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Coping strategies in candidates of kidney biopsy: A qualitative content analysis study

Mohammad-Rafi Bazrafshan, Amir Mansouri[1], Zahra Seifi[1,2], Negar Shahkarami[3], Esmaeil Kavi[4,5], Noureddin Niknam[1], Sara Rousta[6]

Department of Nursing, School of Nursing, Larestan University of Medical Sciences, Larestan, Iran, [1]Department of Paramedical School, Gerash University of Medical Sciences, Gerash, Iran, [2]Ph.D Student in Nursing, Student Research Committee, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran, [3]School of Allied Medical Sciences, Fasa University of Medical Sciences, Fasa, Iran, [4]PhD Candidate of Medical Education, Clinical Education Research Center, Department of Medical Education, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran, [5]Department of Public Health, Torbat Jam Faculty of Medical Sciences, Torbat Jam, Iran, [6]Nursing and Midwifery Department, Shiraz University of Medical Sciences, Shiraz, Iran

Address for correspondence:
Mrs. Sara Rousta, Ph.D Student in Nursing, Student Research Committee, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran.
E-mail: atashkade.2703@gmail.com

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Abstract:

BACKGROUND: Kidney biopsy is the gold standard in the diagnosis and management of many kidney diseases. Due to the physical and mental burden of disease diagnosis on a person's life and the impact of adaptation strategies on the physical and mental well-being of people, it is important to evaluate adaptation strategies in these patients. This qualitative study aimed to investigate the coping strategies of candidates for kidney biopsy in Iran.

MATERIALS AND METHODS: A qualitative study was conducted to investigate the experiences of kidney biopsy candidates as to their kidney disease and methods of dealing with anxiety. Twenty-two semistructured interviews were conducted with men and women in the internal kidney department in Namazi Hospital in Shiraz. The participants were selected using a purposive sampling technique. All interviews were recorded and transcribed verbatim in Persian and analyzed using content analysis. MAXQDA software version 10 was used to facilitate data analysis.

RESULTS: The codes were classified into 3 categories and 21 subcategories. The categories included coping methods, coping methods with a focus on emotional release, and less effective or ineffective coping methods.

CONCLUSION: Results showed that biopsy was a more traumatic experience for patients and the use of coping strategies during the kidney biopsy was beneficial for them; therefore, it is very important to create and implement appropriate interventions for kidney biopsy candidates patients. Because patients with good mental health use more problem-oriented coping methods, the authors suggest teaching efficient coping methods to ensure the mental health of patients waiting for kidney biopsy.

Keywords:

Biopsy, coping strategy, kidney, qualitative research

Introduction

Kidney diseases are among chronic disorders that affect most aspects of the patient's life and personality.[1] Kidney biopsy is the gold standard for the diagnosis and management of many kidney diseases.[2] Since chronic diseases can cause mental pressure, understanding of the disease and social support increases the ability of a person to deal with these conditions adaptively and efficiently.[3] In general, health-related behaviors and treatment adherence can be influenced by cognitive representations and perceptions that patients have about their illness. This dynamic process changes patient's coping patterns, seeking treatment and care.[4] Many researchers have tried to explain and describe the psychological processes of why some people get through the disease better than others. These mental processes are often referred to as coping and adaptation.[5] In their study, Dumaradzka and Fajkoska concluded that negative emotion regulation strategies had a positive relationship with anxiety and depression.[6] The experience of depression,

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from their problems such as sports and studying to forget the discomfort. Mardani *et al*.[50] (2023) reported that distraction was a useful coping strategy in anxious patients who were to be operated, which is consistent with the results of the present study.

In our study, the patients used distraction techniques such as exercise and study, Teo's study (2022) has shown that exercise improves psychosocial well-being as well as physical and functional capacity in patients with chronic renal failure.[40] Therefore, informing patients about physical exercise as a potential activity to deal with mental/physical fatigue decreases functional capacity, and stress may be a way to improve long-term coping effectiveness.

Some participants used quick methods such as taking sedatives to reduce stress; the results of Aust *et al*.[51] (2016) showed that most patients did not expect antianxiety to be the first line of defense. Therefore, other supported coping efforts should be prioritized, and antianxiety drugs should be prescribed for patients with more anxiety.

The diversity of coping techniques and the complexity of their interactions which was observed in this study show many opportunities for the healthcare system to support individuals in developing effective coping skills and better managing the significant impact of kidney diseases on the patient's life and well-being. This understanding helps healthcare providers to adopt coping supports to the individual's current needs. This may include facilitating access or customizing training in problem-solving strategies that can be helpful for patients experiencing negative symptoms.

Limitations

This study was conducted in a single center according to a local guideline. Therefore, we expect that a study in another context may show other findings. In our study, males predominated. This may be a reflection of our patient population. Efforts were made by the research team to search for female candidates for kidney biopsy. However, we ultimately could not achieve equal samples due to the study period limitations. It should be noted that no potential participant, male or female, refused to participate in this study. This shows that women were equally willing and interested in participating in this study. Although no major differences were observed in the frequency and type of coping strategies used by men and women in our study, the literature in nonsurgical patients suggests that there may be gender differences in coping approaches. For example, women may use more verbal strategies, while men may use more distraction strategies.

Conclusion

The present study provides information about coping strategies used in kidney biopsy candidate patients to cope with fatigue, reduced functional capacity, and situational stress. Coping strategies used by patients were both emotion-focused and problem-focused, which is evident in their decision to delay or ask for help. It seems that biopsy is a more traumatic experience for patients. Finally, the use of coping strategies during the kidney biopsy experience was beneficial for patients. These results are applicable to nurses who care for patients before, during, and after kidney biopsy. There is a relationship between coping and mental health, so it is very important to create and implement appropriate interventions for patients with kidney biopsy candidates. Therefore, strategies such as prioritizing the issue of mental health in the country's public policies, along with using the opinions of religious experts to increase people's awareness of religious-spiritual coping strategies through mass media, establishment of interdepartmental and interlevel referral systems, and mental health support centers, providing and empowering specialized and efficient human resources, should be on the agenda of policy makers and managers in the field of mental health in Iran. We suggest that the researchers should prepare relevant training programs for them, so it enables the family members and the care team to play an active role in supporting kidney biopsy candidates. Referrals to therapists who can help the patients to find appropriate coping tools may also be an option. In addition, connecting with the experiences of patients who are in a similar situation can lead to the creation of a mutual community of patients who have positive coping skills to deal with the many challenges of living with chronic kidney disease and diagnostic procedures such as kidney biopsy.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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