



了解透析前模式的决策：定性研究的综合集成

Understanding pre-dialysis modality decision-making: A meta-synthesis of qualitative studies

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ABSTRACT摘要

- Objectives: This systematic review examined how people with chronic kidney disease make decisions about the type of dialysis modality to use.
- In particular, meta-synthesis was used to understand the process of patient decision-making and how aspects of context influenced these decisions.
- This topic is important because home-dialysis has economic and quality of life advantages for patients and society but is underutilized.
- To increase the use of home-based dialysis services a greater understanding is needed of how patients make dialysis modality decisions.
- 目的:这个系统综述研究人们如何决定慢性肾脏疾病透析的方式。
- 特别是,集成用于了解病人的决策过程和对这些决策的影响。
- 这个主题很重要,因为家庭透析对病人和社会的生活质量和经济有优势,但它没有被充分应用。
- 如果想要增加家庭透析的服务,那么患者需要知道更多的知识来决定做什么样的透析。

ABSTRACT

- Design: Systematic review methods incorporating meta-synthesis were used.
- 设计:系统综述的方法结合综合集成.

ABSTRACT

- Data sources: Seven databases were used for the search.
- Eligible studies were published qualitative research studies containing extractable data on decision-making about dialysis modality selection generated from patients with chronic kidney disease.
- 数据源:此研究调查使用了七个数据库.
- 发表符合条件的定性研究包括提取慢性肾病患者如何决定用哪种透析方式的数据.

ABSTRACT

- Review methods: A systematic review was conducted and the data were analyzed using meta-synthesis (also known as meta-ethnography) for qualitative research.
- 评估方法:系统回顾,使用综合集成(也称为元志)的方式分析定性研究的数据

ABSTRACT

- Results: Sixteen studies were included (410 patients at various stages of chronic kidney disease).
- Across all the studies, decisions drew on patients' values and in the context of their situation and life.
- Common elements across patients' decisions were: (1) the illusion of choice – a matter of life or death, (2) minimization of the intrusiveness of dialysis on quality of life, autonomy, values, sense of self, and (3) decision-making in the context of wider knowledge and support.
- 结果:包括了16个研究(处于慢性肾脏疾病的不同阶段的410例患者)。
- 在所有的研究中,决定涉及到了病人的价值观和他们的现状和生活背景。
- 影响患者决策的常见元素是(1)选择观念-生或死的问题,(2)最小化的侵扰透析患者的生活质量,人生自由,价值观,自我意识,(3)以及做出决策的更广泛的知识和支持。

ABSTRACT

- Conclusions: Modality decisions are highly personal and strongly influenced by patient and family values, the context of their life, and a desire for minimal intrusiveness.
- There is a clear need for planned and timely discussions about modalities in which home-based dialysis is presented as a viable option.
- Professional support should focus on patient and family preparation, knowledge of different modalities and the lifestyle implications of different modality choices.
- 结论:模式的决定是很个人的, 被患者和家庭价值观强烈影响, 还有他们的生活环境, 和希望生活被最小程度地侵扰。
- 家庭透析被认为是一个可行的选择, 所以有计划的和及时的讨论是明确需要的。
- 专业的帮助应该集中于在做模式选择时患者和家庭的准备, 不同模式的相关知识以及选择不同模式对患者及其家庭的影响。

What is already known about the topic?

已经知道的主题是什么？

- Home-dialysis has patient and economic benefits but in many high income countries is underutilized.
- 居家透析对患者和经济都有好处,但是在很多高收入国家还没有被充分利用.

What is already known about the topic?

- Education and awareness of home-dialysis modalities can increase home-based service usage but decisions are poorly understood.
- 家庭透析模式的教育和意识可以增加家庭服务,但是大家对怎么去决策知之甚少.

What this paper adds

本文补充说明

- Dialysis modality decision-making is very personal and is strongly influenced by patient and family values, the context of their life, and a desire for minimal intrusiveness.
- 透析方式的决定非常个人化,很大程度上受患者和家庭价值观,生活背景以及他们渴望正常生活受到最小侵扰的影响.

What this paper adds

- Value responsive interventions may be effective in assisting individuals with dialysis modality decision making.
- 有价值的干预措施可有效协助个人做出透析方式的选择

1. Introduction 导语

- Chronic kidney disease (CKD) progressing to dialysis affects 386 people per million in low, middle and high income countries worldwide
- 世界范围中,低中高收入国家里,每百万人有386位慢性肾脏疾病患者进展到透析程度.

1. Introduction

- Pharmacological management is only effective for the early stages of CKD, for long term survival patients in high-income countries are offered transplant or dialysis.
- 药物控制只对CKD的早期阶段有效,在高收入国家,长期生存的患者被提供移植或者透析.

1. Introduction

- However,transplantation can improve life expectancy and quality, eligibility for this surgery is constrained by the patient's health status and the low availability of donor kidneys
- 移植可以提高预期寿命和生活质量,然而,这种手术的适应症受限于患者的健康状况和肾脏捐赠的低可用性.

1. Introduction

- As dialysis has few absolute contraindications, it is the most common and vital means to treat people with CKD
- 由于透析几乎没有绝对禁忌症,它是治疗CKD患者最常用和最重要的手段.

1. Introduction

- People with CKD in high income countries often have to make decisions about the location of dialysis.
- 高收入国家的CKD患者经常需要选择透析的地点.

1. Introduction

- While hemodialysis is most often performed in-center, most often at a hospital, it can also be done at home; conversely peritoneal dialysis is almost exclusively done in the home.
- 血液透析常常在透析中心和医院做, 同样也可以在家里进行:相反,腹膜透析则几乎只在家里完成.

1. Introduction

- Home-dialysis requires the patient and/or family to have the cognitive ability to perform dialysis, support available and to have adequate housing requirements such as space for supplies and in the case of hemodialysis an adequate supply of potable water.
- 家庭透析需要患者及其家属有执行透析的认知能力和支持,以及有足够大的住房空间,对于血液透析还要有足够的饮用水支持.

1. Introduction

- There is consensus in clinical practice guidelines from the United States of America, Canada, Australia, and Europe that individuals with advanced CKD who need renal replacement therapy should be offered different dialysis modalities and be given timely education to support them to choose the modality that best reflects their circumstances, needs and values
- 美国,加拿大,澳大利亚和欧洲形成共同的临床实践指南,针对需要肾脏替代疗法的晚期CKD患者,应该提供不同的透析模式,给予及时的教育支持他们选择最适合他们现状,需求和价值观的透析模式.

1. Introduction

- Compared to hospital based dialysis, home-based dialysis offers financial advantages and for many patients improved quality of life due to the reduced need to travel for dialysis, higher autonomy and greater flexibility to fit around the recipient's occupational and social roles.
- 相比于在医院进行的透析,家庭透析更有经济优势,对很多患者来说由于减少了去透析的路程,有更多的自主性以及更灵活地适应接受者的职业和社会角色,从而提高了生活质量.

1. Introduction

- Homedialysis services are now widely available in high income countries including Canada, the United States, France, Spain, Italy, the United Kingdom, Sweden, Netherlands and Australia
- 家庭透析如今在一些高收入国家如加拿大, 美国, 法国, 西班牙, 意大利, 英国, 瑞典, 荷兰和澳大利亚被广泛使用.

1. Introduction

- Yet, despite this commonality and the potential benefits, patient uptake of home-based dialysis is very low and in-center hemodialysis remains the most common type of dialysis.
- 然而,尽管家庭透析有这些通用的潜在的好处,患者对它的接受度还是很低的,在血透中心做透析仍然是最常见的.

1. Introduction

- For example, in the United States, the prevalence of peritoneal dialysis is declining (7%) while, the prevalence of home hemodialysis in eligible patients remains at 1%.
- 例如，在美国，腹膜透析率下降（7%），符合条件的患者的家血液透析率停留在1%。

1. Introduction

- Australia and New Zealand have the highest prevalence of home hemodialysis with 9.4% and 15.6% prevalence among eligible patients respectively.
- 澳大利亚和新西兰家庭血透率在符合条件的患者中所占比例最高,分别为9.4%和15.6%.

1. Introduction

- This has little do to with the higher prevalence of rural patients in these countries – in the United States people in remote or rural areas are less likely to be offered home-based dialysis.
- 这与这些国家的农村患者的更高患病率几乎无关---在美国,偏远地区或农村的患者都不太可能被提供家庭透析.

1. Introduction

- Utilization rates may relate to wider health system issues and may not reflect choice.
- 使用率可能涉及到更广泛的卫生系统的问题,可能不直接反应选择.

1. Introduction

- However, until recently, little was known about why patients do and do not select home-based dialysis.
- 然而,直到最近,我们对患者为什么选择做或者不做家庭透析知之甚少.

1. Introduction

- Regression analyses have identified that patient knowledge, educational support and sociodemographics can predict modality choice
- 回归分析发现，病人的知识，教育的支持和社会人口统计,预示模式的选择.

1. Introduction

- Lack of uptake of home-based dialysis is predicted by poor knowledge of dialysis, how to dialyze and of the various home and self-care techniques
- 透析知识的贫乏,不懂透析技术以及缺乏各种家庭和自我保健技术,导致了家庭透析的低使用率.

1. Introduction

- Conversely, better knowledge of dialysis modalities predicts increased uptake of home-based modalities
- 相反的,对透析模式的更多知识能够增加家庭透析的接受度.

1. Introduction

- Beyond knowledge, modality selection is also predicted by age, with older patients being less likely to select home-based dialysis
- 除了知识的影响,年龄也会影响模式的选择,年龄大的患者更少选择家庭透析.

1. Introduction

- Peritoneal dialysis is also more common in those who are employed, have higher education, fewer comorbidities, early and frequent nephrologic care , are married or cohabitating , have greater social support and live further from dialysis centers
- 腹膜透析在这种人中更常见:在职的, 有较高的文化程度, 合并症少, 需要早期的频繁的护理, 是已婚或同居, 有更多的社会支持并且距离透析中心更远.

1. Introduction

- Knowledge of what predicts modality selection can be used to assess the likelihood of a patient selecting a particular modality.
- 懂得影响模式选择的因素,可用于评估患者选择某种模式的可能性.

1. Introduction

- However, identifying the main predictors of modality selection conveys little of the personal experiences of the patient decision-making processes for modality selection and how these processes are influenced by other factors, including the patient's context
- 然而,识别模式选择的主要预测因子基本不能传达个人做出选择的经历以及其它因素是怎样影响他们做出选择的,包括他们的生活背景.

1. Introduction

- Understanding these key processes and factors is important because it can be used to develop interventions to increase uptake of home-based dialysis.
- 了解这些关键过程和因素很重要,因为他们可用于制定干预措施以提高家庭透析的接受率.

1. Introduction

- Qualitative research is particularly helpful in providing a deeper understanding of the personal experience and the processes involved.
- 定性研究特别有助于检验深入地了解个人经历以及所涉及的过程。

1. Introduction

- Two systematic reviews have been conducted examining the factors influencing decision-making for all forms of renal replacement therapies.
- 两个系统评估已经被用于检验影响肾脏替代治疗模式选择的因素.

1. Introduction

- Morton et al. conducted a systematic review of qualitative research on all forms of renal replacement therapies.
- Morton et al.进行了一项各种肾脏替代疗法的定性研究的系统评估

1. Introduction

- The objective of this review, using an aggregative design, was to synthesize the views of patients and caregivers in decision-making regarding CKD treatments including dialysis and transplantation.
- 这篇综述使用综合设计,它的目的是综合患者和照顾者对CKD治疗包括血透和移植做选择时的观点.

1. Introduction

- A second review has been conducted by Murra yet al. with the aim of identifying factors influencing patient involvement in CKD decision-making and effective interventions to support this decision-making.
- Murra yet al 进行了第二篇综述,目的是识别影响患者做决定的因素以及支持这个决定的有效干预措施

1. Introduction

- This review included quantitative studies, and topics of conservative management and withdrawing from dialysis
- 这个综述包括了定量研究,保守管理的专题和退出透析的话题.

1. Introduction

- Although these earlier reviews provide valuable information we feel there is merit examining the qualitative literature with an interpretive synthesis specific to dialysis modality decision-making.
- 虽然这些早期的评价提供有价值的信息，我们感到用一个解释性的特殊的特性来检验定性文献对透析方式的选择有价值

1. Introduction

- From the authors clinical experience we question that decision-making for dialysis is different than the choice for transplantation and conservative management
- 从作者的临床经验来看,我们的问题是透析模式的选择与在移植和保守治疗中做出选择不一样

1. Introduction

- Given the long waiting times for organs many patients who are eligible for transplantation (excluding pre-emptive) must first make a modality decision.
- 由于长时间等待移植器官,很多适合组移植的患者(不包括事先购买者),需要先做一个模式的选择.

1. Introduction

- In addition very little information is known about the uptake of conservative management
- 此外,保守治疗的接受信息知道的很少.

1. Introduction

- One Australian study documented one in seven (14%) people with CKD selected conservative management
- 一份澳大利亚的研究显示CKD患者中有14%选择保守治疗.

1. Introduction

- However, a Canadian study demonstrated a very high (61%) percentage of people on dialysis regretted their decision to start on dialysis, stating it was their physician's decision (52%) with 90% of dialysis patients never having discussed advanced care planning with their nephrologists
- 然而，加拿大的一项研究表明有61%的人后悔自己开始透析的决定，52%声称是他们的医生的决定，90%的透析患者从未与他们的医师讨论先进的护理计划

1. Introduction

- This suggests that the frequency of conservative management may be less than documented by Morton et al. (2011).
- 这表明,保守治疗的频率小于Morton et al.提供的数据.

1. Introduction

- Discussions regarding conservative management are likely infrequent for people with CKD and practice variability exists in who is/is not offered dialysis.
- 可能很少与可能在透析中存在变异性的CKD患者讨论保守治疗

1. Introduction

- Our aim in this review was to focus on the processes of dialysis modality decision-making in order to gain insight into home-dialysis decision making.
- 本文的目的是集中于模式选择的过程,从而洞察家庭透析的选择.

1. Introduction

- The authors purposefully narrowed the focus of this systemic review from conservative management and transplant to dialysis modality.
- 作者有目的地从保守治疗和移植缩小了综述的重点

1. Introduction

- From a familiarity of the literature we also believed a systematic review on qualitative research with home-dialysis decision-making exclusively would be too narrow of a focus limiting the review to only a few studies.
- 从对文献的精通来讲,关于透析模式选择的定性研究的综述,限制在少量的研究上太窄了

1. Introduction

- This review is the first to focus on dialysis modality decision-making and report the findings on how people with CKD make treatment decisions about the type of dialysis modality to use.
- 这是第一篇关于透析模式选择的综述,报道了CKD患者如何选择透析模式.

1. Introduction

- The purpose of our review was to examine the patterns and themes of modality decisionmaking and synthesize these findings using meta-ethnography into more generalize knowledge claims which clinicians may better apply to CKD interventions and potentially impact on home-dialysis uptake.
- 这篇综述的目的是调查透析模式选择的模式和主题,使用元至综合这些结果,概括出临床医生对CKD患者选择家庭透析的有效干预措施和潜在影响.

2. Methods方法

- A systematic review of qualitative studies was conducted using meta-ethnography to synthesize studies with an inductive and interpretive analysis
- 定性研究的系统综述,使用元志合成归纳和解释性分析研究

2. Methods

- The result of the synthesis is the translation of one study into another allowing for transferring ideas, concepts and metaphors across the reviewed studies
- 综合的结果是一项研究转化成另一种能够被传递的想法,概念和隐喻在综述研究中

2. Methods

- This method preserves the meaning in the text in the final synthesis as both the interpretations and explanations in the original studies are considered data
- 这个方法维持了 文本中最终综合的意义,原始研究中的解释和说明都考虑到了数据

2. Methods

- This approach has been used successfully to understand complex decisions related to health care
- 这种方法已被成功地用于理解卫生保健相关的复杂决定

2.1. Protocol and eligibility criteria 纳入标准

- The review protocol was developed and agreed upon by the authors.
- 纳入标准由作者决定

2.1. Protocol and eligibility criteria

- The population in the qualitative studies selected for review was people aged 18 years of age or more with CKD.
- 在选定的回顾的定性研究人口年龄在18岁或以上患有CKD的人。

2.1. Protocol and eligibility criteria

- Studies that were neither qualitative nor pertaining directly to dialysis modality decision-making were excluded
- 既不定性也不属于直接与透析方式决定相关的研究被排除在外.

2.1. Protocol and eligibility criteria

- If the samples also included people with transplant, caregivers or conservative management the studies were included in the review.
- However, if the purpose of focus of the study was exclusively on caregivers, transplantation or conservative management the study was excluded.
- 如果样本还包括移植的患者，照顾者或保守治疗的患者,那么此研究被纳入综述。
- 然而，如果研究的重点目的是照顾者，移植或保守治疗,则此研究被排除在外。

2.1. Protocol and eligibility criteria

- The qualitative studies had to include face to-face data collection methods and have exemplars of texts in the publications.
- Studies were also excluded if the main method was quantitative such as those that included one supplementary open-ended question at the end of the study or structured surveys.
- 定性研究必须包括面对面的数据收集方法和在出版物中有示例文本。
- 如果研究的主要方法是定量的,如那些在研究或结构化调查最后包含一个补充的开放性问题,也要被排除。

2.1. Protocol and eligibility criteria

- Non-English publications and non-published literature were excluded.
- 非英语出版物和非出版的文献被排除在外

2.1. Protocol and eligibility criteria

- Mixed method studies were included if they had a specific qualitative component.
- 混合方法研究被列入如果他们有一个特定的质的组成部分。

2.1. Protocol and eligibility criteria

- The final protocol was shared with a health sciences librarian and search terms were developed in collaboration.
- 最终的标准是与一个健康科学图书馆分享,并且搜索词是共同合作研究出来.

2.2. Information sources and search

- The search was conducted in collaboration with a health sciences librarian and completed until September 30, 2009.
- 搜索与一个健康科学图书馆合作进行,在2009年9月30日之前完成.

2.2. Information sources and search

- Studies were identified by searching electronic databases and scanning reference lists of pertinent articles.
- 研究要通过搜索的电子数据库确定和相关文章的参考文献列表扫描。

2.2. Information sources and search

- Databases included were: Medline (1950–2009), Embase (1950–2009), CINAHL (1937–2009), Web of Science (1956–2009) and Scopus (1960–2009).
- 数据库包括了: : Medline (1950–2009), Embase (1950–2009), CINAHL (1937–2009), Web of Science (1956–2009) and Scopus (1960–2009).

2.2. Information sources and search

- The Joanna Briggs Library of Systematic Reviews and the Cochrane database were also searched.
- 还有The Joanna Briggs Library of Systematic Reviews 和 the Cochrane 数据库

2.2. Information sources and search

- Tables of contents for 'Hemodialysis International' were hand searched from the years 2003 to 2009.
- “国际血液透析” 是从2003年到2009年的搜索。

2.2. Information sources and search

- The full electronic search strategy terms were developed to identify qualitative studies (see Table 1).
- 定性研究使用全电子搜索策略

2.2. Information sources and search

- A focused updated search was performed from (September 30, 2009 to January 30, 2012) prior to submission of this paper as well as a supplemental search using PsycINFO database which was missed on the original search.
- 对集中的更新进行搜索（2009年9月30日至2012年1月30日）,从对本文提交之前以及使用PsycINFO数据库对原来搜索错过的进行补充搜索。

2.2. Information sources and search

- All studies found outside of the original search were held to the same eligibility criteria and synthesis methods.
- 原来的搜索外进行的研究采用了相同的资格标准和合成方法。

2.3. Study selection and data collection

研究选择和数据收集Table 1

- Search terms. The following search terms were used: action, analys, audio,audiorecord, category, choice*, choose, chosen, colaizzi,compare, constant, content, continuous ambulatory peritoneal dialysis, continuous renal replacement therapy, critical, decide*,decision making, decision support system, decision*, dialysis, emic,ethnog, ethnol, ethnonurs, etic, experience, extended daily dialysis,field, fieldnote, focus, giorgi, glaser, grounded, groups, hare,heidegger, hemodiafiltration, hemodialysis, hermeneutic, home dialysis, Husserl, interview, kaam, leiniger, lived, manen, maximum, merleau-pont, meta-analy, Meta-ethnog, meta-interpret, metanarrat, meta-stud, meta-summar, meta-synthes, metaanaly,metaethnog, metainterpre, matanarat, metastud, metasummar,metasynthes, narrative, noblit, non, nonparticipants, note, observ,option*, participant, peritoneal dialysis, phenomenology, prefer*,purpose, qualitative, realism, record, renal, renal replacement therapy, research, ricoer, sampl, select*, semi-structured,semistructured, snowball, spiegelberg, strauss, structured, stud,tape, tape, taperecord, thematic, theor, theoretical, triangulat, unstructured, van, variation, video, videorecord, videotap.

2.3. Study selection and data collection

- Assessments of eligibility were performed by reviewing the title and abstract of all citations independently in a standardized manner the authors
- 作者规范的独立的引用标题和摘要来执行评估的资格

2.3. Study selection and data collection

- A data extraction form was developed by the authors based on an extraction form which had been previously successfully used by one of the authors (AC).
- 资料提取表是基于提取先前已成功应用于作者之一的研制

2.3. Study selection and data collection

- The form included details regarding the study title and complete reference, main focus, country, population studied, type of study, sample (age, sex), type of CKD, qualitative approach, data collection methods and findings.
- 其形式包括有关研究的标题和完整的参考，主要的焦点，国家，人口研究，类型的研究，样本（年龄，性别），CKD的类型，定性的方法，数据收集方法和结果。

2.3. Study selection and data collection

- The full text of all relevant articles was reviewed by one researcher (LH) using the standard data extraction form and checked for accuracy by AC.
- 所有相关文章的全文由一位研究员使用标准的数据提取形式审查和交流检查的准确性。

2.3. Study selection and data collection

- Study quality was determined based on the Critical Appraisal Skills Programme (CASP, 2006) tool of quality appraisal for qualitative research.
- 研究质量的确定基于CASP,定性研究的质量评估工具.

2.3. Study selection and data collection

- Using the tool, the quality of each study was categorized as: low, moderate or high and the main reasons for categorization were recorded.
- 使用此工具,每个研究的质量被定性为低中高三等,定性的主要原因也会被记录

2.3. Study selection and data collection

- A quality assessment for each paper was performed by the primary reviewer (LH) and confirmed by the secondary reviewer(AC).
- 每个研究的质量评价由初级审查员进行（LH）,然后由二次评审员进行确认（AC）

2.3. Study selection and data collection

- All discrepancies in this process were resolved by consensus.
- At this stage in the process the authors did not exclude those studies with low quality.
- 在这一过程中所有的差异，可以通过协商解决。
- 在这个阶段的过程中，作者并没有排除低质量的研究。

2.4. Data analysis

- Meta-ethnography (Noblit and Hare, 1988) was the synthesis approach used.
- This approach involved the primary reviewer (LH) firstly reading each selected study to identify the main concepts in studies related to processes of modality decision-making
- 元志是常用的合成方法。
- 这种方法涉及到初级评审员（LH）首先阅读每个选定的研究以确决策过程中涉及的相关研究的主要概念

2.4. Data analysis

- The details of each study in terms of setting and methodological quality were also extracted and taken into account at this stage.
- 每个研究的设置和方法学质量的细节也被提取并考虑在这个阶段。

2.4. Data analysis

- After this, stage two (2nd order coding) was conducted which involves the researchers examining emerging themes and relationships across the studies
- 在这之后，第二阶段进行包括检查新出现的主题和整个研究的关系研究

2.4. Data analysis

- Common or reoccurring concepts were identified.
- The main concepts identified were then used to re-review all the themes identified across the papers.
- 常见的或者重复性的概念被鉴定。
- 然后，确定的主要概念被用于进行重新审查论文中所有的主题。

2.4. Data analysis

- The authors discussed the preliminary findings at each of the three stages and the supporting data.
- 作者讨论这三个阶段初步的发现数据支持.

2.4. Data analysis

- These lattermost findings are the results of this synthesis.
- 这些最后的结果是这合成的结果.

3. Results结果

3.1. Study selection研究选择

- The search yielded 989 potentially relevant studies for screening (Fig. 1).
- Duplicates ($n = 302$) and non-English ($n = 64$) articles were the first to be excluded
- 此调查综合了989个潜在的相关研究进行筛选.
- 重复的($n=302$)和非英文($n=64$)的文献首先被排除在外.

3.1. Study selection

- A more detailed evaluation was then conducted examining the entire abstract.
- 一个更详细的评估被用来检查整个摘要。

3.1. Study selection

- The majority of the remaining studies ($n = 623$) were excluded for having unsuitable topic/populations ($n = 577$) or because they were not qualitative ($n = 30$).
- From 16 suitable studies, two further studies were excluded: one due to lack of relevant findings pertaining to the subject area (Wilkinson, 1998) and the second because the study contained a secondary analysis
- 其余的绝大多数研究 ($N = 623$) 被排除在外,因为它们有不合适的话题/人口 ($N = 577$) 或因为他们不稳定性 ($N = 30$) 。
- 从16个合适的研究,两个进一步被排除在外:一个由于缺乏有关的学科领域的相关结果,第二个是因为包含了二次分析的研究。

3.1. Study selection

- Focused searches conducted to include eligible publications after the original search resulted in the addition of two studies (Morton et al., 2010b; Sondrup et al., 2011) with sixteen studies in total included in them meta-synthesis.
- 在集中对合格的出版物进行搜索后，搜索结果中加入两个研究（Morton et al., 2010b; Sondrup et al., 2011）包括在十六个研究之内的综合集成。

Fig.1

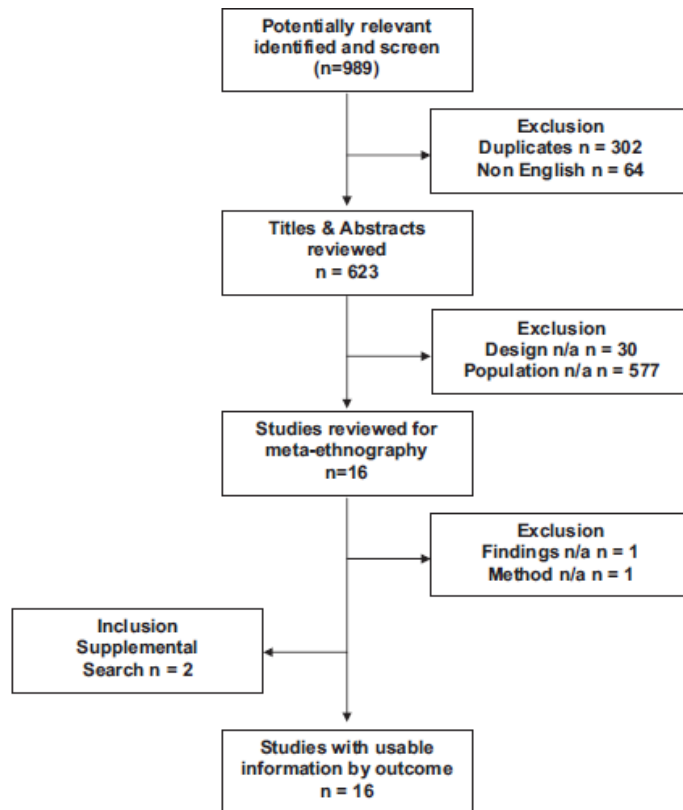


Fig. 1. Quorum flow diagram for meta-ethnography of qualitative studies.

Table 2

Table 2
Summary of studies in systematic review.

Authors/country	Population	Sample size	Focus/approach	Conclusions
Andrew, J. (Andrew, 2001) United Kingdom	CKD patients and family	n = 10	The pre-dialysis experience. Grounded theory	Patients and families accepted a different life view necessary to make modality decisions.
Breckenridge, D. (Breckenridge, 1997b) United States	HD PD	n = 22	Why, how and by whom dialysis was chosen. Grounded theory	Patients and/or others selected the modality. Modality was selected based on practical or clinical circumstances.
Courts, N.F. (Courts, 2000) United States	Home HD Patients and partners	n = 14 patients n = 11 partners	How decisions were made to choose home HD. Interpretive descriptive	Patient or family made the decision based on distance, lifestyle, negative in-center experience and control over daily routine.
Jennette, C., et al. (Jennette et al., 2009) United States	HD PD Transplant	n = 35 n = 12 n = 1	Barriers to choice for renal replacement therapy. Interpretive descriptive	Fear was a predominant theme. Distrust of medical system, denial and previous experience with modalities were barriers to care. Pre-dialysis education was needed.
Kaufman, R., et al. (Kaufman et al., 2006) United States	HD patients and HCP ³	n = 43 patients n = 38 HCP	Old age, life extension and medical choice. Ethnography	Dialysis extended life but not what was considered a good or full life. Choice reflected adaptation to dialysis and acceptance of a diminished life.
Kelly-Powell, M.L. (Kelly-Powell, 1997) United States	HD	n = 9	Patients' experiences making treatment decisions. Grounded theory	Decisions were very personalized consistent with self-identity in the context of their life.
Landreneau, K. and Ward-Smith, P. (Landreneau and Ward-Smith, 2006) United States	HD PD Transplant	n = 2 n = 2 n = 2	Perceptions concerning choice among renal replacement therapies. Phenomenology	No one remember making their own choice. There was uncertainty of future health and lack of information regarding renal replacement therapies.
Landreneau, K. and Ward-Smith, P. (Landreneau and Ward-Smith, 2007) United States	HD	n = 12	Perceptions of patients on HD concerning choice. Phenomenology	Patients perceived they had a choice. Education impacted choice.
Lee, J., et al. (Lee et al., 2008) Denmark	CKD HD Self care-HD Home HD PD CKD family	n = 3 n = 5 n = 5 n = 5 n = 9 n = 18	Patient views regarding choice of dialysis modality. Interpretive descriptive	There was no ideal therapy. Flexibility, independence and security influenced decision-making. Maintenance of a 'normal' life was the goal. Patient and family participated in the choice. Education and support were required to enable decision-making.

Table 2

Lin, C., et al. (Lin et al., 2005) Taiwan	HD	n = 12	Deciding about HD among Taiwanese. Phenomenology	Three themes emerged representing decision-making: fear caused by false beliefs, seeking further information and living with dialysis.
Morton, R., et al. (Morton et al., 2010b) Australia	HD Satellite-HD PD Home HD Transplant	n = 8 n = 52 n = 13 n = 4 n = 18	Patient views about treatment of stage 5 CKD. Interpretive descriptive	Therapies were chosen to enhance freedom and autonomy and with methods that were convenient, effective and simple. They chose a therapy which most embodied characteristics that minimized the impact on their life.
Sondrup, B., et al. (Sondrup et al., 2011) Canada	HHD PD	n = 3 n = 3	Patient perceptions and possible barriers related to choosing home-dialysis therapies. Interpretive descriptive	Hardship was experienced due to loss of kidney function. There was need for support from HCPS, educational materials, recruitment strategies which focused on independent dialysis and technical support.
Tong, A., et al. (Tong et al., 2009) Australia	CKD Dialysis Transplant	n = 21 n = 18 n = 24	Patients' experiences and perspectives living with CKD. Interpretive descriptive	Adjustment to the many disruptions and implications of CKD were required. Choice of modality was influenced by lifestyle, family impact and physical comfort rather than clinical outcomes. Time, information and support were required.

Table 2

Table 2 (Continued)

Authors/country	Population	Sample size	Focus/approach	Conclusions
Tweed, A. and Ceaser, K. (Tweed and Ceaser, 2005) United Kingdom	CKD	n = 9	Renal replacement therapy choices. Interpretive descriptive	Decision-making was individualized and contextualized within participants' illness experience. Four themes emerged; maintaining integrity, forced adaptation, information, support and illness experience.
Visser, A., et al. (Visser et al., 2009) Netherlands	CKD HD	n = 6 n = 8	Accepting or declining dialysis in elderly patients with CKD. Interpretive descriptive	Decisions to accept dialysis were not based on treatment effectiveness but personal values, beliefs, feelings toward life, suffering and death and incorporating dialysis in their lives.
Whittaker, A. and Albee, B. (Whittaker and Albee, 1996) United States	HD PD	n = 10 n = 10	Factors influencing dialysis selection. Grounded theory	Dialysis selection was influenced by basic resources of quality and timing of information, prior placement of vascular access and social and family support systems.

^a Health care professionals.

3.2. Characteristics of included studies

- All studies (total n = 410 participants) included in the review (see Table 2) were published in English and between the years 1996–2011.
- 综述收纳了所有的研究（N = 410人）见(表2) ,用英文发表,在1996–2011年之间。

3.2. Characteristics of included studies

- The overall quality of the studies was moderate; two studies were rated low quality, ten were rated as medium and four were rated as high quality.
- 该研究的总体质量为中度;两项研究被评为质量低, 10项被评为中等, 四个被评为优质。

3.2. Characteristics of included studies

- Two of the studies were mixed methods
- 两项研究的混合方法

3.2. Characteristics of included studies

- The studies were conducted in a variety of countries such as United States (n = 8), Australia (n = 2), United Kingdom (n = 2), and Canada, Denmark, Netherlands, and Taiwan. The most frequently reported qualitative method was interpretive descriptive (n = 8), grounded theory (n = 4), phenomenology (n = 3) and ethnography (n = 1).
- 本研究在不同的国家进行如美国 (n=8), 澳大利亚 (n=2), 英国 (n=2), 以及加拿大, 丹麦, 荷兰, 和台湾. 最常报道的定性方法是解释性描述 (n=8), 扎根理论 (n=4), 现象学 (n=3) 以及人种论 (n=1)

3.2.1. Sample

- The studies included samples of patients ($n = 12$) and their families ($n = 3$) as well as one study where health care professionals were also included.
- 这项研究样本包含了患者($n=12$)和他们的家人($n=3$)以及一个包含了卫生保健专业人员的研究.

3.2.1. Sample

- The total sample included 477 persons, with 410 patients, 29 family members and 38 health care providers.
- 样本总共包含了477名人员,其中410名患者,29名家庭成员和38名卫生保健提供者

3.2.1. Sample

- The samples were varied and included: people with CKD not on dialysis, retrospective to starting dialysis, and both on dialysis and not yet on dialysis
- 样本是不同的,包括: 未透析CKD患者, 回顾透析者, 和正在透析和尚未接受透析的

3.2.1. Sample

- Four of the above mentioned studies also included renal transplant recipients
- 上述四个研究还包括肾移植受者

3.2.1. Sample

- The mean age of the sample was reported in eight studies and this result varied from 50.7 to 72.6 years.
- 样品的平均年龄在八个研究中被报告，这一结果从50.7变化到72.6岁。

3.2.1. Sample

- The age range of the sample was reported in ten studies and collectively spanned 20–87 years of age.
- The sex of the sample was reported in twelve studies; overall the review contained 55% males and 45% females, excluding the sex of the caregivers.
- 样本的年龄范围在十个研究中被报道,总的来说跨越20-87岁.
- 样本的性别在十二个研究中被报道:总的来说包含55%名男性和45%名女性,不包括照顾者的性别。

3.3. Synthesis of findings

- Across the studies, decisions about dialysis modality were firmly embedded within the context of the patient's life and values
- 在整个研究中，对透析方式的决定被牢牢地嵌入了患者的生活和价值观的背景

3.3. Synthesis of findings

- There were three dominant themes (see Table 3) present across the studies: (1) the illusion of choice – a matter of life and death, (2) personal factors and the minimization of the intrusiveness of dialysis, and (3) the imperative of knowledge and support for decisionmaking.
- 在研究中有三个主要的主题(表3):(1)选择的错觉-----一个生或死的问题,(2)个人因素和渴望正常生活受到最小程度上的影响(3)知识和决策的支持

3.3. Synthesis of findings

- A summary of the supporting studies to the concepts is listed (Table 4) with specific exemplars of the various themes (Table 5).
- 总结了支持研究的概念（表4）列出了各种主题的特定的典范

Table 5

Table 5
CKD decision-making concepts and exemplars.

Concepts	Exemplars
The illusion of choice – a matter of life and death	<p>"The only thing the doctor said was that I was going to be on dialysis... I didn't have a choice" (Breckenridge, 1997b, p. 318).</p> <p>"I was really scared when the doctor told me that the machine is the only way to keep me alive. This is the only option" (Lin et al., p. 921).</p> <p>"I was thankful for dialysis and that gave me a second chance at life" (Breckenridge, 1997b, p. 317).</p> <p>"You all ask us like we took this by choice. We didn't have any control over this...I was afraid but I wanted to live. That's what it comes down to" (Jennette et al., 2009, p. 22).</p> <p>"No, your life is not over. No, you are not going to die. We can make you better, and this is how you can do it" (Sondrup et al., p. 494).</p>
Personal factors and the minimization of intrusiveness of dialysis	<p>"I'd like to stay as normal as I possibly can... (hemodialysis) would be less disruptive of our life" (Kelly-Powell, 1997, p. 223).</p> <p>"I don't want it at home. I don't want to be reminded of having an illness. When I come here (dialysis centre), when I enter that door I am ill—at home I am not ill" (Lee et al., p. 3956).</p> <p>"I planned on going back to work, and I couldn't see carrying around those bags with me and doing it four times a day. With the hemo treatment, it's three hours, three times a week. I'm working and this seemed like it would be much better for my schedule" (Whittaker and Albee, 1996, p. 372).</p>
Other factors perceived to affect intrusiveness	<p><i>Travel</i></p> <p>"Peritoneal dialysis is better because I can work all day and my husband can stay at home whereas with hemodialysis you would have to go every other day..." (Breckenridge, 1997b, p. 16).</p> <p><i>Autonomy, values and control</i></p> <p>"You know that background I talked about before? I think that it makes a difference. In the environment that we grew up in and how the families thought and...you pick a lot of that up and you carry it through life...and so it taught me to ask questions. And I guess that's one reason I could make that kind of decision" (Kelly-Powell, 1997, p. 222).</p> <p>"Mainly because it (home dialysis) gives me a bit more freedom...it would allow me if I wanted to take a trip, to go somewhere and basically do it myself" (Breckenridge, 1997b, p. 317).</p> <p><i>Sense of identity</i></p> <p>"I just didn't want to live with a machine attached to me...I'm never sick-just doesn't fit my vision of me" (Whittaker and Albee, 1996, p. 374).</p>
Knowledge and social support: essential and context bound	<p>"When I went on dialysis, I was automatically put on hemodialysis. I was not even told about CAPD. The doctor might have mentioned it, but I was so sick at the time I didn't catch on to it. My response was that if I had been told about something like that, I would have wanted to go with it" (Breckenridge, 1997b, p. 317).</p> <p>"You think you're the only one in the world and I found there were lots of other people and people that were younger than me. I know it sounds awful, but it helped me, you know they've got a longer period to do this kinda thing (dialysis)" (Tweed and Ceaser, 2005, p. 662).</p> <p>"So between those members of my extended family...and between what I believe in the word of God, the two coming together made me decide that I could take the CAPD" (Kelly-Powell, 1997, p. 221).</p> <p>"That part of your brochure that comes with this that says, if you are considering home-based dialysis, there is this group of people that will take care of you—the medical team, the technical team, the supply people team, even the peer group support" (Sondrup et al., 2011, p. 496).</p>

3.3.1. The illusion of choice – a matter of life or death

- Despite existing guidelines assuming that patients should and do make choices on modality selection, perspectives on decisions varied widely across the studies.
- 尽管现有的指南认为病人应该做出透析模式的选择,整个研究观点差异很大。

3.3.1. The illusion of choice – a matter of life or death

- Across many studies, patients perceived that they were provided with choice over modality selection
- 在众多的研究中，患者认为，他们被提供了模式的选择

Table 3

Table 3

CKD dialysis modality decision-making meta-synthesis.

Dialysis modality choice

Illusion of choice – a matter of life or death

Perceived intrusiveness – personal and other

Knowledge and social support – essential and context bound

Table 4

Table 4
Summary of concepts and supporting studies.

Author	Illusion of choice – genuine or none	A matter of life or death	Minimization of perceived intrusiveness	Knowledge and support
Andrew (2001)	•	•	•	•
Breckenridge (1997b)	•	•	•	•
Courts (2000)	•	•	•	•
Jennette et al. (2009)	•	•	•	•
Kaufman et al. (2006)	•	•	•	•
Kelly-Powell (1997)	•	•	•	•
Landreneau and Ward-Smith (2006)	•			•
Landreneau and Ward-Smith (2007)				•
Lee et al. (2008)	•			•
Lin et al. (2005)	•	•	•	•
Morton et al. (2010b)		•	•	•
Sondrup et al. (2011)		•	•	•
Tong et al. (2009)	•	•	•	•
Tweed and Ceaser (2005)		•	•	•
Visser et al. (2009)	•	•	•	•
Whittaker and Albee (1996)	•	•	•	•

3.3.1. The illusion of choice – a matter of life or death

- However, unforeseen medical considerations also forced dialysis choices to be made by the family or physicians at a very late juncture or on a short timescale, for example, “the doctors pretty much made the decision and my son agreed”
- 然而，医疗意外也迫使家庭或医生在很晚的时刻或者短时间内选择透析模式，例如，“医生几乎已经做了决定而我的儿子同意”

3.3.1. The illusion of choice – a matter of life or death

- Patients viewed choices about commencing dialysis and dialysis modality as being decisions of great magnitude and personal significance.
- 患者认为选择开始透析和透析方式是巨大的和个人意义的决定。

3.3.1. The illusion of choice – a matter of life or death

- Across many studies, dialysis decisions were perceived as constituting a choice between receiving life saving dialysis or dying
- 在许多的研究，透析的决定被视为选择透析接受治疗或者死去

3.3.1. The illusion of choice – a matter of life or death

- This reduced the sense of ‘real choice’ or the illusion of choice patients perceived, for example, patients expressed “I had no choice, or I would be dying slowly”
- 这减少了“真正的选择”，或病人有选择的错觉感的感觉，例如，患者表示“我别无选择，如果不这样，我会慢慢死去”

3.3.1. The illusion of choice – a matter of life or death

- Hence, even when a choice was reportedly offered, it could be perceived that there was not a true choice in the situation if the patient wanted to live, “I have no choice. . .I wanted to live”
- 因此，即使当一个选择被报道提出，如果病人想活下去,它可以被认为是那种情况下没有真正的选择,”我别无选择....我想要活下去”

3.3.1. The illusion of choice – a matter of life or death

- Unsurprisingly, given this perceived importance, facing and making decisions about dialysis was stressful for Patients and was done with considerable reflection on their current life, values and anticipated future life when on dialysis
 - 毫不奇怪，鉴于这种感知的重要性，面临透析并作出决策，患者感到压力，并相当大地反射出他们目前的生活，价值观和未来透析时的预期生活

3.3.1. The illusion of choice – a matter of life or death

- The patients reported being “shocked, fearful and bewildered at the prospect of dialysis”, “I was so frightened when I was in the ER. I kept thinking what is the treatment all about”
- 患者报告‘在透析前夕感到震惊，恐惧和困惑’， “当我在急诊室我很害怕。我一直在想这到底是个什么治疗”

3.3.2. Personal factors and the minimization of the intrusiveness of dialysis

- There was no single ideal or best dialysis modality as the decision was dependent on personal preferences, values and a belief that dialysis should not only prolong life but also allow the patient to have a good quality of life.
- 没有单一的理想的或最好的透析方式,决策依赖于个人的爱好,价值观和信仰,透析不仅要延长生命,也让患者有一个良好的生活质量。

3.3.2. Personal factors and the minimization of the intrusiveness of dialysis

- Hence, minimizing the intrusiveness of dialysis was the central element guiding decisions over preferred modalities and was the theme that most influenced this decision-making
- 因此，减少透析的侵扰是指导决策首选方式的主要因素，是影响这一决策的主题

3.3.2. Personal factors and the minimization of the intrusiveness of dialysis

- This decision-making was strongly influenced by which type of dialysis patients believed to be least disruptive or intrusive for their quality of life and maintaining “normal” life routines
- 这个决策被透析患者认为哪种方式具有最小破坏性或最小程度上侵入他们的生活质量和保持“正常”的生活强烈影响.

3.3.2. Personal factors and the minimization of the intrusiveness of dialysis

- Findings, for example, consistently made reference to the importance of maintaining normalcy and a routine. For example, “If I can’t have a semblance of a normal life, then why would I want to live”
- 结果，例如，始终如一地参考了维持常规生活的重要性。例如，“如果我不能过上正常的生活，那么我为什么要活着”

3.3.3. Other factors perceived to affect intrusiveness

- A long travel distance to the dialysis center was a prominent factor in selecting homebased dialysis over hospital-based dialysis.
- 距离透析中心很长的距离是选择家庭透析而非医院透析的一个突出因素.

3.3.3. Other factors perceived to affect intrusiveness

- Patients consistently sought to maintain autonomy and sought to select a modality that accorded with their values and identity
- 患者始终试图保持自主性，试图选择符合他们的价值观和身份的方式。

3.3.3. Other factors perceived to affect intrusiveness

- The patients' choices reflected their values and beliefs and were informed by personal experiences
- 患者的选择反应了他们的价值观,信仰,并且被个人经历影响.

3.3.3. Other factors perceived to affect intrusiveness

- Many drew on past experiences of themselves and their family members to make decisions regarding modality such as “I decided to take it (dialysis) with the machine because I already knew what it was like”
- 很多人依靠过去的经验和家人去做决定,例如:“我决定做透析,是因为我已经知道它是怎样的”

3.3.3. Other factors perceived to affect intrusiveness

- Self care was also valued for example, “I think I like the idea of caring for myself rather than having someone else totally in control of whats happening to me”
- 自我照顾同样重要,如:”我宁愿自己照顾自己,也不想有别人来完全控制发生在我身上的事”

3.3.3. Other factors perceived to affect intrusiveness

- The individuals who were already on dialysis and were interviewed retrospectively about their choice made comments regarding how dialysis had changed their sense of identity.
- 那些已经在透析者,被采访关于他们的选择做透析如何改变了他们的自我意识

3.3.4. Knowledge and social support: essential and contextbound

- In addition to personal values, preferences and elements of identity, knowledge of the various modalities was used to assess how particular dialysis modalities would impact their future life.
- Patients derived knowledge about dialysis mostly from family, health care professionals, and other patients on dialysis
 - 除了自我价值以外,偏好和身份的基础,对各种模式的知识了解,都被用来评估特定的透析方式如何影响他们今后的生活.
 - 患者大都从家庭,卫生保健专业人员和其他做透析的患者那里得到透析的知识.

3.3.4. Knowledge and social support: essential and contextbound

- Acquiring more knowledge about dialysis was seen by patients as being essential to decrease misunderstandings.
- For example, patients wanted to hear all the options available to them: “When I went on dialysis, I was automatically put on hemodialysis. I was not even told about CAPD. . .if I had been told about something like that, I would have wanted to go with it”
- 了解更多的关于透析的知识对患者来说是必要的,这样可以减少误解.
- 例如,病人们想要听到的所有可用选项:“当我去透析,我被自动置于血液透析。我甚至没有被告知腹膜透析。如果我被告知这样的事,我就会想去尝试”

3.3.4. Knowledge and social support: essential and contextbound

- In addition to dialysis options other information, consistently deemed important, were the requirements of each modality such as frequency, location, risks, use of needles, who performs the dialysis and time requirements
- 除了透析选择其他信息，一直被视为重要的是，每个模态的要求,如频率，定位，风险，使用的针头，谁执行透析和时间要求等.

3.3.4. Knowledge and social support: essential and contextbound

- Acceptance of the medical advice/information was aided by a trusting relationship with the health care providers which facilitated the acceptance of the medical advice and support
- 与提供医疗建议和支持的卫生保健提供者之间建立一种信任关系,辅助医疗建议或信息的接受.

3.3.4. Knowledge and social support: essential and contextbound

- Across many studies, education was important not only for the patient but also for the family because decisionmaking was collaborative
- 在很多研究中,教育不光对患者很重要,同样对家庭也很重要,因为模式的选择是共同作出的.

3.3.4. Knowledge and social support: essential and contextbound

- When making decisions regarding dialysis modality the individuals also relied on information from lay persons and social acquaintances such as, “My mother asked a 70-year old neighbor about the treatment. She was told that there was nothing to fear. Gradually I accept it”
- 在做决定的时候,人们同样会听取周围人和熟人的意见,如:“我妈妈问了一个70岁的邻居,别人告诉她这没什么可怕的,渐渐的我就接受它了”

3.3.4. Knowledge and social support: essential and contextbound

- Social support was an important factor that affected decision-making particularly from their families for example “My nephew, also on CAPD, told me about CAPD, which I am now on”
- 社会支持特别是来自家庭的支持是影响做选择的重要因素,如”我侄子,同样在做腹膜透析,告诉我做这个的”

3.3.4. Knowledge and social support: essential and contextbound

- Patients relied on their families for support however, they were mindful that their choice about dialysis would also affect their families and possibly the levels of support they would require
 - 患者依赖来自家庭的支持,不过,他们意识到他们的决定也会影响家庭,可能也会影响他们需要支持的程度.

3.3.4. Knowledge and social support: essential and contextbound

- For those already on dialysis, dialysis was seen to affect the whole family
 - 对于那些已经在透析的人，透析被认为会影响整个家庭

4. Discussion

- This review, the first qualitative systematic review to focus specifically on dialysis decision-making, identified that decisions about dialysis are made in the context of the patient's life, family and values.
- 本文，首先定性系统综述聚焦于透析模式的，以及患者的生活背景，家庭和价值观对决策的影响。

4. Discussion

- Despite medical reasons for ineligibility of some modalities patients who were offered a choice often perceived that they were not provided with a truly informed choice over modality selection despite this being a decision viewed by them as stressful, important as it was a means to survival.
- 由于不合格的医学原因,一些被提供了选择机会的患者认为没有得到真正的选择机会,尽管这被他们看做是一种生存方式一样的紧张和重要.

4. Discussion

- The main priorities guiding decision-making were the importance of minimizing the intrusiveness of dialysis on daily life and selecting a modality that accorded with their values and identity.
- 指导决策的主要重点是减少对日常生活的侵扰和选择符合他们的价值观和身份的透析方式。

4. Discussion

- Although home-dialysis has many benefits there was no one single inherently superior modality type as decision-making was very personalized.
- 虽然家庭透析有许多好处,但它没有一个单一的固有的优越的模式,因为这个决策是非常个性化的。

4. Discussion

- Decisions were made individually but with reference to wider social factors, including other patients and family members.
- 决定是个人单独做出,但涉及更广泛的社会因素,包括其他病人和家庭成员

4. Discussion

- These findings demonstrate that people with CKD understand dialysis is a life sustaining therapy, require information regarding the options in order to make an informed personal choice; but that these choices are influenced beyond health care professionals advice and support, including peers, family and friends with quality of life concerns.
- 这些研究结果表明，CKD患者理解透析是一种维持生命的治疗，需要足够的相关信息以作出明智的个人选择；但是，这些选择都超出了卫生保健专业人员的建议和支持，影响包括同事，家人和朋友以及对生活质量的关注。

4. Discussion

- In this systematic review no studies were published before the year 1996.
- This is likely reflective of the relatively recent emphasis on CKD prior to dialysis.
- 在这个系统综述中,没有发表在1996年之前的研究
- 这可能是相对近期的反应

4. Discussion

- Only two of the samples in the studies were exclusively in the active stage of modality decision-making and prospective to dialysis.
- 研究中只有两个样本是专门针对模式选择的进行期,以及对透析的预期

4. Discussion

- None of the studies with a sample in the CKD stage not on dialysis focused on home-dialysis decision-making.
- 研究中没有一个样本不是处于家庭透析的决策期

4. Discussion

- Given the complexity in this decision-making process further qualitative studies are needed during the CKD stage when active decision-making occurs to more fully understand the nuances specific to home-dialysis.
- 鉴于这个决策过程的复杂性,在CKD过程中,主动决策发生时为更充分地理解家庭透析特有的细微差别,还需要进一步的定性研究。

4. Discussion

- These findings provide further research evidence for clinical practice guidelines and the new U.S. CKD Medicare initiative that policy, programs, and health services be designed to support informed patient choices about dialysis modality without undue coercion and based on comprehensive information.
- 这些发现为临床实践指南提供进一步的研究证据,也为新的美国CKD医保计划提供研究证据,计划中,政策、程序和卫生服务被设计来支持通知病人的对透析形态没有过度的胁迫和基于综合信息的选择,

4. Discussion

- These services should include people with CKD and their caregivers and respond to patients' knowledge needs, values and preferences and address the advantages and disadvantages of each modality yet, acknowledge the patient's lifestyle, values and desire for minimal disruption.
- 这些服务应包括患者和他们的照顾者，应对患者的知识需求，价值观和偏好，标明每种模式的优缺点，承认患者的生活方式，价值观和最小的中断的欲望。

4. Discussion

- Opportunities to discuss the dialysis experience with people already on dialysis also is important in modality decision-making and consideration given to providing these peer educational services is needed.
- 提供与已经在透析的患者进行讨论经验的机会也很重要，在模式的决策和考虑时提供这些同伴教育服务是必要的。

4. Discussion

- Research on dialysis modality education programs indicates that patient knowledge of the various dialysis modalities influences the type of dialysis they select.
- 在透析方式教育项目的研究表明，患者对不同透析方式知识的了解，影响了他们选择透析的类型。

4. Discussion

- Education regarding dialysis modalities improves patient knowledge , increases the intention and likelihood of starting on a self-care or home modality
- 对于透析方式教育提高了病人的知识，增加的开始自我照顾和家庭模式的意图和可能性.

4. Discussion

- In the setting of early nephrologic care and planned dialysis starts it is the responsibility of health professionals to elicit patient and family values and beliefs in the context of dialysis modality decision-making in shared decision-making models.
- 在早期保健和计划透析设定启动时,是医疗人员的责任去引起患者和家人的价值观和信仰,在共同的决策模式中做出决定.

4. Discussion

- When offering any treatments or options to patients, there is a persistent risk for 'framing' problems to occur.
- 当提供给患者任何治疗或选项，有一个持续的风险'框架'的问题发生

4. Discussion

- This is in regards to how the options are constructed and delivered to patients.
- 这是关于如何选择进行并传递给患者

4. Discussion

- This process is often neglected and patients may not be offered a range of treatment options
- 这一过程往往被忽视，患者可能不被提供一系列的治疗方案

4. Discussion

- The format and content of the education programs reported in these studies varied greatly.
- 报道这些研究中的教育计划的形式和内容差别很大。

4. Discussion

- This systematic review suggests education is necessary but also insufficient for decision-making.
- 这个系统综述表明教育是必要的,但是还不是决定性的。

4. Discussion

- Our findings demonstrate modality decision-making is complex, value laden and contextually bound.
- 我们的研究结果表明模式的决策是复杂的，与价值观和背景相关的。

4. Discussion

- Health care professionals may not be aware of the level of education, values, and goals of the patient and family therefore population based interventions may be unsuccessful.
- 健康保健专业人员可能没有意识到教育水平,价值观和病人及家属的目标,因此家庭人口为基础的干预措施可能是不成功的。

4. Discussion

- Current systematic review and meta-analysis level of evidence on the effectiveness of value based decision aids shows promise as demonstrated in other populations that these aids can significantly improve patient knowledge, lower decisional conflict regarding feeling uninformed or unclear about personal values and reduce the proportion of individuals who are undecided or passive in decision-making
- 当前的系统回顾和荟萃分析的证据的有效性基于价值的决定,这些帮助可以显著提高患者的知识,降低由于个人价值观不了解或不清楚的决策冲突,减少个人在做出决定时犹豫不决或被动的比例.

4. Discussion

- Value based care has recently been recommended for CKD decisions in nursing clinical practice guidelines
- 基于价值观的照护最近被护理临床实践指南推荐为CKD的决定因素

4. Discussion

- Unfortunately, no specific value based decision support intervention exists for people with CKD
- 不幸的是,没有特定的基于价值的决策支持干预CKD患者存在

4. Discussion

- The implementation of value based interventions with CKD decision-making and the effect it will have on home-dialysis decision-making is a growing area of practice and research.
- 基于决策的干预措施的价值实现,和它将会对家庭透析产生的影响,是正在增长的一个实践和研究的区域.

4. Discussion

- Two other systematic reviews have been conducted on similar topics: CKD decision-making including transplantation and withdraw/with-holding of dialysis decisions
- 其他两个系统综述了进行了类似的主题研究:CKD决策包括移植和退出/继续透析的决定.

4. Discussion

- Similarities are evident between dialysis decisions and decisions for other renal replacement therapies which were explored in these reviews.
- 透析选择和其它在综述中探讨的肾脏替代疗法的选择,他们的相似之处是显而易见的.

4. Discussion

- For example concepts such as confronting mortality, a perceived lack of choice, the importance of weighing alternatives and the high importance given to information and the magnitude of the decision were common
- 例如这些概念很常见,如,面对死亡,缺乏选择的感觉,称重方案的重要性,接收信息的重要性,决策的大小

4. Discussion

- This suggests that similar weaknesses in health care practices exist in other decisions related to CKD.
- 这表明，CKD相关的其他决策存在的卫生保健实践中类似的弱点。

4. Discussion

- CKD health care teams providing patient education and support would benefit from additional training around communication and incorporation of patient values in decision-making.
- CKD医疗团队提供病人教育和支持,将受益于额外的培训沟通和整合病人做决策时的价值。

4. Discussion

- These results also suggest that more commonalities than differences exist than we had anticipated in the decision-making processes for CKD treatments.
- The processes of renal replacement therapy decision-making are similar and likely transferable to other health decisions which are contextually based, life sustaining and reflective of rational decision-making theory.
- 这些结果还表明, 共性大于差异, 这个差别比我们在CKD治疗时的决策过程中预期的要大.
- 肾脏替代治疗决策的过程是相似的, 可能转移到其他基于环境, 维持生命的理性决策的健康决策上.

4. Discussion

- The current hegemony of modality selection is based upon choice being the primary determinant of modality selection
- 当前选择透析模式的主导权是基于选择透析模式选择的主要决定因素

4. Discussion

- The results of our review and Morton's et al. (2010a) review demonstrates that CKD decision-making is very individual and contextually driven.
- 我们的审查结果和莫顿等人的审查(2010)都表明,CKD决策是非常个人和上下文驱动的

4. Discussion

- This represents challenges for health care providers and service delivery as value-based approaches to increase home-dialysis uptake have ethical, economic and policy implications.
- 基于价值来说,这代表着对卫生保健提供者以及服务交付者的挑战几乎等于增加了家庭透析摄取在道德,经济和政策方面的影响

4. Discussion

- How do we as health care professionals influence values which are generally firmly embedded?
- 作为卫生保健专业人员,我们如何影响普遍牢固存在的价值观念?

4. Discussion

- For example if an individual does not value autonomy with their health care it seems unlikely that person would choose a home-based therapy.
- 例如如果一个人不重视他的卫生保健自治权,似乎他也不太可能会选择家庭为基础的治疗。

4. Discussion

- Interventions could then focus on having people with CKD clarify their values and find a modality which is suited to their lifestyles.
- 干预可以专注于让患有CKD的人们澄清他们的价值观并且找到一个适合他们生活方式的透析模式。

4. Discussion

- In informed decision-making models people are given the autonomy to make their own decisions based on the information that not only health care professionals have provided but also family and peers
- 在知情决策模型中人们被给予自治权去自己基于不仅是保健专业人员,也包括家人和同事提供的信息做决定

4. Discussion

- This implies that health care professionals must accept the decision and set aside our own personal biases toward which we feel would be the “best” decision for that person.
- 这意味着卫生保健专业人员必须接受这一决定并将自我感觉对那个人“最好”的决定放在一边。

4. Discussion

- The results of a few studies with people with kidney disease have demonstrated that patient decisionmaking does not appear to be heavily influenced by factors that health care professionals value such as “clinical targets” (Tong et al., 2009), blood pressure management, and optimal vascular access
- 一些对肾脏疾病患者的研究结果证明病人的决策好像没有受到健康保健专业人员重视的因素的严重影响, 比如“临床目标” (Tong等人.,2009), 血压管理和最佳的血管通路

4. Discussion

- In a health care environment with practice variations in offering home-dialysis therapies, lack of consensus regarding modality eligibility and valuing patient choice, further emphasis is needed on implementation and sustainability at the system level to offer all people with CKD a wide array of renal replacement therapy options at each center along with timely interdisciplinary education and decision support.
- 在一个有着实践变更的提供家庭透析治疗的卫生保健环境中,缺乏对透析模式的合格性以及重视病人选择的共识.为了在系统层面上长久地实现提供所有患有CKD的病人一个广泛的肾替代疗法选项,在每一个中心需要进一步强调各学科间的教育和对决定的支持.

4. Discussion

- Health care systems therefore need to have health care policy to enable interdisciplinary teams to provide these services.
- 因此,卫生保健系统, 需要卫生保健政策使跨学科的团队来提供这些服务。

4.1. Study limitations

- Some limitations were noted with this systematic review.
- 这个系统综述的一些局限被注意到了.

4.1. Study limitations

- This review relied only on published studies or data and exclusively English publication and thus this bias must be acknowledged.
- 本文仅依赖于发表的研究或数据和专门的英文刊物，因此这种偏见必须承认。

4.1. Study limitations

- The method of meta-ethnography does not provide guidelines for the quality of studies to be included in the synthesis leaving the judgment to the researchers.
- meta-ethnography的方法没有提供指南的质量研究纳入综合研究人员判断。

4.1. Study limitations

- In this study two of the studies included were rated as low quality which may have an effect on the results.
- 在这项研究的两个研究中被评为低质量可能对结果产生影响。

4.1. Study limitations

- Overall, age, sex and socio-demographic descriptors were poorly reported in some studies and we did not find any influences of these factors on decision-making despite dialysis modality decision-making being highly personal and contextual.
- 总体而言，年龄，性别和社会人口的描述，在一些研究报道较少，我们没有发现这些因素对决策的任何影响,尽管透析方式的决策是高度的个人的和与背景相关的。

4.1. Study limitations

- The quality of reporting qualitative findings, in this area, could be improved with the use of consolidated criteria
- 报告定性结果的质量，在这方面，可以用统一标准的改进

4.1. Study limitations

- Positively, a wide range of countries and cultural groups were represented in this meta-ethnography
- 令人满意的是，广泛的国家和文化团体参与了这项研究.

4.1. Study limitations

- Unlike aggregative qualitative systematic reviews, meta-ethnography is a holistic interpretive method which preserves the uniqueness and cultural variations of the various studies by translating the studies into one another to produce synthesis results.
- 不像综合定性系统评价, meta-ethnography是一种整体性的解释方法, 保留了独特性, 翻译一种研究为另一种以生产合成各种结果的文化差异,

4.1. Study limitations

- Despite the fact that many countries and cultural groups were represented there were commonalities across the cultural groups.
- 尽管许多国家和文化群体具有独特的,他们还是有跨文化群体的共性。

4.1. Study limitations

- The studies included in our review were both prospective and retrospective relative to dialysis initiation with only two studies conducted prior to initiation of dialysis
- 本综述中包含的研究同时具有前瞻性和回顾性,相对于透析开始前,只有两个研究在进行.

4.1. Study limitations

- Retrospective accounts of dialysis (hospital based and home-based) decision-making may have been influenced by experiences after starting dialysis.
- 回顾透析,在透析开始了以后,决策可能会受到经验的影响.

4.1. Study limitations

- Details of time since starting dialysis was not included in all the studies but when it was included the time period ranged zero to 19 years which certainly could have influenced recall of events and the results further emphasizing the need for studies prior to initiating dialysis.
- 开始透析的具体时间并不包括在所有研究中,但是当它被列入研究中,时间段包括0到19岁,这当然可能会影响回忆事件和透析开始之前研究所需的结果.

4.1. Study limitations

- Five of the studies were published more than ten years ago and the clinical approach to CKD, burden of kidney disease and beliefs about dialysis service usage has changed in this period which may have influenced the results.
- 研究中的五个至少在十年前就已经发表了,慢性肾病的临床方法,肾病给生活带来的负担,信仰对肾脏透析的作用都已经在这段时间改变了,这些都会对结果造成影响.

4.1. Study limitations

- As dialysis modality decisions were made in reference to wider social factors further health services research is needed in order to understand the full complexity of this issue.
- 由于透析方式的决定依赖于广泛的社会因素,我们需要进一步的健康服务的研究来更好地理解这个问题的复杂性.

5. Conclusions

- Decisions about dialysis modality are very significant to patients and their families.
- 关于透析方式的决策对病人和他们的家属非常重要的。

5. Conclusions

- They are seen to relate to both survival and quality of life, are very personal and strongly influenced by the values of patients and their families, the context of their life and an over-riding desire to create minimal disruption to the lives of the patient and their family.
- 它们被认为与生存和生活质量相关,非常个人,病人和他们的家属的价值观和生活背景,以及渴望创造出最小程度中断他们家庭生活的愿望影响的它.

5. Conclusions

- These findings emphasize the need for planned and timely discussions about dialysis modality that incorporate patient and caregiver values in decision-making and whereby home-based dialysis is presented as a viable option.
- 这些发现强调了对综合患者和照顾者的价值观所作出的关于透析方式的有计划和及时的讨论的需求,其中,基于家庭基础的透析被认为是可行的选择.

5. Conclusions

- Support from health professionals should focus on preparation for decisions, providing knowledge of different modalities and explaining the individual implications of different modality choices on disruption to the patient and their family.
- 医护人员支持的重点应该在选择的准备上,为他们提供不同模式的知识,解释不同模式的选择对患者和家人生活的影响.

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