disease] existed.” (Participant 17). Those who received pre-dialysis education felt they were not prepared for the degree of their kidney disease progression: “I would visit the nephrologist ... I felt like I was being taught something that was still a long time away from happening. The reality was very different.” (Participant 16).

Lack of Preparation for Dialysis

Participants reported anxiety because they started dialysis treatment after presenting to the hospital with symptoms. One participant said, “I was scared...they’ve never given me this, what is dialysis? It scared me.” (Participant 12). Others felt traumatized by the experience because they were too ill, and there was no time to discuss other options. One participant relayed that “The decision was made for me. I had no idea it was coming.” (Participant 4).

Table 2. Themes and Subthemes With Illustrative Quotes

Themes and Subthemes	Illustrative quotes ^a
Psychosocial resilience using Latinx cultural values	
Faith and spiritual coping	<ul style="list-style-type: none"> I have to go [to dialysis]. I say: "I'm going, my God give me strength. Give me health, Father, so that I can get there". And there I go. In the cold. (25) I don't think about the future anymore, I live every day. I thank God and I'm grateful for it ...that's a positive thing about living with a terminal illness like the one I have. (9) I think that God put me in [dialysis], that he had to give me that illness so that I could get to that place (dialysis) and know that there are other people with problems. (23) I go to dialysis smiling, I'm always in a good mood. When I get up, I make the sign of the cross in front of my saint and "thank you for this day, my God". (25)
Belief in predestination and acceptance	<ul style="list-style-type: none"> When I heard about dialysis I didn't really want no dialysis done to me. When it's time for me to go, it's time for me to go. I'm not trying to stay alive anymore. I lived a beautiful life. I'm doing it because just because. (5) I think [dialysis] is part of the treatment because there is nothing they can do about it. The treatment weakens the body, and the body itself has to recover in time. (20) There is no solution, we have to go through it... Because you are never going to be completely well, let alone a sick person like me. (18)
Optimism and positive attitude toward treatment	<ul style="list-style-type: none"> You have to see what is convenient for you so you can go on living with a bit of dignity. Because, more than anything; sometimes this has to do with your attitude. (9) I think that you first get scared and mentally you get down, but, as I said, you have to get through it and you have to think positively. (13)
Positive relationships with health care professionals and peers	<ul style="list-style-type: none"> I think it is because of the people. I think that we have to support each other to get ahead, to encourage people, to keep going, not to discourage them. And I think it's the socialization you may have. For example, I come here and talk to people, sometimes I see them feeling miserable or sad. (13) And I feel good when I talk with my friends over there. I have made friends and everything. Now I feel more or less fine. (14) I liked being at the center, I feel comfortable there. I feel safe there, the people who work there with me well and they are true professionals, they treat you nicely, they care for you, they have such a high level of professionalism that I feel satisfied with that, because they are taking care of me when you are in the stage like the one we are going through if they smile to you or they call you on the phone, for me especially, that's a big deal. (9) As soon as I arrive I am greeted with joy. I get there and I see faces that cheer me up instead of making me feel worst about the situation of the day. Everything is very kind and caring. And from the moment they weigh me, we share stories. (16)
Insufficient knowledge of kidney replacement therapy	
Lack of awareness of kidney disease	<ul style="list-style-type: none"> The doctor told me... your kidneys are no longer working well, you need dialysis, and I said, You are the doctor, you know what you are going to do, I don't know anything. (6) I was detected about two years before. When it was already bad, because I did not have any symptoms. Suddenly I started to swell ... At the end they told me that nothing could be done. (20) I didn't know what that [kidney disease progression] was, how dangerous it [kidney failure] was. I didn't know anything, nothing. (25) I had no idea about [kidney disease] until I got sick... for me it was totally life changing. (23) When there was no other option but dialysis, I felt like it was over for me. (16)
Lack of preparation for dialysis	<ul style="list-style-type: none"> I looked for information about that dialysis, because the truth is, they didn't tell me what it was or what it was like. (10) More or less they told me what they were going to do to me. But the only thing I didn't understand, is there is one type called dialysis and another hemodialysis, right? I don't know what they are giving me, that's the only thing I didn't understand. (14) There were two drivers from Mexico there in dialysis with me and I chatted with them a lot. They told me: <i>Paisa, dialysis is very important for you, because you can die.</i> That was all they told me, but the doctor never told me what that was, or what was going on. (12)
Barriers to patient-centered decision making in dialysis treatment	
Lack of peer perspective to guide dialysis decision making	<ul style="list-style-type: none"> I would like to do something like for people that are going through the same thing I'm going through... it would be nice to have somebody that said, "Hey listen, I know exactly what you're going through." (18) It's like when you go to buy a dress. You have to try it on. In this case, I'm not going to try it on, but I'm going to see how it looks on the other person. (21) It would be good if, for example, they could hold a meeting with people who are already receiving this type of dialysis so that they could give us their opinion. (23)

(Continued)

Table 2 (Cont'd). Themes and Subthemes With Illustrative Quotes

Themes and Subthemes	Illustrative quotes ^a
Fear and apprehension toward home dialysis	<ul style="list-style-type: none"> • I was in a hospital there in Mexico, and they wanted to force me open... They wanted to do dialysis which is when they open up your stomach and clean it with bags. I told them, "No, sir. If I have to die, then I want to die like an ordinary person." (7) • I thought they were going to give me a big wound and I was going to always have it open there. (19) • I would say that it would be preferable to go to the clinic. Yes, to the clinic, because like I told you, we Hispanics are also almost fearful about many things. We are afraid of many things and this – we think we are very macho and all that, but no. The truth is, yes, we are afraid of many things. (19) • The truth is, we Latino people, the way I see it, we worry. We think that we are going to die or that we are really bad... I think that Hispanic people get scared because they say, "What am I going to do?" (2)
Lack of socioemotional support for home dialysis	<ul style="list-style-type: none"> • (to do home dialysis) I should be married. (6) • You must have an assistant, such as a relative, a child, a spouse, who also knows all the requirements for dialysis. (15) • Someone talked to me and asked me if I wouldn't like to do my dialysis at home, and I said no because I lived alone- and he didn't say anything. (23)
Perception of housing issues	<ul style="list-style-type: none"> • I told her that I could not do dialysis at home because I do not have a well-established house to live in. (7) • There is a lot of ignorance on our part about this... because you see that one has to have a special room that it is always clean and disinfected. (22) • I got to thinking that if that needs to be in a very clean room, painted white and all that. (23)

^aParentheses and number following each quote refers to the participant interview number.

Barriers to Patient-centered Decision Making in Dialysis Treatment

Participants described challenges in accessing relevant information, receiving support, and making informed decisions about their dialysis treatment.

Lack of Peer Perspective to Guide Dialysis Decision Making

Participants felt that understanding their peers’ perspective in dialysis modality experience would be important to include in dialysis modality education. One participant said, “We have doctors and we have nurses and you guys are telling us, ‘we know how you feel,’ but no one knows

how we feel, but us, you know what I’m saying?” (Participant 18).

Fear and Apprehension Toward Home Dialysis

Participants described fear of being unable to manage home dialysis which were extrapolated during their experience receiving in-center dialysis, such as cramps, low blood pressure, or high potassium levels. One participant said, “I have more faith in the nurses at the clinic, because you get sick and they call 911 there... That’s why it would make me a little nervous to do it at home, because I see dialysis as a very complicated thing, because there is no machine, no chairs or all that.”

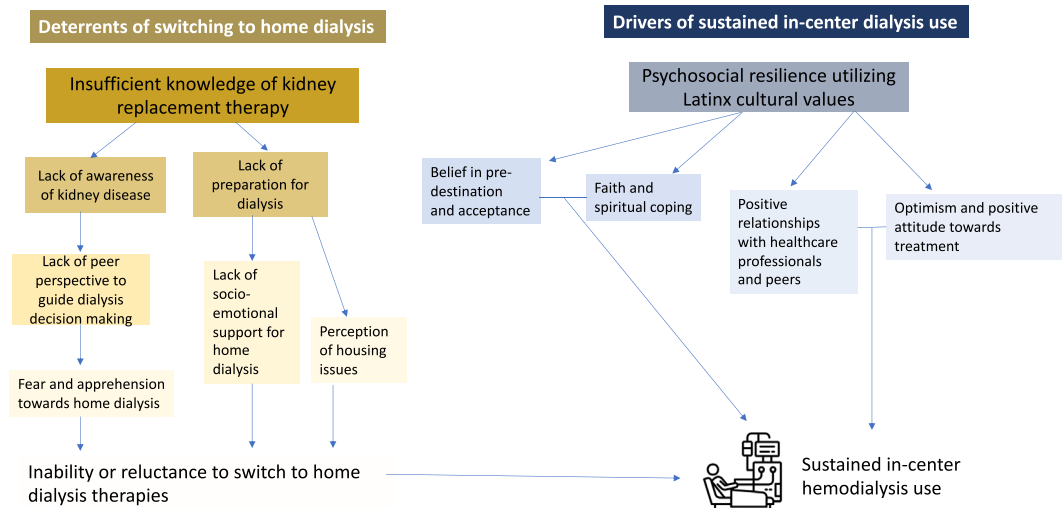


Figure 1. Thematic schema illustrating deterrents of switching to in-center hemodialysis and drivers of in-center hemodialysis use for Latinx individuals with kidney failure receiving in-center hemodialysis.

(Participant 10) Further, participants reported hearing information about peritoneal dialysis from family and friends which made them fearful and apprehensive about transitioning to home dialysis. This included needing to have a giant hole in the stomach or being excluded from the transplant list because of receiving home dialysis.

Lack of Social-emotional Support for Home Dialysis

Participants who lacked support at home felt they were unfit for self-management despite lack of a formal assessment from their health care professional about whether they were fit to perform home dialysis. In addition, others felt their support system would be too busy, but had not formally asked their family or caregiver because of not wanting to be a burden.

Perception of Housing Issues

Participants reported pre-emptively deciding against home dialysis based on perceptions of issues with space for supplies in their house though none of these participants had gone through a formal house inspection or home dialysis training. Additionally, their experience from in-center dialysis, which made them feel the level of in-center cleanliness could not be reached at home, was another factor influencing their decision. One participant noted that Latinx people expect to receive medical care outside the home: “I think it’s more of just what’s traditional and expected with Latinos... you just expect to take them to the doctor for treatment. You don’t expect to do it at home.” (Participant 4).

DISCUSSION

To our knowledge, this is the first qualitative study to explore the drivers underpinning sustained in-center hemodialysis treatment, versus switching to home dialysis therapies, for Latinx individuals receiving in-center hemodialysis. The reasons participants noted they remained on in-center dialysis treatment were the social relationships in the dialysis unit and a belief which motivated coping with their current challenges. In comparison, switching to home dialysis was impaired by lack of knowledge and patient-centered dialysis decision making, incorporating the peer perspective and addressing social needs important to the patient, such as housing and caregiver support. As Latinx people are less likely to use home dialysis modalities and receive adequate pre-dialysis care, this study offers important context as to what unique factors contribute to sustained in-center dialysis use for this population.

The experience of those receiving in-center dialysis was positively influenced by the relationships formed in the dialysis center, which are framed within self-actualization of Latinx cultural values. *Personalismo*, or the preference for connectedness based on mutual trust, is a value predominant in Latinx culture important to feeling a sense of identity, purpose, and meaning.²² Participants in our study felt their social relationships with other dialysis patients

were particularly meaningful. Moreover, participants described their trusted relationships with the dialysis staff, especially the nurses and technicians they interacted with frequently, as an important facilitator to their well-being while receiving dialysis. As such, understanding the role of trusted social relationships for Latinx individuals is important when considering how to provide quality care and education to this population. Relatedly, a lack of culturally concordant peer education and perspective throughout the dialysis decision-making process impaired the opportunity to switch to home dialysis. Indeed, peer support has been shown to have particular influence of Latinx individuals managing chronic disease, including breast cancer, diabetes, and emergency dialysis.²³⁻²⁵ Opportunities to develop personalized peer support relationships for Latinx individuals receiving home dialysis therapies may be one such strategy to improve dialysis decision making.²⁶

Beliefs predominant in Latinx culture that affect attitudes of medicine and disease are important for health care teams to understand and incorporate into shared dialysis decision-making approaches.²⁷ Faith and spirituality was described by our participants as a coping mechanism that allowed them to persevere and continue treatment with hemodialysis. Faith is a commonly used source of support among Latinx individuals, and evidence has demonstrated that it improves self-management and resilience of chronic diseases, such as diabetes and cancer, in this population.^{22,27-29} Moreover, the value of *fatalismo*, or the belief that outcomes are predetermined and may not be changed, is intertwined with faith and spirituality. Fatalism may be used as a coping mechanism through accepting of the illness as part of a divine plan, reducing anxiety by the belief that what will happen is destined to happen, coping with uncertainty through the belief that all things are predestined, and finding meaning in the illness as part of a pre-existing plan. We found that individuals felt resolve to accept the challenges associated with their disease; they felt there was little they could do to change it and instead focused on acceptance and perseverance. This belief may also influence a lack of motivation to consider alternative treatment options. In addition, optimism is a deeply rooted value in Latinx culture as described by our participants and well-documented as a coping mechanism for Latinx individuals with chronic disease, one that is associated with positive health outcomes.³⁰ Optimism may align with and corroborate fatalism and faith through a positive and hopeful outlook on the future despite the belief that it is predetermined. It is important to understand how these beliefs shape and affect decision making and care choices when approaching dialysis modality education with Latinx individuals. Indeed, too often when patients are engaged in kidney disease education, these important values shaping decision making and identity are overlooked. For example, Latinx patients receiving dialysis have previously described how their end of life preferences are shaped by their spirituality and belief in predestination.³¹ It is critical that shared decision making aids and

kidney disease educational materials are culturally responsive and incorporate cultural values and ideals. One such way to ensure this is through community engaged codesign of educational materials and decision aids; efforts to adapt educational materials for the Latinx community both for decision making in kidney disease and in other chronic disease states have demonstrated success in health knowledge and attitudes for these communities.³²⁻³⁵

Latinx individuals receiving home dialysis have previously reported misinformation surrounding home dialysis treatment within the Latinx community, leading to stigma and fear of negative outcomes.¹⁰ Importantly, although individuals receiving home dialysis reported lack of formal education from nephrology team regarding home dialysis, the participants receiving in-center described lack of awareness of their kidney disease entirely, which is likely related to less pre-dialysis care. Additionally, participants extrapolated their experiences with in-center dialysis complications, such as stigmata of low blood pressure, which exacerbated fear of such negative outcomes being at home. Although fear of negative outcomes has been reported in the non-Latinx community, it is important to note that Latinx individuals receive a greater portion of their dialysis information outside of the health care context and may be more vulnerable to receiving inaccurate information circulating within their peer network.³⁶ One important and unique observation from our study was that participants described perceived barriers such as housing or care support despite not receiving any formal professional evaluation for barriers to home dialysis. This is similar to previous findings concerning living donor transplant; Latinx individuals report hearing misinformation about living donation, leading to fears of living donation and were reticent to ask family members to be evaluated for living donation – before receiving education from health care sources.^{37,38} Another possible reason for this finding may be lack of a trusting relationship with the health care professionals providing modality education. Overall, this finding illustrates the importance of peer-to-peer education within the Latinx community and also speaks to the need for earlier pre-dialysis education, ideally from a trusted source.

Our study has limitations. The Latinx community is heterogeneous, as most of the participants were from Mexico, our findings may not be transferable to other Latinx/Hispanic subgroups. Second, this study included 3 participants who changed from home dialysis to in-center dialysis. These perspectives were found to be similar to themes of other participants. In addition, we did not ask immigration status, and it is likely several participants in our study had undocumented immigration status. As undocumented individuals are ineligible for federal insurance, this may offer additional barriers to home dialysis that is not transferable to other populations. In addition, many participants had long dialysis vintage, which may make switching to peritoneal dialysis more difficult or even unadvisable because of lack of residual

kidney function. Lastly, because of the qualitative study design we did not completely capture the role of structural barriers to home dialysis and could not compare to other populations.

Overall, Latinx individuals receiving in-center dialysis reported reasons for sustained in-center dialysis use included social relationships and use of cultural coping mechanisms to overcome the challenges of in-center dialysis. Lack of education as well as limited patient-centered dialysis decision making options impaired switching modalities because of fear of home dialysis and perceived concerns about candidacy affected motivation in pursuing switching to home dialysis. In addition to culturally competent pre-dialysis care, efforts to incorporate Latinx cultural values into kidney care and education represent critical junctures in efforts to improve the modality education experience and interest in home dialysis for this population.

SUPPLEMENTARY MATERIAL

Supplementary File (PDF)

Item S1. Interview guide for Latinx patients with kidney failure receiving in-center dialysis.

ARTICLE INFORMATION

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