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ORIGINAL ARTICLE

Sexual Lives of Hemodialysis Patients: A Phenomenological Approach

Hemodiyaliz Hastalarının Cinsel Yaşamları: Fenomenolojik Bir Yaklaşım

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ABSTRACT

Objective: This study aims to analyze the effect of the hemodialysis practice on the patients' sexual functions and sexual experiences.

Materials and Methods: Designed as phenomenological research, the study was performed with 19 patients who had hemodialysis treatment from 20 January 2021 to 20 February 2021 and agreed to participate in the study. The research data were collected by using individual in-depth interviews, the researchers' notes, and patients' personal notes. The 'Patient Information Form' and the semi-structured 'Interview Form' were used as the data collection tools. The research data were examined thematically by using the content analysis method. Two main and eight sub-themes were determined.

Results: The hemodialysis patients included in the study said that sexuality is an indispensable part of their life, they cannot enjoy sexual intercourse due to hemodialysis, they have fear of damaging the fistula or catheter during sexual intercourse, the frequency of sexual intercourse decreases and/or their sexual life ends, they experience erectile dysfunction due to additional diseases, it was determined that they 'refused to have sexual intercourse due to fatigue due to hemodialysis and experienced problems in their family relations', 'do not want to have intercourse due to religious obligations that must be fulfilled after sexual intercourse, and 'avoid sexual intercourse due to contamination during the COVID-19 pandemic.

Conclusion: In our study, it was found that the sexual functions of the patients who had chronic renal failure and underwent hemodialysis deteriorated. So that the patients will develop positive coping mechanisms against the burden imposed on them by hemodialysis, it is recommended that these patients be oriented toward receiving professional psychological support and be educated about sexuality.

Keywords: Hemodialysis, sexual function, phenomenological approach, Turkey

ÖZ

Amaç: Bu çalışma, hemodiyaliz uygulamasının hastaların cinsel işlevlerine ve cinsel deneyimlerine etkisini incelemeyi amaçlamaktadır.

Gereç ve Yöntemler: Fenomenolojik araştırma olarak tasarlanan çalışma, 20 Ocak 2021 - 20 Şubat 2021 tarihleri arasında hemodiyaliz tedavisi gören ve araştırmaya katılmayı kabul eden 19 hasta ile gerçekleştirildi. Araştırma verileri; bireysel derinlemesine görüşmeler, araştırmacıların notları ve hastaların kişisel notları kullanılarak toplandı. Veri toplama aracı olarak "Hasta Bilgi Formu" ve yan yapılandırılmış "Görüşme Formu" kullanıldı. Araştırma verileri içerik analizi yöntemi kullanılarak tematik olarak incelenmiş olup 2 ana ve 8 alt tema belirlendi.

Bulgular: Çalışmada yer alan hemodiyaliz hastaları cinselliğin hayatın vazgeçilmez bir parçası olduğunu, hemodiyaliz nedeniyle cinsel ilişkiden zevk alamadıklarını, cinsel ilişki sırasında fistül veya katetere zarar verme korkusu yaşadıklarını, cinsel ilişki sıklığının azaldığını ve/veya cinsel yaşamlarının bittiğini, ek hastalıklara bağlı olarak sertleşme sorunları yaşadıklarını, hemodiyaliz kaynaklı yorgunluk nedeniyle cinsel ilişkiye girmeyi reddettiklerini ve aile içi ilişkilerinde problemler yaşadıklarını, cinsel ilişki sonrası yerine getirilmesi gereken dini yükümlülükler nedeniyle ilişkiye girmek istemediklerini ve COVID-19 pandemisi sırasında bulaş nedeniyle cinsel ilişkiden kaçındıklarını belirlenmiştir.

Sonuç: Çalışmamızda, hemodiyaliz uygulanan hastaların cinsel fonksiyonlarının bozulduğu belirlendi. Hemodiyaliz getirdiği yükü karşı hastaların olumlu baş etme mekanizmaları geliştirebilmeleri için bu hastaların profesyonel psikolojik destek almaya yönlendirilmesi ve cinsellik konusunda eğitilmesi önerilmektedir.

Anahtar Kelimeler: Hemodiyaliz, cinsel fonksiyon, fenomenolojik yaklaşım, Türkiye.

Introduction

Chronic renal failure is the progressive and irreversible loss of kidney function, during which the glomerular filtration rate falls below 60 ml/min as a consequence of the kidney damage persisting for a minimum of three months on the basis of different etiologies (1). The renal replacement therapy (RRT) method applied mostly to patients with chronic renal failure is the hemodialysis program. According to 2020 data released by the Turkish Society of Nephrology, the RRT point prevalence was 1007.6 per million, the RRT incidence was 150.5, the hemodialysis incidence was 9.645, and the hemodialysis prevalence was 61.341 in

Turkey (2).

The patients with chronic renal failure have physiological (1, 3), psychological, and economic problems (4-8) during the disease and treatment processes, and the loss of sexual functions comes at the top of the most important problems experienced by the patients (3). It is asserted that the factors such as endocrinologic problems, diabetes, hypertension, glomerular and vascular diseases, medications, psychosocial factors, and depression are among the causes of the loss of sexual functions in patients with chronic renal failure (3, 5). In the relevant literature, it is discerned that the number

of sexual dysfunctions increased in the hemodialysis patients and the prevalence of sexual dysfunctions was 60-80% among the hemodialysis patients (4,6,7), the prevalence of sexual dysfunctions was 60-70% among the women (8), and the prevalence of erectile dysfunction was 58-88% among the men (9-11).

Sexual dysfunction is a multifaceted health problem and requires a multidisciplinary team approach (3,8-11). Having information about the sexual dysfunction and the factors giving rise to it is of extreme importance to the nurses as the members of this team to ensure the early diagnosis and treatment of sexual dysfunction, to enhance the quality of patient's life (12-14), and also, to protect and develop sexual health (15-19). Upon the review of the relevant literature, it was ascertained that there were a limited number of quantitative studies (7, 20) and qualitative studies (21-23) that analyzed the sexual functions of the patients who had chronic renal failure and had hemodialysis treatment. Therefore, this study aimed to phenomenologically examine the effects of hemodialysis practice on the patients' sexual functions.

Methods

Study Design

This study was performed on the basis of the descriptive phenomenological approach.

Research Setting and Sample

The research population was comprised of 35 hemodialysis patients who had treatment at the hemodialysis unit of a public hospital in Konya province of Turkey from 20 January 2021 to 20 February 2021. The purposive sampling method was used in the research. In this sampling method, the researcher first selects a sample group from the population, and then, a sub-group that the researcher thinks will make the largest contribution to the research is created from the selected sample group (24). It is asserted that the qualitative studies in which in-depth interviews are held can be conducted with small sample groups limited to 5-25 participants (25). When the answers given by the research participants to the questions begin to be similar to each other, it is deemed that the saturation criterion is satisfied and the data collection process is stopped (26, 27). The criteria to be met by the patients to be included in the research were (a) to be aged 18 years or above, (b) to have no communication or perception problem, (c) to undergo hemodialysis for a minimum of one year, (d) to have no psychiatric problem, (e) to speak and understand Turkish, and (f) to volunteer to take part in the study. Four patients who had hemodialysis for a period shorter than one year, seven patients who did not agree to participate in the research, two patients with psychiatric diseases, and three old patients who had trouble understanding the questions were left out of the research. The study was completed with 19 hemodialysis patients who met the criteria for being included in the research and agreed to participate in the research.

Data Collection Tools

The research data were collected by using the 'Patient Information Form' and the semi-structured 'Interview Form', both of which were prepared by the researchers in light of the relevant literature (21,22,28,29).

The 'Patient Information Form' had a total of 20 questions. In this form, 11 questions were designed to identify the hemodialysis patients' sociodemographic characteristics (age, gender, marital status, education level, and so on), 9 questions found out about the patients' chronic diseases ("For how long have you had chronic renal failure?", "For how long have you undergone hemodialysis?", and so on), and 1 question pertained to the patients' sexual intercourse frequencies.

The semi-structured 'Interview Form' contained five open-ended questions. These questions were as below:

1. How do you define sexuality?
2. How does the hemodialysis treatment affect your sex life?
3. How does a fistula/catheter connected to your body along with hemodialysis treatment affect your sex life?
4. What were the changes you had to make in your sex life along with hemodialysis treatment before COVID-19?
5. What were the changes that took place in your sex life during the COVID-19 pandemic?

Data Collection

As the pandemic continued during the research, the researchers collected the research data by using the face-to-face in-depth interview method upon putting on masks, aprons, gloves, and face visors and in full compliance with the social distancing and hygiene rules in the interviews. If the patients agreed that their statements could be recorded during the interview, the statements were audio-recorded. At the same time, the patients' statements were written down by the researchers during interviews. All participants were interviewed by the researchers themselves. The interviews were held in three stages with each participant. In the first stage, the participant patients were informed about the research purpose and its coverage, and accordingly, a work plan was produced. In the second stage, the individual interviews were held with the participant patients, and each interview took 35-45 minutes on average. If a question was not fully understood by a participant patient due to the barriers created by the protective equipment utilized for preventing the spread of the COVID-19 pandemic, the question was repeated by the researchers. In the third stage, the interview reports written by the researchers were examined, and the accuracy of data in the interview reports was checked and confirmed by the participants.

Data Analysis

The 'Content Analysis' was used as the method in the process of analysis of the data that were collected under the research. The collected data were first conceptualized, and then the themes were identified by organizing the data logically. After the content analysis was conducted for the data, the data were coded by naming the sections of the data (a word, a sentence, a paragraph, and so on). As per the participants' views, the classifications were created in the context of sub-problems. The answers given by the participants to a question were classified as themes, sub-themes, and codes. Next, the collected data were transferred to the computer platform. Expert opinions about the themes, sub-themes, and codes were received from one faculty member from the department of sociology and two faculty members from the department of nursing.

Results

Participants' Descriptive Characteristics

Table 1 displayed the participant patients' descriptive characteristics. It was discerned that 57.9% of the participant hemodialysis patients were male, their mean age was 54.31 ± 15.21 years, 36.8% of them were housewives and did not work, 63.2% of them were primary school graduates, and 52.6% had medium-level income (Table 1).

Table 2 exhibited the participant hemodialysis patients' features in relation to chronic diseases and COVID-19. It was identified that the participant hemodialysis patients' disease duration and hemodialysis duration ranged from 1 to 23 years, all of them underwent hemodialysis three times a week, 31.6% of them tested positive for COVID-19, 42.1% of them had a sex life that ended, and 36.8% of them had sexual intercourse once a month and 21.1% of them had sexual intercourse twice a month (Table 2).

Thematic Results

Two themes and eight sub-themes were produced from the analysis of patients' data. The themes were 'the meaning of sexuality' and 'the effects of hemodialysis on sex life'. Certain citations made from the face-to-face interviews and the patients' written accounts about the themes were presented in this part and Table 3.

Theme 1: The meaning of sexuality

Sub-theme 1.1: Integral part of life

The participant hemodialysis patients stated that sexuality was an indispensable part of life, and the intra-family relations deteriorated and their psychological state was negatively affected when no sexual relationship was present between the couples.

Some patients' views about this sub-theme were presented below:

- Sexuality is a part of life, it is like eating and drinking. However, these chronic diseases put an end to everything in life. I have no sex life, the quality of my life fell considerably. (P1)
- Sexuality seemed insignificant initially, however, along with this treatment process, I eventually understood how significant it was. Without sexuality, family life was also not in place. (P16)

Theme 2: The effects of hemodialysis on sex life

Sub-theme 2.1. The loss of sexual drive and the sexual dissatisfaction/failure to have pleasure in sex

In this study, some patients said that they lost their sexual drive and failed to take pleasure in sex while some patients stated that they could not be satisfied. Some patients' statements about this sub-theme are as follows:

- Before I had this disease, we used to have higher levels of sexual drive and have sexual intercourse more frequently. Since I got the disease, I can never have sexual satisfaction. (P3)
- My spouse was getting angry initially, he/she did not want to understand me, he/she was forcing me to have sexual intercourse. Sexual reluctance and dissatisfaction come into play in the sexual intercourse that takes place forcibly. Over time, my spouse also understood that, and he/she does not force me to have it any longer. (P14)

Sub-theme 2.2. The fear of damaging the fistula or catheter during sexual intercourse

The patients who underwent hemodialysis with the fistula/catheter reported that this situation affected their sex lives negatively and restricted their positions during sexual activity. Moreover, the participant patients told that they prevent the catheter from getting wet/being dislocated/causing infection/being damaged and so they did not want to have sexual activity. Some patients' statements about this sub-theme are as follows:

- When the catheter was first installed, my spouse and I never had sexual intercourse for three months because of the challenge of having a bath following the intercourse and because my spouse feared harming me. Until the catheter was removed from my neck and the fistula was inserted into my body, I experienced a sexually challenging process. (P4)
- Initially, when the catheter was installed, it was difficult to move and have a bath. I had pain in the body part where the catheter was installed, and even if the tip of the catheter was covered, it would swing back and forth. When the fistula

was inserted, I could not move due to the fear of damaging the fistula. (P17)

Sub-theme 2.3. The fall in the frequency of sexual intercourse and the end of sex life

In this study, the participating patients stated that the frequency of sexual intercourse decreased and/or ended due to the changes in the symptoms and moods during the treatment process.

- Initially, we used to have sexual intercourse once or twice a week. At present, the sexual drive and the frequency of sexual intercourse are low. We have sexual intercourse once a month. (P5)
- My spouse never approached me for the last two years, this disease put an end to my sex life. (P7)
- Together with the dialysis treatment, the frequency of sexual intercourse diminished. I have a sex life as tiny as to be deemed inexistent. (P3)

Sub-theme 2.4. The erection problems due to additional diseases

In this study, the participant hemodialysis patients said that some chronic diseases (diabetes, heart diseases, and so on), and the advanced age gave rise to erection problem over time and hence, and their sex lives were negatively affected.

- Additionally, I had diabetes, and it also affected my sex life very negatively. I had trouble in the sexual sense, and my sexual drive and the frequency of sexual intercourse declined by 60%. I had an erection problem in my penis. (P9)
- Together with the dialysis treatment, sexual drive decreased, and eventually, it disappeared. I think that age also has an effect. I also have no erection. (P12)

Sub-theme 2.5. The refusal to have sexual intercourse due to the hemodialysis-based fatigue

In this study, the participant hemodialysis patients told that, after the hemodialysis therapy, they felt very tired in general due to the dialysis, they could not compose themselves during the entire they did not want to perform any sexual activity. Some patients' statements about this sub-theme are as follows:

- Together with the dialysis treatment, I began to feel weak and tired. Especially during the day on which I have dialysis, I cannot do anything. On that day, my spouse does not also disturb me for sex. (P2)
- As I felt very tired, feeble, and weak in general following the dialysis, my spouse distanced herself/himself from me and did not approach me. This situation affected our sex life adversely. (P11)

Sub-theme 2.6. The religious requirements to be met following the sexual intercourse

In this study, the participant hemodialysis patients stated that they did not want to have sexual activities as they were supposed to have a bath to perform the ritual ablution of the whole body following each sexual intercourse and this situation affected their sex lives negatively. Some patients' statements about this sub-theme are as follows:

- When the catheter is attached to me, even if we have sexual intercourse the next day after I undergo hemodialysis, having a bath becomes a problem. It is necessary not to make the catheter wet. Frequently having sexual intercourse requires that the ritual ablution of the whole body be frequently performed. (P13)
- The need to have a bath following sexual intercourse reduces the frequency of having sexual intercourse. (P15)

Sub-theme 2.7. The sexual avoidance during the COVID-19 pandemic

In this study, the participant patients who had contact with a COVID-19 patient or tested positive for COVID-19 asserted that their sex lives were negatively affected, they had fears and had no sexual activity due to thinking that they would infect their partners. Some patients' statements about this sub-theme are as follows:

- When I had COVID-19, I did not have sexual intercourse with my spouse so that my spouse would not be infected with COVID-19. (P2, P13, P15)
- Sexual reluctance was in place during the pandemic, there was a decrease in sexual drive. (P11, P12)

Table 1. Sociodemographic characteristics of the hemodialysis patients (n = 19)

Code	Age	Sex	Marital Status	Education	Working	Income Status
P1	60	Female	Married	Primary education	Half day	Bad
P2	47	Female	Married	Primary education	Housewife	Middle
P3	52	Female	Married	Primary education	Housewife	Bad
P4	30	Female	Married	Primary education	Housewife	Middle
P5	44	Male	Married	Primary education	Half day	Good
P6	32	Female	Married	Primary education	Housewife	Good
P7	56	Female	Married	Primary education	Housewife	Good
P8	82	Male	Married	Primary education	Not working	Middle
P9	60	Male	Married	Primary education	Not working	Bad
P10	65	Male	Married	Primary education	Not working	Middle
P11	41	Male	Married	Secondary education	Not working	Middle
P12	75	Male	Married	High education	Not working	Middle
P13	45	Male	Married	Primary education	Not working	Bad
P14	67	Female	Married	Secondary education	Housewife	Middle
P15	40	Male	Married	High education	Not working	Middle
P16	49	Male	Married	Secondary education	Not working	Middle
P17	62	Female	Married	Primary education	Housewife	Middle
P18	81	Male	Married	High education	Not working	Good
P19	44	Male	Married	Secondary education	Not working	Bad
The Average Age: 54.31±15.21 (Min: 30; Max: 82)						

Min: Minimum, Max: Maximum

Discussion

In the current study, the hemodialysis patients said that the sexuality was like eating and drinking, and their daily life activities were disrupted and intra-family relations deteriorated, they had problems with their spouses, and their psychological state was negatively affected when their sex lives were disturbed by the disease. Upon the review of the relevant literature, it is discerned that there are studies in support of the findings of this current study (4,22,29). In the current study, even if the participant hemodialysis patients have sexual problems with their partners, they consider this situation as a part of life, and so this situation can be associated with the low-level sexual drive. These

Table 2. Characteristics of Hemodialysis Patients Related to COVID-19 and Other Chronic Illness (n=19)

Patient code	Duration illness	Hemodialysis time	Hemodialysis frequency	Covid-19	Frequency of sexual intercourse
P1	11	11	3/week	No	-
P2	7	7	3/week	Yes	1/moon
P3	6	6	3/week	No	2/moon
P4	9	1	3/week	No	2/moon
P5	23	23	3/week	No	1/moon
P6	20	18	3/week	No	1/moon
P7	2	2	3/week	No	-
P8	1	1	3/week	Yes	-
P9	9	7	3/week	No	1/moon
P10	4	4	3/week	Yes	-
P11	11	11	3/week	Yes	1/moon
P12	3	2	3/week	No	-
P13	15	15	3/week	Yes	1/moon
P14	6	6	3/week	No -	-
P15	1	1	3/week	Yes	1/moon
P16	16	16	3/week	No	-
P17	4	4	3/week	No	2/moon
P18	5	5	3/week	No	1/moon
P19	11	11	3/week	No	2/moon

Table 3. Themes and sub-themes created from the sexual experiences of hemodialysis patients

Themes	Sub-Themes
1. The meaning of sexuality	1.1. Integral part of life
	2.1. Loss of sexual desire and dissatisfaction-inability to enjoy
	2.2. Fear of damaging the fistula or catheter during sexual intercourse
	2.3. Decrease in frequency of sexual intercourse and end of intercourse
2. Effects of hemodialysis on sexual life	2.4. Having erection problems due to additional diseases
	2.5. Refusal of sexuality due to fatigue from hemodialysis
	2.6. Religious requirements after sexual intercourse
	2.7. Avoiding sex during the COVID-19 pandemic

results showed that offering psychological guidance was important to the development of effective coping methods by talking about hemodialysis patients' sexual problems.

In the current study, it was identified that the hemodialysis patients suffered from the loss of sexual drive and could not be satisfied and take pleasure in sex. As per

the review of the relevant literature, it is discerned that the previous studies performed with the hemodialysis patients obtained results similar to the findings of this current study and found that the patients' satisfaction with the sexual intercourse decreased (21,23,29) and the women had more problems than men in relation to sexual drive, satisfaction, and romanticism. As the reason for these problems, it is stated that the patients were urged to have sexual intercourse following the hemodialysis and they suffered from the loss of sexual drive, dissatisfaction, and the inability to have pleasure (21,28,30-32). Upon the review of the relevant literature, it was found that the women who underwent hemodialysis had no sexual activity at all or had low-level sexual functionalities (orgasm 75.1%, arousal 64.0%, lubrication 63.3%, pain 60.7%, satisfaction 60.1%, and sexual drive 58%) (20). Along with these results, it is supposed that the female and male hemodialysis patients who had sexual problems suffered from the fall in self-respect, the feeling of inadequacy, and the negative body image over time. The reasons behind this situation are considered to be the factors such as being sexually restricted and not having a proper sexual education.

In the relevant literature, a large majority of the patients undergoing hemodialysis therapy feared damaging the fistula/catheter accidentally due to the positions taken during the sexual intercourse, and thus, their sex lives were restricted. Certain patients stated that their spouses were more considerate about having sexual intercourse than them whereas some patients asserted that they were forced by their spouses to have sexual intercourse even if they did not want to do so (21, 29). These results are in a similar vein to the findings of the current study. Along with these results, it was thought that the fistula affected the sexuality less even if it affected the body image negatively while the presence of the catheter affected the patients' sex lives more.

In the relevant literature, the studies conducted with the hemodialysis patients stated that changes in the body image, and the fall in the men's testosterone hormones and the women's estrogen hormones made the patients sexually inactive (21,29,33,34), the patients had sexual problems in terms of romanticism, anorgasmia, avoidance, and communication, and they should be supported psychologically (29). The study results indicated that the sexual health of the patients with chronic renal failure was negatively affected by the symptoms and intensive treatments that they had. Therefore, the hemodialysis patients' sexual health should be examined regularly, the hemodialysis patients should be evaluated routinely for sexual dysfunction, and sexual health education should be offered to these patients.

In the current study, it was found that some male patients, who had hemodialysis treatment, experienced erection problems, and according to these patients, this problem was associated with

age and comorbidities. In the relevant literature, the quantitative studies performed with the hemodialysis patients set forth that the hemodialysis patients' age and sexual functionality were negatively associated, the erection problem increased as the age, depression level, and comorbidities increased (3,7,9,29,35), and the characteristics related to the state of health affected the sexual dysfunction (11). It is discerned that the findings of this current study are akin to the study results in the relevant literature. Along with the results of this current study, it is important that the sexual consultancy in the form of training be offered to them by providing them with andrology consultations to male patients in order to get rid of erectile dysfunction. In the current study, most hemodialysis patients asserted that the fall in sexual drive and sexual intercourse or the refusal to have sexual intercourse was associated with fatigue. In the relevant literature, some female patients did not desire any sexual activity and refused to have sexual intercourse as they felt tired (21,32,36,37). It is important that the treatment programs for reducing/eliminating this fatigue be reviewed, necessary initiatives in this direction be put in place, and treatment protocols for dealing with fatigue be created.

In the current study, it was identified that most patients said that, following each sexual intercourse, they were supposed to perform the ritual ablution of the whole body while having a bath as required by the religious rituals, and this situation affected their sex lives negatively. In the relevant literature, it was found that there was no study about the religious requirements in terms of fistula and catheter use. These results demonstrated that it was an overlooked issue that the hemodialysis patients were supposed to have a shower as required by the religious rituals. Along with these results, it was considered that, while catheter or fistula was being connected to the Muslim patients, it should be remembered and taken into account that the Muslim patients were supposed to have a shower as required by the religious rituals.

To reduce the risk of infection during the COVID-19 pandemic, people are expected to have a social distance from each other. It is asserted that sexual activity is one of the daily life activities likely to be affected by social distancing (38). In the relevant literature, there are compilations of studies that indicate that the social isolation and physical distancing measures implemented due to the COVID-19 pandemic had effects on sexual behavior (38, 39). It is discerned that the findings of this current study are in a similar vein to the relevant literature. Along with these results, it is considered that protecting and improving sexual health through sexual training during the pandemics such as COVID-19 is of importance.

Conclusion

In conclusion, it was found that the sexual functions of the patients who had chronic renal failure and

underwent hemodialysis deteriorated. So that the patients will develop positive coping mechanisms against the burden imposed on them by chronic renal failure and hemodialysis, it is recommended that these patients be oriented toward receiving professional psychological support and be educated about sexuality.

Ethical Aspect of Research

Before the study data was collected, the approval of the Ethics Committee of the Burdur Mehmet Akif Ersoy University Non-Interventional Clinical Research Ethics Committee (Decision No: GO 2021/32) and the approval of the Ministry of Health (2020-12-08T11_48_14) was taken; Verbal and written informed consent was obtained from the hemodialysis patients. Assurance was given about the confidentiality of the information and sound recordings used in the study. In the study, code names P1, P2, P3 ..., P19 were given to the questionnaires instead of the names of the participants. This study was conducted in accordance with the Good Clinical Practice and Reporting Standards of Qualitative Researches of the Declaration of Helsinki.

Limitations of the Study

The results of this study are limited to the patient population of the hospital where the study was conducted. Therefore, the results may not be generalizable. In addition, the fact that the study was conducted with 19 hemodialysis patients who participated voluntarily, that there was no gender discrimination and that patients who could not have sexual intercourse were not excluded can be counted among the limitations.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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All authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

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