LIVED EXPERIENCE OF POST-KIDNEY TRANSPLANT RECIPIENTS ATTENDING NEPHROLOGY CLINIC AT MUHIMBILI NATIONAL HOSPITAL, TANZANIA

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By

Valeria Rugaiganisa

A Dissertation Submitted in (Partial) Fulfillment of the Requirements for the Degree of Master of Science (Nursing Nephrology) of

Muhimbili University of Health and Allied Sciences
October, 2024

CERTIFICATION

The undersigned certifies that she has read and at this moment recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: **''Lived experience of post-kidney transplant recipients attending nephrology clinic at Muhimbili National Hospital, Tanzania'',** in (partial) fulfillment of the requirements for the degree of Master of Science (Nephrology Nursing) of Muhimbili University of Health and Allied Sciences.

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Dr. Jacqueline Shoo

Supervisor

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Date

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Ms. Neema Mawi

Co-Supervisor

_____

Date

DECLARATION AND COPYRIGHT

I, **Valeria Rugaiganisa**, declare that this **dissertation** is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature…… **Date**……

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Lastly, I would like to thank all those who their names have not mentioned but in one way or another contributed to my success. May Almighty God bless you.

DEDICATION

My parents,

My mother Lena, my late father Sosthenes,

For raising me and believing that everything is possible by the grace of our Lord.

My son

Pio

Patience is the key to open all lock

Nephrology clinic team

In team work nothing is impossible

Post-transplant recipient

For their willing to participate.

ABSTRACT

Background: A gradual decline in kidney function causes End Stage Renal Disease (ESRD) due to chronic medical conditions like diabetes or hypertension. Kidney transplantation is known to be helpful, but studies have found that transplant recipients often experience depression and anxiety. Knowing the lived experience of people with transplanted kidney help to identify complications that are important to those affected by a disease or condition, so that real-world challenges can be prioritized in healthcare delivery. Despite Tanzania initiation of local kidney transplants, the unexplored facets of life after transplantation persist, with scarcity studies to illuminate them.

Aim: To explore the lived experience of post-kidney transplant recipients attending the clinic at Muhimbili National Hospital (MNH) in Dar es Salaam.

Material and Methods: This study adopted a phenomenological qualitative research design to collect data from 11 post-kidney transplant recipients who attended the nephrology clinic at MNH in Ilala Municipal in Dar es Salaam. Participants were selected purposively and data was collected using an in-depth interview guided by semi-structured questions and audio recorded. The information gathered was verbatim transcribed and analyzed using content analysis.

Result: The study include 11 participant from the study site, with the age ranging from 31 to 70 years. Five theme emerged after data analysis addressing the lived experiences of post-kidney transplant individuals were generated. The theme encompass post-transplant adjustment, Support needs, post-transplant health issues, post-transplant need for services, and emotional impact and life coping.

Conclusion: The study highlights the diverse challenges and adjustments faced by transplant recipients, emphasizing the impact on their daily lives, relationships, physical health, and emotional well-being. Participants experienced significant lifestyle disruptions and health issues, necessitating strong family and social support. Financial aid and affordable post-transplant medical services were crucial for managing ongoing needs. Emotionally, recipients dealt with distress but sought to adapt through acceptance and information-seeking. These

findings underscore the importance of comprehensive support systems to improve the overall quality of life for transplant recipients.

Recommendation: Based on these findings, recommendation include the healthcare providers and policymakers implement comprehensive support systems for transplant recipients. These should include robust family and social support networks, accessible and affordable post-transplant medical services, and financial assistance programs. Additionally, providing psychological support and resources for coping strategies can help recipients manage emotional distress and adapt to lifestyle changes. Tailoring these support mechanisms to address the medical, social, financial, and emotional needs of transplant recipients can significantly enhance their overall quality of life and improve post-transplant outcomes.

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LIST OF ABBREVIATIONS

CKD	Chronic Kidney Disease
ESRD	End Stage Renal Disease
IRB	Institutional Review Board
MUHAS	Muhimbili University of Health and Allied Sciences
MNH	Muhimbili National Hospital

DEFINITION OF TERMS

Kidney transplant is a surgical procedure done to end stage kidney disease patient where a new donor heath kidney is placed to recipient to replace a diseased one.(Bertelsen *et al.*, 2015)

Chronic kidney disease Refers to progressive structural or functional abnormality of kidney for more than 3 month. (Saadi, El-khashab and Mahmoud, 2017)

End stage kidney disease is the advanced stage of kidney disease which is characterized with GFR;15ml/min/1.73m treated by either dialysis, kidney transplant or conservation kidney management.(de Brito *et al.*, 2015)

Post-kidney transplant recipient is an individual who has undergone a successful kidney transplant surgery, receiving a healthy kidney from a living donor.

Lived experience refer to the personal knowledge, understanding and insights gained from direct involvement in kidney transplant.

Post kidney transplant

CHAPTER ONE

1.0 BACKGROUND AND INTRODUCTION

1.1 Background

A gradual decline in kidney function causes end stage renal disease due to chronic medical conditions like diabetes or hypertension (Anderson, 2008). Treatment options include renal transplantation and dialysis which can be hemodialysis or peritoneal dialysis (Anderson, 2008). however, the former is more preferred as it is more cost-effective, leads to a longer lifespan and has better quality of life (Gaston, 2016). Transplantation can also improve the emotional well-being of individuals by resolving many constraints caused by dialysis, such as reduced independence(Gaston, 2016).

Studies reveal that living with a transplanted kidney can be considered a chronic illness with various challenges (Chen, Weng and Lee, 2010; Gill, 2012). However, patients who recognize and embrace these challenges as part of their existence are more likely to adjust and cope (Chen, Weng and Lee, 2010; Gill, 2012). Although organ transplantation can significantly improve a person's quality of life, there are potential unknown complications (Stone et al., 2013; Kamran, 2014) that can cause anxiety among patients considering the procedure despite their eagerness to become transplant recipients (Vida, Enfrentamiento and Trasplantados, 2017).

Kidney transplant recipients' needs have been explored through qualitative research. Participants have highlighted the need for more information on medical side effects, exercise, and diet (De Smet and Van Craenenbroeck, 2021). A phenomenological study has further emphasized the need for support systems to help recipients cope with the transplant process (Valizadeh Zare et al., 2018).

The research has shown that kidney transplants can enhance physical and social functioning (De Smet and Van Craenenbroeck, 2021). Focus groups have revealed that kidney transplants can result in ongoing gratitude to the donor, intrusive medication, and a sense of being different from others (Jo Wilton, Huong Le, Andy Bell, Alison Railton, 2023).

Patients can receive a kidney from a living person(related or non-related) (Schlebusch, Pillary and Louw, 1989; Sanner, 2003). or from someone who has passed away (Sanner, Lagging and Tibell, 2011). The surgery required for deceased organ donors can also affect the recipients' experience(Sanner, 2003). Recent studies using interpretative phenomenological analysis have explained these experiences (Spiers and Smith, 2016; Spiers, Smith and Drage, 2016). However, another study focused on the experiences of the recipients who received a kidney from a living person(Spiers, Smith and Drage, 2016). These studies (Spiers and Smith, 2016; Spiers, Smith and Drage, 2016) highlighted the positive impact such donations can have on the recipients. As time passes, the recipients may feel different emotions towards their donor, from confusion and gratitude to genuine love and respect. The recipient-donor relationship is complex and constantly evolving, and organ donation can have a profound and lasting impact on both parties.

In light of the varying outcomes associated with receiving a kidney from different types of donors, the current study seeks to delve deeper into the potential effects positive and negative that may be unique to recipients of living donor kidney transplants. The ultimate goal was to identify any unknown gap to be prioritized during renal services. To accomplish this, a qualitative methodology employed to gather and analyze the personal experiences of adults who have undergone such a transplant at MNH.

1.2 Problem statement

Kidney transplantation is widely regarded as the best treatment option for patients with end-stage renal disease (ESRD), significantly improving their quality of life (Gill & Lowes, 2009). Advances in transplant technology have led to longer survival rates and better post-transplant outcomes (Regina, 2022). However, despite these benefits, kidney transplantation is not without challenges, including unintended consequences such as psychological and social adjustments, as well as the medical complexities that follow surgery (Masoomeh, 2013; Schmid-Mohler et al., 2014). In Tanzania, kidney transplantation has emerged as a critical solution, offering a cost-effective alternative to long-term hemodialysis since its introduction at Muhimbili National Hospital (MNH) in 2011, with over 350 successful transplants. Yet, there is limited research on the post-transplant experiences of Tanzanian patients, leaving a gap in understanding their needs for comprehensive care.

Research on the post-transplant experiences of kidney recipients in Tanzania is lacking, particularly when compared to studies in high-income countries. While there is ample evidence on the psychological, social, and medical challenges faced by transplant patients in wealthier nations, these findings may not fully apply to Tanzania's context. Limited resources, cultural factors, and access to healthcare services can all significantly impact the post-transplant experience in low-income settings, making local research vital to improving patient outcomes.

Tanzania faces a growing burden of chronic kidney disease (CKD), driven by rising rates of diabetes, hypertension, and other risk factors. For many, kidney transplantation is a lifeline, offering improved quality of life and a reduction in the high costs associated with hemodialysis. However, without sufficient post-transplant care and understanding of the unique challenges faced by these patients, the long-term success of kidney transplantation programs may be undermined. Understanding their daily experiences, challenges, and needs is crucial for optimizing care.

This study aims to explore the experiences of kidney transplant recipients in Tanzania, filling a critical gap in the literature. By focusing on a low-income setting, it will shed light on the specific issues faced by patients at MNH, contributing to improvements in patient care.

Furthermore, the findings may provide valuable comparisons to studies from high-income countries, allowing healthcare providers to better understand the differences and similarities in transplant care across diverse settings.

1.3 Theoretical framework

The theoretical framework was modified from Dorothea E. Orem's self-care deficit hypothesis theory. Self-care theory, dependent care theory, and self-care deficiency theory are all essentially included in this basic framework (Taylor, 2001). Orem describes the five wide viewpoints of person, agent, symbol user, organism, and object as the five broad perspectives required for human growth in the theoretical structure of the self-care deficit hypothesis (Whelan, 1984). Self-care is defined as an individual's efforts to maintain and advance their own health and well-being ((Taylor, 2001)Numerous studies have demonstrated an improvement in the quality of life for kidney transplant recipients; however, this still remain the challenge in literature related to insufficient personal self-care for these patients as they recover.

Orem's five broad perspectives have been modified into four key perspectives to better align with the lived experiences of post-kidney transplant recipients. These perspectives are: overcoming predicaments (showing bravery, enduring distress, and practicing self-encouragement), resuming roles and tasks (such as returning to work, caring for family, and participating in social activities), integrating self-care skills (managing personal care, independently attending follow-up appointments, and taking medications), and adapting to independent living (handling finances, engaging in outdoor activities, and maintaining a positive outlook on life). All of the above factors improve quality of life of Transplant recipients and hence leading to self-mastering of happiness, satisfaction and appreciations however at some point in time they may encounter negative life consequences such as physical, emotion and social problems. Hence this will influence on how they cope with such experiences leading the vicious cycle. Demographical information also will help to identify potential disparities or unique challenges faced by specific demographic group. (Figure 1)

Theoretical framework

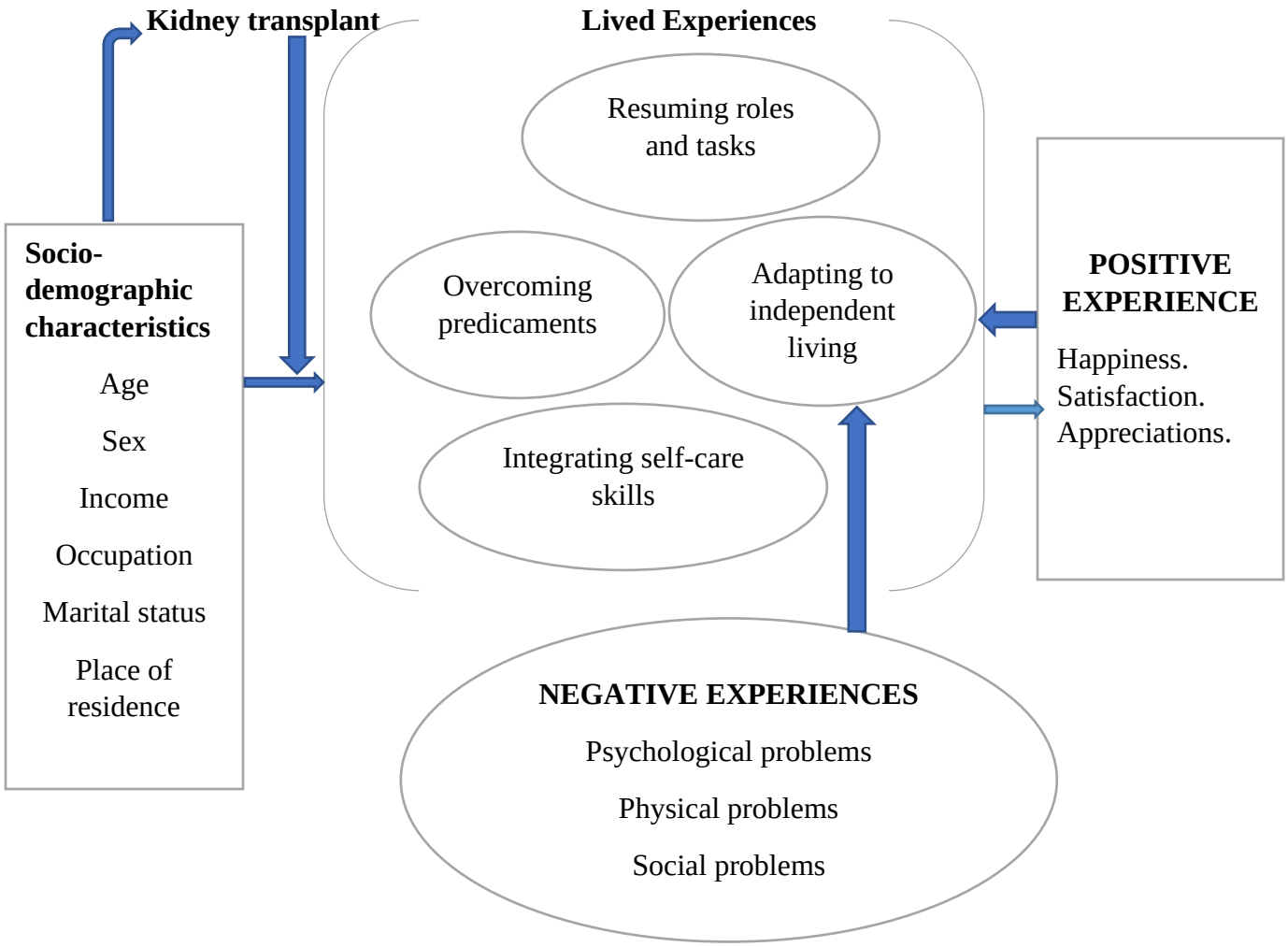


Figure 1: Modified Theoretical framework for Life experience of Kidney Transplantation (Orem, 2001).

1.4 Rationale

Enhancing the patient's overall well-being necessitates insights into the lived experiences of kidney transplant recipients. Researcher aimed to illuminate how individuals navigate the mental and physical challenges post-transplant, focusing on quality of life improvement, psychosocial adjustment, and long-term adaptation. Examining the patient's perspective facilitates the development of personalized care plans, addressing psychological concerns, and recognizing the significance of social support networks in fostering successful post-transplant adjustment

Also, it is essential to improving nursing care, lowering complications and emphasizing patient centered strategies. Additionally, it contributes to the creation of interventions for long term adaptation, strengthening social support networks, and providing valuable insights to shape healthcare policies. These aspects empower nursing professionals to offer more effective and personalized support, ultimately enhancing the overall healthcare experience for post kidney transplant patient.

1.5 Research Question

1.5.1 Broad research question

What is the lived experience of post-kidney transplant recipients attending nephrology clinic at MNH Dar es Salaam?

1.5.2 Specific Research Questions

1. What are the positive experiences of post-kidney transplant recipients attending nephrology clinic at MNH?
2. What are the negative experiences of post-kidney transplant recipients attending nephrology clinic at MNH?
3. What is the coping mechanism post-kidney transplant recipients, experience to their new identity?

1.6 Objectives

1.6.1 Broad Objective

To explore the lived experience of post-kidney transplant recipients attending Nephrology clinic at MNH in Dar es Salaam.

1.6.2 Specific Objectives

1. To describe the positive experiences of adult post-kidney transplant recipients attending the Nephrology clinic at MNH.
2. To describe the negative experiences of adult post-kidney transplant recipients attending Nephrology clinic at MNH
3. To describe the coping mechanism of post-kidney transplant recipients and their experience with their new identity of being transplanted.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

Countless individuals across the globe endure from ESRD, a condition that has left over 2 million people reliant on dialysis or transplants for their well-being (National Kidney Foundation, 2022). Although kidney transplantation can effectively address kidney failure, it is not a permanent solution and may have potential unfavorable consequences (Masoomeh, 2013; Schmid-Mohler et al., 2014). Research indicates that living with a transplanted kidney can be viewed as an enduring ailment with diverse obstacles including physical and psychosocial problems (Chen, Weng and Lee, 2010; Gill, 2012). However, patients who recognize and embrace these challenges as an integral part of their existence are more likely to adapt and handle distress in a constructive manner (Chen, Weng and Lee, 2010; Gill, 2012)

There have been several researches done on the daily experiences of adult patients following the transplantation of kidneys. In their study, (Mallick et al., 2022) explored into the quality of life that follows a double kidney transplantation, highlighting pain and its effects as significant indicators in altering the current state of affairs. On the other hand, (Veater and East, 2016)discovered that kidney transplant patients exhibited lower levels of depression when compared to those undergoing alternative renal replacement therapies, but still experienced more depression than the average individual. It is worth noting that depression carries risk factors that are linked to mortality. This association has also been explored by (Chilcot et al., 2018) and (Takahashi, Hu and Bostom, 2018) in their respective investigations into the causes behind post-kidney transplant depression. It has been brought to my attention that individuals who undergo kidney transplants often face challenges with their mental and physical abilities. This can greatly impact their quality of life and even increase the risk of mortality. These recipients may encounter various complications and side effects that hinder them from engaging in regular activities like work, studies, or leisurely pursuits. In their study, (Ju et al., 2019)examined the various attributes of outcome indicators that are employed to evaluate the level of life engagement among individuals who have undergone kidney

transplantation. These attributes encompassed not only the characteristics and content of the indicators, but also their psychometric properties.

2.7.1 Positive emotions after transplantation

The patients' primary emotion upon transplantation is gratitude for receiving a kidney that offers them a second chance at life. Patients who receive kidney transplant therapy exhibit an active transformation of their human brand image and are able to solve problems, which gives them more energy. Their improved health also enables them to gain a stronger sense of self-awareness; Studies have indicated a correlation between enhanced self-awareness and traits such as charisma, self-efficacy, and self-esteem (Cristina et al., 2015)(Tucker et al., 2019). Patients anticipate that their kidneys will stay normal for many years as they look forward to the future. Patients express high hopes for the future and a desire to live out the dreams that come with their newfound independence, such as travelling, studying, getting a job, starting a family, and so forth (Kristensen et al., 2021)(Schipper et al., 2014). Acts of giving has been a way for some recipient of kidney transplant to show their appreciation to their living donors some by buying presence or writing them a letter of appreciation. (Schipper et al., 2014)(Tucker et al., 2019)

A number of patients reported developing a new conviction that they were “more purposeful", They had higher aspirations, were able to set goals, and were free to worry about their health (Tucker et al., 2019).

Freedom and return to normalcy and physical susceptibility

Regaining autonomy in daily living and medical care is linked to obtaining a kidney transplant (de Brito et al., 2015) According to the patients, transplantation gives them a sense of autonomy and control over their bodies (Schipper et al., 2014) (de Brito et al., 2015) Prior to receiving a kidney transplant, the majority of patients state that they are dependent on dialysis machines, which restricted their freedom, and that they frequently felt fatigued, which is a side effect of dialysis (Schipper et al., 2014)(de Brito et al., 2015)(Santos, Carvalho and Peres, 2019)(Tucker et al., 2019) Post transplantation patient express their happiness with their newfound experience in life. engage in social or other activities that improves their quality of life.(Santos, Carvalho and Peres, 2019)(Tucker et al., 2019).

Resuming social, sporting, recreational, professional activities and resuming work and education is another added advantage that patients see upon kidney transplantation (de Brito et al., 2015)(Tucker et al., 2019) (Kerr, Soulière & Bell, 2017). Life after transplant is typical compared to dialysis; kidney transplant recipients report being able to return home in good health and eventually return. Transplant recipient feel younger a and it is reflected in their capacity to engage in certain activities such as charitable work, travel and be with their close family, all of which support improved lifestyle choices (Santos, Carvalho and Peres, 2019)(Tucker et al., 2019). ((Schipper et al., 2014).Patients also experience a strong sense of normalcy rather than attention since they feel better and can use the time in different ways (Tucker et al., 2019)

2.7.2 Negative emotions after transplantation

A full return to a normal life is not anticipated after kidney transplantation; this is not the same as the absence of sickness (Santos et al, 2016).

The majority of patients, state that they had a bad mood as a result of the various emotions and challenges they encountered during treatment and living with a transplanted kidney (Jones et al., 2020)(Cristina et al., 2015) (Schipper et al., 2014)The majority of people have reported feeling scared and uncertain about how long the transplanted kidney will last (Jones et al., 2020). Patients feel as though they are deciding between their own death and transplant status since they are aware that it could change at any time. Patients express remorse about the discomfort, and some are concerned that it will make them appear cruel. They believe that they should be grateful for their good fortune in receiving the shipping plant. In fact, following the transplant, the patients felt bad for the people who had not received a transplant (Jones et al., 2020)(Kristensen et al., 2021) Following surgery, patients frequently need to keep track of their pharmacological regimen and consume a lot of it to keep their bodies in normal condition (Lorenz et al., 2019). Taking a lot of medicines can have various negative effects, like weight gain, facial puffiness, and excessive hair growth (Jones et al., 2020).

When difficulties arise following donor surgery, the majority of patients also suffer psychosis and feelings of guilt (Kristensen et al., 2021). According to the majority of patients, they are not only irritated by how side effects affect their bodies (Jones et al., 2020).

Patients still feel that the effects of many drugs have changed their bodies, even though tests like blood tests and clinical appointments can help detect new renal function abnormalities. In these cases, patients are constantly reminded of their situation, which hinders their recovery (Kristensen et al., 2021). Patients are also under strain from the sudden increase in living expenses following surgery (Lorenz et al., 2019)). Most patients reported doubt about returning to work due to uncertainty about how their condition would evolve after receiving a transplant (Kristensen et al., 2021). If they did not, they voiced embarrassment about the effects of their inability to work on the economy (Cristina et al., 2015).

Following kidney transplantation, patients report that their top negative feelings are worry about their future quality of life and medical treatment (Memory et al., 2022)Families are the unit that patients immediately impact, but they can also result in a major loss of support. Given the intimate ties between patients and their families and support networks, the majority of patients who expressed concern about the adverse effects of kidney transplantation did so in light of the potential strain on these networks (Memory et al., 2022).

Social isolation

Following a kidney transplant, some patients report feeling alone (Baharani et al., 2020; Brito et al., 2015; Kerr et al., 2018). As a result of losing contact with nephrology staff and patients after receiving a kidney transplant, some patients claim that only other transplant patients can truly understand how they feel ((Jones et al., 2020)This has left them feeling incredibly alone and abandoned. It is inevitable for interpersonal connections to become more intimate; relationships within families and couples' change. Hemodialysis does not need you to stay away from family members, but it requires you to spend a lot of time healing, which means you spend more time with them ((de Brito et al., 2015)). Due to physical restrictions following the transplant, patients are unable to play with pets like dogs and take part in some social activities, which makes them feel alone ((Bogue Kerr, Soulière and Bell, 2018)According to certain

patients, social stigma still remains, which influences how the public treats transplant patients, and their physical condition limits their ability to function in social situations (Memory et al., 2022)Due to their physical conditions, which frequently result in limited responsibilities and social activities, patients also have a heavy load ((Lorenz et al., 2019)). Following the transplant, the patient must manage a number of ailments and a range of corresponding mentalities, which makes it difficult for them to adapt to new social responsibilities and connections (Schipper et al., 2014). The main effects of the transplant on family roles and structure are also discussed by the patients. Some claim that their relatives might be concerned about their prospects. The relationship between patients and their families deteriorates when patients express a strong sense of guilt about living with their relatives because they don't want to bring them down (Tucker et al., 2019)

Intimate society

Some patients believe that their bodies only permit them to exist in the world after a transplant, which brings them even closer to others. They also believe that when they are ill, consciousness cannot be projected onto the outside world (Bogue Kerr, Soulière and Bell, 2018). Following a kidney transplant, the majority of patients believed that their lack of information had a positive impact on their closed relationship with the medical personnel as well as their trust. Following kidney transplantation, patients frequently had a great deal of faith in the medical professionals (Been-Dahmen et al., 2018). His employer and other family members have trusted them in social situations since they underwent a kidney transplant, providing them with activities to occupy time rather than constantly being concerned about physical changes (Been-Dahmen et al., 2018)(Bogue Kerr, Soulière and Bell, 2018)The patients' everyday lives and overall well-being are enhanced by the transplant's effects on their capacity to perform daily duties, decreased discomfort, and enhanced general health and social environment ((Santos, Carvalho and Peres, 2019). A kidney transplant gives patients the opportunity to regain some degree of mobility, spend time with their loved ones, perform household chores like sweeping the floor, and engage in social activities without worrying that their health will prevent them from going. Accordingly, recipients of kidney transplants believe they can resume social and familial activities (Nielsen et al., 2019)(Pinter et al., 2017a)

Poor family and support systems

Due to their unique circumstances, patients describe a variety of medical, psychological, and social development difficulties that they have encountered following kidney transplantation. As a result, they urgently require assistance (Jones et al., 2020)(Been-Dahmen et al., 2018) (Tucker et al., 2019).Post-operative support was crucial since patients require help during difficult times, and their requirement for support decreases with the length of time they have received a transplant (Nielsen et al., 2019). Because participants' illnesses, sickness histories, and present medical problems differ greatly, "one-size-fits-all" cultural education is viewed as inappropriate for these individuals. Instead, patients expected enough information content and specialized direction from cares. Patients believe that there is no useful information available for postoperative self-management. Patients express frustration over the difficult-to-understand medical aspects of kidney transplantation, as well as their confusion over the inconsistent and unclear advice offered by medical professionals. They further lament the inadequate support that kidney transplant recipients receive from the healthcare system ((Been-Dahmen et al., 2018)). A renal transplant is a very emotional life event, and many patients discuss the main aftereffects of the procedure. This reflection was frequently emotionally charged and concerned person and family structures since psychological issues require additional professional expertise. Nonetheless, the majority of patients, state that they have experienced a prolonged lack of psychological assistance and are unable to engage in professional mental health services organizations ((Been-Dahmen et al., 2018)(Tucker et al., 2019)The relationship of trust is one of the requirements for everyone to apply self-control. After a kidney transplant, patients are fundamentally different from the general population, which might cause some people to lose faith in them and place them in an inadequate support network for relationships ((Gill, 2012)Transplant survival rates were significantly impacted by patients' reports that the quality and expense of the support healthcare system could not be guaranteed, and that they had to shoulder a heavy weight of post-operative care and rehabilitation due to personal restrictions ((Tucker et al., 2019)

2.7.3 Post transplant coping mechanism

Patients describe how having a kidney transplant has made it harder for them to move on with their life and deal with their emotions. Some patients overcame these challenges and learned coping mechanisms for both their pain and post-transplant life (Jones et al., 2020)(Schmid-Mohler, Schãfer-Keller, et al., 2014). Postoperative patients have to adjust to changes in their view of themselves and how they handle stressful emotions brought on by ambiguity, complexity, and exaggerated expectations for the future. Individuals manage their suffering constructively (Schmid-Mohler, Schãfer-Keller, et al., 2014). While most patients believe that a kidney transplant results in a newfound independence, kidney transplantation really causes many changes and instability for individuals, including physical changes, financial burdens, and many other characteristics of instability (Schmid-Mohler, Schäfer-Keller, et al., 2014)(Saadi, El-khashab and Mahmoud, 2017). A patient may use opportunity seeking or constructive refocusing as a coping mechanism. For an early recovery, they emphasize recovery training and post-operative adaptability (Schipper et al., 2014). Patients have to do everyday chores, and in spite of the disincentives, they believe that a decrease in their concentration has harmed their ability to work, making it more challenging to go back to work. Although they contend that gradual re-entry is feasible, it is challenging to carry out. Others have also mentioned the financial hardship that lower salaries cause, which puts further limitations on their management (Pinter et al., 2017b)After the transplant, patients say they have to actively manage their social ties. They have to take their medications precisely on schedule. They're accustomed to taking simple medications. Additionally, their increased body awareness enables them to keep a closer eye on symptoms. The patient's physical state is much more delicate than usual following a kidney transplant, so medical professionals must provide them with guidance on how to avoid infection, make sure they are getting enough fluids, stop smoking, lift weights, wear sunscreen, travel, maintain a healthy diet and exercise regimen, and incorporate all of these into their everyday lives (Cristina et al., 2015).

Following the transplant, patients must also adapt to new circumstances that include altered daily themes and roles. Patients must adhere to dietary and physical restrictions following surgery, (Santos, Carvalho and Peres, 2019)(Jones et al., 2020)(Schipper et al., 2014). They

must also learn how to negotiate new, more routine routines and shed the patient role (Schipper et al., 2014). Santos et al., 2016). While there may be some relaxation of the food restriction following transplantation, it is still important to maintain improved dietary problems and restrictions, adhere to the timing of immunization medication (Schipper et al., 2014)and maintain water and food intake to maintain health for postoperative work (Lorenz et al., 2019) Constant self-monitoring following transplantation is also a significant issue, and patients must detail their health status, including any difficulties with local blood collection, monitoring, and documentation. life integration, particularly after transplantation (Lorenz et al., 2019)(Santos, Carvalho and Peres, 2019). In addition to adverse effects, many claim they must continue taking the medications after the transplant (Tucker et al., 2019).Patients say they feel vulnerable during this phase since they are constantly reminded physically (Kristensen et al., 2021).

Even though renal transplantation is still a relatively new and developing clinical treatment program in Tanzania, given the significance of the emerging field, there hasn't been a specific qualitative study focused on the lived experience of kidney transplant among patients with after treatment documented in the documented literature. Therefore, our research at Dar es Salaam's Muhimbili National Hospital aims to close the aforementioned gap.

CHAPTER THREE

3.0 MATERIAL AND METHODS

Introduction

This chapter presents the study design, area/setting, sample size, and sampling techniques. It also describes data collection processes, and the data analysis plan. Furthermore, the chapter explains, ethical issues observed in the conduct of this study.

3.1 Study design

This study employed a qualitative explorative, descriptive approach. This approach enables the researcher to explore and describe the lived experiences of kidney transplant recipients by using this methodological design.

3.2 Study area and setting

The study was carried out at Muhimbili National Hospital. Muhimbili is a national and teaching hospital, located at United Nations Road No 9, Charambe Street, west Upanga, in the Ilala Municipal, Dar es Salaam, Tanzania. It receive patients across the country and nearby countries. It offers both in-patient and out-patient health services with a bed capacity of 1500 beds and 32 specialized medical services including nephrology services whereby kidney transplant is one of the cares offered. So far, MNH has performed a total of 97 kidney transplants since starting this service in 2017, before starting this service in Tanzania patient with CKD to get this services was being referred outside the country. As per MHN guidelines, the transplanted patient has to attend a nephrology clinic once a month for follow-up, and drug refills. On average eight to ten patients attend the clinic in a month.

3.3 Study population

All patients who received kidney transplantation services and attended the nephrology clinic at MNH during the study period.

3.4 Sample size and selections

From transplant analysis books post-transplant recipient were identified. Files were traced from medical archive. Phone number obtained from files were used to trace participants. Maximum variation sampling based on age, gender, Occupation status, Duration live with a kidney Transplant. Selection based on these who have been transplanted more than six month.

The study intended to recruit ten (10) transplant recipients however saturation reached at the eighth (8) participant where there was no new information three (3) Participants were added to confirm if there is no information. So the sample size reached was eleven 11 participants.

3.5 Sampling procedure

A purposive sampling technique was used to select study participants from the study setting. This technique was chosen because it facilitated the selection of study participants depending on the goal of the study (Ames, Glenton and Lewin, 2019)

3.6 Data collection tool

In this study, data was collected by using an in-depth interview guide. This tool was developed by the principal investigator after a thorough literature review and in the guidance of research objectives. Supervisors reviewed the tool to ensure the questions answered research objectives. The tool was divided into two sections; section one and section two. Section one organized questions that collected participant's demographic characteristics. Section two contained open-ended questions and probes that was explore participants' experience. Since Swahili language was the first national language and spoken by majority, the interview guide was translated from English to Swahili language by the first author under guidance of the supervisors. To ensure consistency of the tool, back translation to original language was done by third person who is expert in both languages and is not involved in the study.

Other tools that used in this study were audio recorder that was used to record the interview conversation; pen; pencil; and notebook that was used to take a field notes including gestures and other non-verbal cues.

3.7 Data collection procedure

Data was collected through semi-structured interviews conducted by the principal investigator and a research assistant, a nursing student. This format allowed for main questions followed by probes and follow-ups after the principal investigator explained the study's purpose and obtained informed consent from participants. The interviews took place in a quiet, distraction-free conference room at the hospital and were audio-recorded for accuracy, with notes taken during the process. Data collection occurred between May and June 2024. All interviews were conducted in Swahili, Tanzania's widely spoken language, after participants had completed their post-kidney transplant clinic visits. While the principal investigator conducted the interviews, the research assistant took notes. After each session, they discussed the interview to identify improvements for future sessions. All participants consented to audio recording, and demographic information was collected for sample description.

Pilot the research tool

To pilot the research tool, one IDI was conducted on the study participant in the study setting in a quiet room. This helped to figure out the relevance of the IDI questions, recruitment, identify any ambiguities that was addressed prior subsequent interviews as well as estimate of the time interview was consumed, then pilot data was transcribed and analyzed, the process was discussed with supervisor comment and agreement helped in modification. Finding from the pilot study was not included in the main research.

3.8 Data Analysis

Content data analysis was employed in this study. Data analysis was initiated soon after the first interview by transcription of the audio recorded data by typing directly into the computer with the aid of the Microsoft excel and Microsoft word program.

The researchers familiarized themselves with the transcripts and field notes by reading and re-reading them to understand the data and the context, condensed meaning units were then formed by the process of data reduction and these were associated with the experience of people living with diabetes when seeking diabetic eye care. The condensed meaning units were then read by

the researchers and re-read to come up with codes, the start list codes generated from the previous literature and theoretical framework were discussed by the principal investigator (VR) and FM to increase code quality and agreed to utilize the revised and final codes discussed, the extracted codes were then grouped according to their similarity and abstracted to form categories by comparison, the categories were then compared, checked and rechecked depending on their similarity and differences. they were mapped onto the theme components after several reading repletion of the transcripts as proposed by (Graneheim and Lundman, 2004), category linked to form theme shown in (fig 2).

Example of data analysis

THEME	**CATEGORY**	**CODE**	**INTERVIEW EXCERPTS**
Post-transplant adjustment	Post-Transplant Resumption of Normal Life	▪ Almost returning to pre-disease life ▪ Enjoyment of normal bodily functions (urination, eating) ▪ Freedom to eat and drink ▪ Relieved loss of appetite ▪ Freedom from dialysis ▪ No more dialysis ▪ Improved health feeling ▪ Return to some form of work	It has changed significantly, almost like before I had kidney disease. I urinate well, eat well, and have an appetite for food. I'm happy to be out of the life of dialysis machines (p2). I have returned to normal life; it feels like starting anew. I am back to work and enjoy interacting with my colleagues (p4).
	Improved quality of life	▪ Good health ▪ Improved health ▪ Physically active ▪ Relief from sufferings ▪ Happiness ▪ Feeling joy	It has changed significantly, almost like before I had kidney disease (p2). I am doing well. I have improved… (p4).

		▪ Emotionally well ▪ Marked life improvement Feeling stronger	It changed a lot; I'm very well now (p7). I'm happy to have good health; I can manage my affairs independently. I feel relieved after transplantation (p9).
	Development of New Behaviors and Perspectives	▪ Adaptation to lighter exercises ▪ Increased respect for healthcare providers ▪ Greater devotion to God ▪ Increased love and appreciation for support received ▪ Healthy discipline ▪ Importance of following medical advice ▪ Advocacy for better support for kidney patients ▪ Strict adherence to healthcare advice	Stressful lives are not good, when you lose hope God opens a way, service providers do a great and good job (p3). Many things; it's crucial to attend clinic appointments and follow the doctor's advice, reporting any changes promptly even if they seem minor (p9).

3.9 Data management

Data was recorded in audial recorder and transferred to personal computer which is stored and protected by password. All data was kept confidential. Data was transcribed and code developed. Only the authorized person accessed the collected information.

3.10 Trustworthiness

To maintain the trustworthiness of our study, we followed four criteria for evaluating qualitative study findings as proposed by (Shenton, 2016).(Graneheim, Lindgren and Lundman, 2017) .

To ensure the credibility of our findings, we conducted member checking and called participants to verify if the presented findings accurately reflected their intended meaning and incorporated any additional comments they had.

To ensure conformability, the researcher shared the study results with the participants who returned to the hospital for follow up and described the study results with the participants' quotations.

Dependability ensured by documenting the methods used for data collection, analysis, interpretation and conducting interviews in the hospital setting where participants received care

Transferability was ensured by described clearly and providing details about the participants. Additionally, the utilization of direct quotations was maintained to preserve the essence of the participants' responses.

3.11 Ethical issues and ethical considerations

Permission to conduct the study was sought and granted from relevant ethical committees at Muhimbili University of Health and Allied Sciences with Ref.no. DA.282/298/01.C/2135 before the commencement of the study. Permission to conduct the study was obtained from the MNH administrations. Written consent was obtained from each participant who agrees to participate in this research. All participants was informed about the right not to answer some question and withdraw from the study anytime and that was not interfere with the process of receiving care. Each participant provided with identification number to ensure and maintain confidentiality.

CHAPTER FOUR

4.0 RESULTS

Introduction

This chapter consist of the study finding on lived experience of post kidney transplant recipients attending nephrology clinic at Muhimbili national hospital. The chapter is organized into two parts; the social demographic characteristics of the study participants and the main findings with the selected quotation from the transcript that are presented verbatim to cement the finding

Table 1: Participants' demographics

A study involved 11 participants. All participants were adults aged 31 to 70 years old. More than half were married. Patients' education levels ranged from secondary to university. Majority of the participant where either employed or self-employed. More than half had lived with the transplant for six to ten years

ID	Age (years)	Gender	Education level	Marital status	Occupational status	Duration lived with transplanted kidney(year)
P01	51	Male	University	Married	Employed	01.5
P02	60	Male	University	Married	Employed	05
P03	48	Female	Primary	Married	Self employed	02
P04	56	Male	University	Married	Self employed	12
P05	61	Female	Primary	Married	Self employed	10
P06	51	Male	University	Married	Self employed	11
P07	40	Female	Secondary	Married	Self employed	08
P08	31	Male	University	Married	Self employed	06
P09	35	Male	University	Not married	Self employed	06
P10	65	Male	Primary	Married	Unemployed	14
P11	52	Female	University	Married	Employed	10

Organization of theme and categories

Through the content analysis, five theme and 15 categories addressing the lived experiences of post-kidney transplant individuals were generated. The theme encompass post-transplant adjustment, Support needs, post-transplant health issues, post-transplant need for services, and emotional impact and life coping. Each Theme emerged from several sub-categories as indicated in Table 2.

Table 2: Theme and categories generated by content analysis

Theme	Categories
Post-transplant adjustment	Resumption of Normal Life
	Improvement of Quality of Life
	Development of New Behaviors and Perspectives
Support needs	Family support
	Social support
	Financial support
Post-transplant health issues	Comorbidities
	delayed diagnosis
	fear of graft survival
Post-transplant need for services	Accessibility of post-transplant medical services
	Affordability of post-transplant medical services
Post-transplant life coping	Emotional distress
	Acceptance
	Compliance and information-seeking
	Encouragement and support-seeking

Theme 1: Post-transplant adjustment

The participants reported that after undergoing a kidney transplant, they experienced a significant shift as they resumed many aspects of their pre-illness lives. They were able to return to their jobs and daily activities. The further reported being happy as they returned to their work, being out of the dialysis machine, and enjoying the freedom to eat and drink without marked restrictions, marking a return to a more normal lifestyle.

> *"I have returned to normal life; it feels like starting anew…I am back to work and enjoy interacting with my colleagues…" (**P4**).*
>
> *"My life has changed drastically, I have resumed a normal life, completed my degree, and pursued a master's….." (**P8**)*

The overall quality of life of participants improved post-transplant, as they experienced relief from previous symptoms, improved psychosocial well-being, and gained newfound freedoms. Improved health led to feelings of increased physical strength, emotional capabilities, and better relationships with family, friends, and colleagues. For instance, other participants mentioned post-transplant improvement of their physical well-being, regain of weight, and increased physical activity.

> *"Initially, I was very thin, I felt like people were avoiding me, but now I'm fine, and in terms of sexual activity, I'm fine now. Before, I couldn't feel like engaging in sexual activity, but now I'm okay…" (**P7**).*

Post-transplant, participants developed new habits and perspectives aimed at maintaining their health and well-being. Almost all participants expressed increased adherence to medical advice and adopting healthy behaviors including dietary adjustments, stopping drinking carbonated drinks and alcohol, timely intake of medications, and being cautious about what they consume. And valued regular health testing. They expressed feeling a responsibility to advocate for better support for kidney patients and educate others about kidney disease and transplantation.

> *"I stopped drinking soda, now I eat on schedule, I used to eat a lot, now I've reduced….. (..) Stressful life is not good..." (**P3**).*

> *"I didn't care about the time to take medicine, but now I pay attention. I have learned that when you are sick, go to the hospital just for medicines, maybe Panadol and other medicines without testing are not good... (**P6**).*

Post-transplant, participants experienced a notable improvement in quality of life, resuming pre-illness activities with greater freedom. They returned to work, pursued further education, and engaged in daily life with fewer restrictions. Enhanced health led to increased physical strength, better emotional well-being, and improved relationships. Participants adopted healthier habits and showed a commitment to advocating for better support and educating others about kidney disease, marking a return to a more normal and fulfilling lifestyle.

Theme 2: Support needs

This theme explores the various dimensions of social support received by participants and the relational challenges they faced before and after their kidney transplants. It involves three sub categories: family support, social support and interactions, and financial support.

Family support played a crucial role for many participants during their journey with kidney disease and the transplantation process. Family members provided emotional, financial, and logistical support, which helped manage the illness, getting a donor, and undergoing transplantation. The family contributed to cover the transplantation costs, including arranging kidney donors, providing emotional encouragement, and providing overall care post-kidney transplant. Post-transplant, family support continued to be a cornerstone of their improved relationships and happiness.

> *"My wife helped me a lot; she was with me at every step until now she is outside waiting for me..." (**P6**).*

Social support and interactions with friends, colleagues, and the wider community also played a significant role in the participants' experiences especially those who are employed and have a high status in the organization. Most highlighted also being supported financially by their friends, colleagues at the workplace, and their institutions. This not only provided physical support but also played a role in helping them cope with their disease conditions and the transplant-associated emotional stresses. However those who are self-employed or unemployed experience relationship increase when they regain their health after the transplant.

> *"Friends contribute for transplant cost and medication during the first year after transplantation" (**P4**).*

> *"After the transplant my home is full of visitors."(**P10**)*

Despite of being supported by friend, colleagues and community there was time when the community didn't understood when they cannot participate in community activities as compared before the disease

> *As a youth supporting activities in funerals and weddings is important and I used to help when I was healthy it become difficult now after transplantation and it's hard to explain to everyone. (**P8**)*

After undergoing kidney transplantation, many participants experienced significant improvements in their relationships. The successful process enhanced the renewal of familial bonds, the stabilization of marital relationships, and a deeper appreciation for the support received. Participants highlighted forming new friendships and strengthening existing ones, contributing to their overall well-being and happiness. They also valued the improved relationships and participation in social events.

> *"(...) I noticed improved relationships and realized how much others cared for me. This increased my happiness and appreciation for life..." (**P1**).*

> *"They are now good (relationships with friends and family), even the wife who wanted to leave is with me, and we live well..." (**P2**).*

Those who are transplanted before marriage experience challenges in stating relationship

> *"It takes time to find a partner as they saw me taking medication every time they thought am HIV patient they disappeared but God is good after a long journey I have a wife." (**P8**)*

Financial support and insurance play a crucial role in alleviating some of the financial burdens associated with kidney disease and transplantation. Participants frequently mentioned receiving financial support from various sources, including family, friends, employers and the government. This support was essential in covering the costs of medications, and other treatments. For example, some participants received assistance from insurance, which helped mitigate the financial impact of their medical care. Employers' support, in terms of insurance and continued salary payments, also provided more financial stability. However, not all of them had access to comprehensive insurance coverage, and the limitations of insurance left gaps in coverage that they had to fill through out-of-pocket expenses or external financial contributions.

> *"I received great support from work; money was not an issue. I spent 48 million (TZS) on all stages, at work, they all contributed, even the cleaner. It's amazing, love but also the insurance even though some drugs are not insured (**P1**).*

> *"At work, my employer was supportive; when I returned to work, they told me to rest if I didn't feel well, and they would pay my salary. They also helped with insurance challenges and even arranged for blood donations when needed" (**P9**).*

This theme emphasizes the crucial role of social support during the kidney transplant process, including family, social interactions, and financial aid. Family provided vital emotional and financial support, strengthening relationships post-transplant. Social support from friends and colleagues was also important, particularly for those with stable employment, though self-

employed or unemployed individuals faced more challenges. Financial support from various sources helped ease some financial burdens, despite gaps in insurance coverage. Overall, these forms of support greatly enhanced relationships and improved quality of life for transplant recipients.

Theme 3: Post-transplant health issues

This theme addresses the numerous physical challenges and health complications faced by kidney transplant patients, both before and after the transplant. This theme encompasses experiences related to delayed diagnosis, the presence of comorbidities that arise post-transplant and fear of graft survival.

Despite the significant improvements in quality of life following a transplant, many participants encountered new health challenges. Post-transplant complications included the development of new diseases such as diabetes and hypertension. Particularly, those who had no history of other chronic illnesses reported being diagnosed mainly with diabetes and hypertension.

> *"After the transplant and starting medication, I developed diabetes. Initially, I only had high blood pressure…" (**P4**).*

> *"After the transplant, I was tested and found to have diabetes and later high blood pressure ..." (**P5**).*

Some participants who faced delayed diagnosis before transplantation expressed fears post-transplantation about managing their transplanted organ and treating additional health conditions upon returning home. They also discussed the challenges of delayed diagnosis during recurrent infections and the psychological impact of ongoing health issues, as detailed by Participant 9."

> *"There have been many health challenges first delayed diagnosis in peripheral hospitals until I come here at national hospital. In 2020, I had pneumonia, and my creatinine levels rose, leading to hospitalization in September. The same happened in 2021 and*

> *2022, where I was hospitalized for urinary tract infections (UTIs). I've been on various medications, including TB treatment for six months after being diagnosed with intestinal TB. My condition improved, but my creatinine levels fluctuate between 170 and 200…" **(P9).***

> *I was diagnosed having kidney disease when I decide to come at National hospital after one and a half year of suffering now am worried of being treated in another hospital so anything that change in my body related to health I use any means and cost to come here at National Hospital.**(P8)***

But others fear on how long their graft will survival, fear about how those who gifted their kidney will feel.

> *Some time I feel anxious when I thing about time how graft will survive but the most fear is to the one how willing accept to give me the kidney I think I will be looked as am lazier and someone who didn't appreciate that kind of love. **(P7).***

This theme highlights the physical challenges and health complications faced by kidney transplant patients, including new issues like diabetes and hypertension. Delayed diagnoses before the transplant led to concerns about managing these conditions and the psychological impact of ongoing health problems. Patients also expressed anxiety about the long-term survival of their grafts and the emotional burden of feeling they may not adequately appreciate the generosity of their donors.

Theme 4: Post-transplant need for services

This theme encapsulates the ongoing challenges related to the accessibility and affordability of post-transplant medical services.

The financial challenges do not end with the transplant surgery; rather, they evolve into the need for ongoing post-transplant medical services. Participants described a range of post-transplant expenses, including regular follow-up appointments, medication costs, and managing new or

ongoing health issues. The affordability of these services was a continuous concern, as they reported requiring lifelong immunosuppressive drugs and other medications to manage related health conditions. They reported a high cost of medications and monthly transport costs, particularly for those who were from other regions away from Dar-es-Salaam, and the fact that they are not financially stable to cover high costs as a large portion of their investment was used to cater for transplantation costs. Participants also highlighted the accessibility issues they faced, such as long wait times at pharmacies, inconsistent availability of necessary medications, and the need for monthly travel to obtain medication refills. The high cost of medication and frequent hospital visits add to the financial strain, making it challenging for patients to adhere to their prescribed treatment plans consistently.

> *"I can't travel far from the hospital, every month's end, I worry about how many drugs are left. I'm not free; every month, I have to travel to Dar es Salaam to get medicine, and the roads are not good …we struggle at the pharmacy to get our kidney drugs" (**P5**).*

Participants suggested the desire to access drugs in nearby hospitals, or at least longer-term refills. Others extended their suggestions to having a separate pharmacy for taking their medicines.

> *"I wish the government would lend a hand; also, services should be closer, every month I travel from Morogoro, how do others who can't afford it manage? And drugs are expensive…" (**P1**).*

> *"I have to stop my activities and come for medication and clinic appointments...There is a need for healthcare services to be expanded to regions, and if that's not possible, they should arrange for three-month supplies of medication" (**P4**).*

This theme underscores the ongoing financial and logistical difficulties faced by post-transplant patients, including the high costs of lifelong medication, regular follow-ups, and frequent travel for refills. The substantial financial strain and travel requirements hinder consistent adherence

to treatment. Participants advocated for better accessibility to medications through local facilities, longer-term refills, and increased government support to ease these burdens.

Theme 5: Post-transplant life Coping

This theme encompasses the psychological and emotional challenges faced by participants and their coping mechanisms. It includes attitudes toward acceptance, compliance with medical treatment and health education, and the role of encouragement and support-seeking.

Participants experienced intense psychological and emotional strain. The distress was often due to the chronic nature of their illness and physical suffering, the strict treatment recommendations and the marked negative life changes they experienced. On some occasions, they lose hope and abandon existing relationships. Participants reported being stigmatized and judged by their condition and the situation they were going through. The majority thought this was attributed to a lack of education and correct information about kidney disease and transplantation in society.

> *"I used to live in Makongo (a street in Kinondoni municipal); initially, when I got the transplant, I saw people staring at me, so I moved to Mabibo (a street in Ubungo municipal), where people don't know me…" (**P7**).*

Some participant reported of being stressed by their donor to assist them with treatment of health condition even those requiring less medical attention such as flue

> *"yes she helped me but and with flu, I am supposed to contribute to medical some costs time I hate related donations we live together there is no way I can stay far from her "(**P11**).*

Acceptance is crucial for emotional resilience, enabling patients to better manage their health conditions and well-being. Participants described accepting their conditions, the need for lifelong medication, and the changes in their lifestyle. Acceptance of the condition and adjusting to the work routine were key to maintaining hope for a return to normalcy post-transplant. Furthermore, most participants accepted the necessity of daily medication and incorporated the

treatment into their daily lives. This resulted in a positive outlook on life, relief from emotional stress, and an improvement in mental well-being.

> *"..I accepted them (post-transplant health issues) and go for diabetes clinic appointments and come here for kidney issues… you should accept things as they are and move on..." (**P4**).*

> *"I had already adjusted to going to work, and I kept hopeful that once transplanted, I would return to work" (**P9**).*

Compliance with medical advice and seeking information concerning their health helped them cope with the disease process and make decisions about transplantation. Patients mentioned adhering to medical recommendations and dietary restrictions, medication schedules, attending regular check-ups, and understanding the risks of unhealthy lifestyles as the ways they used to cope with physiological stresses. The majority seek the right information about the disease process, changes in physical experiences, and kidney transplantation from healthcare providers.

> *"I sought advice from healthcare providers and followed it; sometimes I searched for information online" (**P1**).*

> *"It (coping) was through following the doctor's and I take medication like food or something sweet I supposed to eat every day." (**P4**).*

Encouragement and support from friends, family, and the workplace played a significant role in obtaining emotional well-being. These provided the motivation and emotional strength that participants expressed as the potential to overcome the challenges of their conditions and treatment. Most of them shared their situations and life difficulties with their families, friends, and colleagues to seek emotional support.

> *"...I used to go out with my friends, chatting, sometimes I laughed and forgot a little" (**P3**).*

*"...Talking to others with kidney issues gave me strength, and the thought of getting a new kidney motivated me ... (**P8**).*

Participants faced significant psychological and emotional challenges due to their chronic illness, including stigma, stress, and the impact on their relationships and daily lives. Despite these difficulties, acceptance of their condition and adherence to medical advice were crucial for their emotional resilience. Many participants found relief through accepting their new reality, complying with treatment, and seeking information and support from healthcare providers, family, and friends. Encouragement and emotional support from loved ones played a key role in helping them maintain a positive outlook and cope with their condition effectively.

CHAPTER FIVE

5.0 DISCUSSION

The present study explored the lived experiences of post-kidney transplant recipient attending the nephrology clinic at Muhimbili National Hospital, Dar es Salaam, Tanzania. The findings of this study revealed various issues that post-transplant recipient experiences from the time they were diagnosed with the diseases up to now where by the major concern was post-transplant adjustment, support needs, post-transplant health issues, medical cost and post-transplant need for services, and emotional impact and life coping.

Post-transplant adjustment

This study demonstrates that after transplantation, most participants experienced a significant improvement in their quality of life, regaining their daily activities with minimal disruption. This finding aligns with other studies, such as the research conducted in Brazil, which analyzed the changes and challenges following kidney transplantation. This Brazilian study highlighted that post-transplant individuals reported enhanced quality of life, including a return to activities, increased freedom, well-being, and overall health improvements (de Brito et al., 2015).

Several other studies also corroborate these findings, showing that post-transplant recipients generally experience a better quality of life. Mahmoud (2017) found similar improvements in their research. Gaston (2016) also reported that transplant patients tend to experience a marked enhancement in their quality of life compared to their pre-transplant state.

Post-transplant patients often find themselves able to gradually reintegrate into society. Research indicates that these individuals typically enjoy a higher quality of life than those undergoing dialysis (Takahashi, Hu, and Bostom, 2018). This reintegration into a more normal lifestyle post-transplantation is a significant factor in their improved quality of life.

However, returning to a normal life does come with its own set of challenges, particularly regarding diet and eating behaviors. Post-transplant patients often need to adjust their diet to avoid heavy and indigestible foods. For example, they may need to limit their intake of high-fat

or high-fiber foods that can be hard on their digestive system. Additionally, these dietary changes can help them maintain a healthy weight. Dahal et al. (2021) highlighted the necessity for dietary adjustments and changes in eating behaviors among post-transplant patients to maintain their health and enhance their quality of life.

An essential aspect of post-transplant care is ensuring that recipients are adequately informed and educated about proper graft care. Despite significant improvements in their quality of life and ability to return to normal activities, they need to be well-informed on maintenance and prevention of rejection. Studies have explored the life challenges faced by liver transplant patients, highlighting that a lack of information and education often leads to inadequate self-care practices. This issue is not unique to liver transplant recipients but also extends to those who have undergone bone marrow transplants and other organ transplants. Healthcare providers must prioritize educating patients about the importance of adhering to their prescribed medication regimens, attending regular follow-up appointments, and maintaining lifestyle adjustments essential for graft longevity. By doing so, the healthcare system can help ensure that the initial improvements in quality-of-life post-transplant are sustained over the long term.

Support needs

Post-transplant, some experienced family bonding, while others struggled to find partners due to misconceptions about kidney disease and lifelong medication which was associated with having HIV/AIDS in most of the closest people saw how strict they are in term of medication and don’t know the kidney disease and management journey. This reflects the study done by (Jones et al., 2020) and (Regina, 2022) where participants reported that they feel more understood by those who also have been transplanted. But also to cope with post-transplant identity some participant has to change to the new place so as that they can start fresh due to the difficulty of the community to accept their new identity as they look healthy but are restricted from doing heavy work as they used to do before getting the diseases and the community expect them to participate in all activities because their health now.

Post-transplant health issues

Physical health and comorbidity also experienced in some participants having diabetes, hypertension and other infections like TB and UTI in prolonged immunosuppressant as the side effect of these drugs. This is similar to the study done in America which shows that some recipient gets acute onset diabetes after transplantation and others in their later life (Kamran, 2014). Also, participants experience delayed diagnosis especially those with TB and UTI after transplant when they are treated in a peripheral hospital until they have self-referral or are referred to the national hospital this has not been shown in many studies.

Despite appreciating the good outcome of graft survival they also fear graft rejection and perception of those who donate their kidney. Participant thinks that it will look like unresponsiveness to maintain their graft and inadequate follow-up of instructions. Most studies highlight the fear of graft rejection and return to dialysis (Sanner, 2003; Fang, 2010; Gill, 2012; Saadi, El-khashab and Mahmoud, 2017) but not much on the perception of donor after graft rejection.

Post-transplant need for services

Participants of this study reported significant decreases in costs related to time, transportation, and medication after undergoing transplants. Before their transplants, patients had to attend dialysis sessions three times a week, incurring high costs. Post-transplant, they only need to attend monthly checkups and medication refills. This reduction in frequency results in substantial savings, echoing findings from Schipper et al. (2014). However, there's a need to expand post-transplant services to other regions. Currently, patients must travel long distances for monthly checkups, which still incurs significant costs. Expanding these services would not only reduce transportation and medication expenses but also enhance community understanding and lower migratory costs.

Post-transplant patients face significant challenges due to limited health insurance coverage, which often does not fully cover essential medications and investigations, leading to substantial out-of-pocket expenses. Obtaining authorization for treatments is also time-consuming and sometimes creating barriers to necessary care. This study's findings align with previous research

by Tucker et al. (2019) and Regina (2022), which found that insurance typically covers immunosuppressant medication for only the first three months post-transplant, leaving patients to bear the full cost thereafter. This financial strain can compromise health outcomes due to non-adherence. There is a clear need for comprehensive insurance coverage that extends beyond the initial post-transplant period, ensuring support for long-term medications and regular follow-up investigations to maintain graft survival and overall health. Addressing these insurance challenges would significantly improve the quality of life for transplant recipients by ensuring continuous care and sustained health improvements.

Emotional impact and life coping

Diagnosed as kidney disease patients in some participants of this study those who have high education and have an idea of kidney disease make them lose hope and quit to continue studies and work when facing dialysis challenges compared to those who have average education these saw kidney as like other diseases such as malaria lead to follow the instruction when the condition becomes worse. Education on kidney transplant helps both educated and uneducated, when after transplantation they have hope study to master, back work which also show in study done in Cyprus (Constantinou, 2012)

Participants in this study demonstrated a strong acceptance of lifelong medication and lifestyle modifications, which are crucial for maintaining the health of their transplanted kidney. They viewed taking medication as an integral part of their daily routine, similar to consuming food, which aligns with findings from studies by Cristina et al. (2015) and Pinter et al. (2016). These studies also noted that participants considered their medication as something sweet they could not miss, indicating a positive attitude towards their treatment regimen. This acceptance is vital for ensuring adherence to prescribed medications, thereby enhancing the longevity and functionality of the transplanted organ.

Additionally, the study highlighted the significant role of social support in helping post-transplant patients cope with their new reality. Changes in familial relationships, support from spiritual leaders, and interactions with fellow post-transplant recipients were instrumental in encouraging patients to continue with their lives. These supportive relationships provided

emotional stability and motivation, reinforcing the idea that life could and should continue after transplantation. Such findings underscore the importance of a robust support system in improving psychological well-being and promoting a positive outlook among transplant recipients, ultimately contributing to better health outcomes and quality of life.

5.1 Limitations of the study

The availability and busy schedules of study participants posed challenges, potentially affecting the completeness and diversity of perspectives gathered.

Recall bias for those who have being transplanted than 10 years

5.2 Study mitigations

To mitigate these limitations, several strategies implemented, Time was given to participant so interview time was extended, and appointments were made before the interview, the researcher was flexible, adapting to the participant schedules,

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATION

6.1 Conclusion

This study is among the few studies conducted in Tanzania that provides insights into the lived experiences of post kidney transplant recipients. This study identifies the positive experiences of post kidney transplant recipients as improving quality of life, family and social support participation and decrease in cost, negative experiences as acceptance of the community to deal with their new identify and donor embarrassment but also the coping mechanism in drug adherence, change of environment and acceptance on how they are now. Finally, we argue that the lived experience of post-transplant is important as it provide insight and new ideal in managing these patients.

6.2 Recommendation

Hospital management have to empower health care workers on the prevention of kidney disease, proper diagnoses and management of kidney diseases so that early diagnosis and treatment can be done but also early consultation and referral in peripheral areas

Health care worker to educate the community on kidney disease, its management and lifestyle adjustment

Ministry of Health and hospitals to look at ways in which kidney transplants should be cost-effective so that many people with ESRD can afford them.

Researcher's to do further research is recommended on donor experiences and life adjustment after donation and community awareness on kidney diseases and their management, especially kidney transplantation

Nursing education. Nursing programs should include modules on patient education and community outreach, empowering nurses to educate patients and the public on kidney disease prevention, management, and lifestyle adjustments.

In clinical practice

Nurses should collaborate closely with physicians, dietitians, and other healthcare professionals to provide holistic care that addresses both the physical and emotional needs of post-transplant patients, including managing new health complications.

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APPENDICES

Appendix I: Consent Form – English Version

ID No……

Consent to participate in the study

Greetings!! My name is Valeria Rugaiganisa, I am a postgraduate student pursuing Master of Science in Nephrology Nursing at MUHAS. Investigating lived experience of post kidney transplantation recipient attending clinic at MNH Tanzania.

Purpose of the study: To explore the lived experience of post kidney transplant recipient attending clinic at MNH in Dar es Salaam, Tanzania**.**

Confidentiality

All information collected through interview guide will be kept for confidentiality and nobody will get to access them except for the principal investigator.

Risks

No any harm expected to happen to you because of joining this study. You are free to refuse to answer any question with which you are uncomfortable. I do not anticipate any negative consequences as a result of your participation in this study

What Participation Involves

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will continue to receive all services that you would normally get from this hospital. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled. If you agree to take part in this study, you will be considered a participant. You will be needed to respond to a series of questions as per interview guide.

Benefits

Your involvement in this study is important because the information you provide will allow the researcher to collect data that will help organization and other stakeholders figure out the best method on kidney transplant services improvement. It is thought that no harm will happen upon your participation in this study.

Risks:

Your participation in this research is unlikely to cause harm to you.

Alternatives and withdrawal rights

This research is optional, and you may opt out at any time. No penalty is imposed for study refusal.

Who should you contact? If you have a question about this study, ask the principal researcher.

VALERIA RUGAIGANISA

P.O. Box 65000, Dares Salaam. Tel. 0752045056

For inquiries concerning your participant rights, contact Prof. Bruno F. Sunguya, MUHAS Senate Research and Publications Committee Chair, P.O. Box 65001, Dar es Salaam.

Tel: +255 222152489.

The participant disagrees

The participant agrees

I..... My questions were answered after reading this. I consent to this research.

Sign for who is participating..... Date.....

Sign of investigator/assistant..... Date.....

Appendix II: In depth interview guide - English Version

INTRODUCTION

1. Research introduction(name, role and association with the study)
2. Explain the purpose of the study
3. Obtain informed consent.
4. Describe the interview structure; outline the interview format including audio recording, taking notes and assuring confidentiality.
5. Ask for questions; request the interviewees to ask any questions or seek clarification.

SECTION ONE

SOCIOIDEMOGRAPHIC CHARACTERISTICS

1. Age of participants……
2. Sex
    a. Male
    b. Female
3. Level of education
    a. Never gone to school
    b. Primary education
    c. Secondary education
    d. College and university educations
4. Marital status
    a. Single
    b. Married/cohabiting
    c. Separated/divorced
    d. Widowed
5. Occupational status
    a. Employed for salary
    b. Self employed
    c. Unemployed

6. Duration has been on treatments…….
7. Medications the patient is using…….

SECTION TWO

8. Can you describe what life was like for you before undergoing kidney transplantation? (Kindly share your experience of undergoing renal transplant (social life, role relationship, daily living pattern).

   Probes:

   How did your daily routine differ from what it is now?

   Were there specific challenges you faced on a regular basis?
9. Can you share any significant events or milestone in your life that were influenced by the need for a kidney transplant?

   Probes;

   Were there moments when you felt particularly limited or challenged?

   How did your relationship with family and friends progress during this time?
10. Were there specific coping mechanism or support system that played a crucial role in your life before the transplant?

    Probes;

    How did you navigate the emotional aspect of the pre transplant period?

    Were there any activities or practices that helped you maintain a sense of normalcy?
11. Can you share how your daily life has changed since the kidney transplantation?

    Probes;

    What activities are you now able to enjoy that were challenging before the transplant?

    Are there specific routines or habit that have become a part of your post-transplant life?
12. How has the kidney transplant impacted your emotional well-being and relationship?

    Probes;

    Have there been moments of joy or relief that stand out to you?

In what ways have your connections with family and friends evolved since the transplant?

13. Can you describe any personal growth or lessons learned from that post transplant period?

    Probes Have there been challenges that contributed to personal resilience or strength?

    Are there insight or perspectives you've gained that you didn't have before the transplant?

Feedback and close

After summarizing the key ideas discussed, get their input. The study, of which the interviews are a significant component, will help us comprehend the ways in which kidney transplantation affects people's daily lives. We appreciate you showing up for the interview and your participation.

Appendix III: Fomu ya kuomba Ridhaa

Habari yako, Mimi, Naitwa Valeria Rugaiganisa, mwanafunzi ninayefanya utafiti wa lengo la kuchunguza Uzoefu wa maisha baada ya kupandikizwa figo katika Chuo kikuu cha afya kilichopo-Muhimbili.

Lengo la utafiti

Utafiti huu una lengo la kujua Uzoefu wa maisha baada ya kupandikizwa figokwa wagonjwa waliofundulika na kuwa na magonjwa ya figo wakafanyiwa upandikizaji.

Majibu ya utafiti yatakuza uboreshaji wa huduma baada ya kupandikizwa figo. Nakuomba kukubali ushiriki. Kama utakubali kushiriki, katika tafiti hii nitakuuliza baadhi ya maswali unayoweza kujibu kwa kadiri utavyoelewa ili kuweza kukusanya taarifa muhimu na kufanikisha malengo yaliyopangwa.

Kukubali kushiriki

Ukikubali kushiriki katika huu utafitii utaombwa kujibu maswali. Ntakusomea maswali kwa usahihi halafu utayajibu.

Uhifadhi

Taarifa utazotupatia zitatumika kwa lengo ya utafiti tu na zitatunzwa kwa Usiri. Jina lako halitatumika bali utatambulishwa na namba katika kitambulisho chako. Taarifa zitazopatikana katika dodoso hili zitaingizwa katika computa na hataruhusiwa mtu mwingine kutumia taarifa zako bali sisi wafanya tafiti tu ndio tuna uwezo wa kutumia dodoso hizi.

Faida za ushiriki katika utafiti

Faida ya ushiriki ni kwamba, taarifa utazotupatia zitawezesha kugundua changamoto mbalimbali wanazokutana nazo wagonjwa baada ya kupandikizwa figo na kutafutiwa ufumbuzi

Madhara ya Utafiti

Utafiti huu hauna madhara yeyote kwa mshiriki.

Haki ya kujitoa

Mshiriki ana haki ya kujitoa muda wowote atapojiskia kutoka na hakuna sheria itayomzuia au kumuhukumu kwa kujitoa kwake katika ushiriki hata kama mwanzoni alikubali kushiriki.

Kama utakuwa na maswali juu ya kushiriki kwako katika huu utafiti unaweza kuwasiliana na mratibu wa utafiti, Valeria Rugaiganisa

S.L.P 65000, Dar es Salaam, Namba ya simu: 0752045056

Maswali kuhusiana na mambo ambayo unataka kujua kuhusu kushiriki katika utafiti huu utawasiliana na Mwenyekiti wa kamati katika utafiti wa chuo: S.L.P 65001, Dar es Salaam Simu na: +255 222152489.

Unaridhia kujiunga katika huu utafiti?

Siridhii

Naridhia

Jina langu……. nimeelewa yaliyoandikwa katika dodoso hili. Maswali niliyouliza yametolewa ufafanuzi, naridhia kushiriki katika huu utafiti.

Saini ya anaeshiriki ……

Sahihi ya anaefanya utafiti…… Tarehe…….....

In depth interview guide- Swahili Version

UTANGULIZI

1. Utambulisho wa mtafiti (jina, kazi na uhusiano wake na utafiti anaofanya)
2. Elezea dhumuni la utafiti
3. Mruhusu kusaini fomu ya makubaliano kwa hiari
4. Elezea muundo wa majadiliano; ikiwemo kunakili sauti wakati wa maojiano, kuandika na uwezo wa siri wakati wa maojiano.
5. Ruhusa maswali; ruhusu maswali na toa maelezo Zaidi kwenye sehemu inayoitaji uelewa Zaidi.

SEHEMU YA KWANZA

1. Umri…….. (miaka)

2. Jinsia
    1. kiume
    2. kike

3. Hali yako ya ndoa kwasasa?
    1. Sijaoa/sijaolewa
    2. Nina ndoa
    3. Talakiwa/tumeachana/ tumetengana
    4. Mjane/Mgane
    5. Tunaishi tu pamoja

4. Kiwango cha juu cha elimu?
    1. sijasoma
    2. Msingi
    3. sekondari
    4. Vyuo vya kati/chuo kikuu

5. Unafanya shughuli gani kwa ajili ya kipato na kujikimu?
    1. Ajira ya mshahara
    2. Nimejiajiri

3. Hana kazi/sijaajiriwa

6. kabla ya kupandikizwa umekuwa na ugonjwa ya figo kwa muda gani?.....(miezi)

7. Una muda gani tangu ulipopandikizwa figo?.....(miezi)

SEHEMU YA PILI

8. Je unaweza kunielezea maisha yalikuwaje kwako kabla ya kupandikizwa figo?

Chunguza

Je utaratibu wako wa Maisha ya kila siku ulikuwa na tofauti gani na ulivyo sasa?

Je, ni changamoto gani hasa ulikua ukikabiliana nazo mara kwa mara?

9. Je unaweza kunishirikisha matukio yoyote muhimu au hatua muhimu katika maisha yako ambazo ziliathiriwa kutokana na hitaji lako la kupandikizwa figo?

Chunguza

Je kuna nyakati ambapo ulikua unahisi kuwa unakwamishwa au kuwa na vizuizi au nachangamoto kutokana na hali yako kabla ya kupandikizwa ?

Je katika kipindi kabla ya kupandikizwa mahusiano yako na familia na marafiki zako yalikuwa yanaendeleaje?

10. Je ulikua ukitumia njia gani kukusaidia kuweza kukabiliana na changamoto kabla hujapandikizwa figo?

Chunguza

Je ulimudu vipi kuzitawala hisia zako kabla hujapandikizwa figo?

Je kulikuwa na shughuli au mazoea yoyote ambayo yalikusaidia kudumisha hali ya kawaida?

11. Je unaweza kushikisha jinsi gani maisha yako ya kila siku yamebadilika tangu ulipotandikizwa figo?

Chunguza

Ni shughuli gani sasa unaweza kufurahia kuzifanya ambazo zilikuwa na changaoto kabla ya upandikizaji?

Je kuna taratibu mpya au tabia mpya ambazo zimekuwa sehemu ya maisha yako baada ya kupandikizwa?

12. Je upandikizaji wa figo umeathiri vipi ustawi wako wa kiisia na mahusiano?

Chunguza

Je kumekuwa na nyakati za furaha au kitulizo ambacho kinakuvutia zaidi?

Je mahusiano wako na familia na marafiki umabadilika kwa njia gani tangu upandikizaji?

13. Je unaweza kuelezea ukuaji wowote wa kibinafsi au mafunzo uliyojifunza katika kipindi cha baada ya upandikizaji?

Chunguza

Katika kukabiliana nachangamoto mbalimbali kuna mambo gani yameweza kusaidia kukabiliana na hizo changamoto ili uendelee kutekeleza malengo yako?

Je kuna maarifa au mitazamo umepata ambayo hukuwa nayo kabla ya kupandikiza?

Maoni na funga

Baada ya kufanya muhtasari wa mawazo muhimu yaliyojadiliwa na kupata maoni yao. Utafiti huo, ambao mahojiano ni sehemu yake muhimu, utatusaidia kufahamu njia ambazo upandikizaji wa figo huathiri maisha ya kila siku ya watu. Tunakushukuru kwa kujitokeza kwa mahojiano na ushiriki wako.

Appendix IV: Approval for ethical clearance

UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATION

Ref. No.DA.282/298/01.C/2135 Date: 02/04/2024

MUHAS-REC-04-2024-2135

VALERIA RUGAIGANISA
MUHAS

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: LIVED EXPERIENCE OF POST-KIDNEY TRANSPLANT RECIPIENTS ATTENDING NEPROLOGY CLINIC AT MUHIMBILI NATIONAL HOSPITAL.

Reference is made to the above heading,

I am pleased to inform you that the Chairman has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

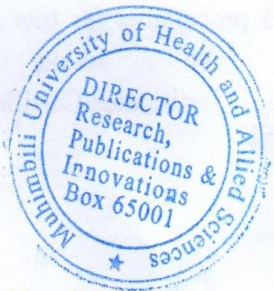
APPROVAL DATE: 02/04/2024
EXPIRATION DATE OF APPROVAL: 02/04/2025

STUDY DESCRIPTION:
Purpose:
To explore the lived experience of post-kidney transplant recipients attending Nephrology clinic at MNH in Dar es Salaam.

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided: https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%2014554.pdf and in the MUHAS archives.

The PI is required to:

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain Data Transfer Agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain Material Transfer Agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country.
8. Apply for and obtain permission to publish the results from National Institute for Medical Research. The application should be before submitting to a publisher and not concurrently through the email publications@nimr.or.tz.
9. Any researcher, who contravenes or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
10. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
11. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://drp.muhas.ac.tz/.



Dr. Nahya Salim Masoud,

Chairperson, MUHAS Research and Ethics Committee

Appendix V: Introduction Letter

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote;
Ref. No. HD/MUH/T.467/2022 04th April 2024

The Executive Director,
Muhimbili National Hospital,
P.O. Box 65000,
DAR ES SALAAM

Re: INTRODUCTION LETTER

We would like to inform you that the bearer of this letter is Valeria Rugaiganisa with Reg. No. HD/MUH/T.467/2022 is a student at Muhimbili University of Health and Allied Sciences (MUHAS) "pursuing MSc. Nephrology Nursing.

As part of her studies, she will be doing an elective research titled: "**Experience of Post-Kidney Transplant Recipients Attending Neprology Clinic at Muhimbili National Hospital"** she is being supervised by Neema Mawi from MUHAS and Jacqueline Shoo from MNH.

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Mr. Sebe Mohamed
For: DIRECTOR, POSTGRADUATE STUDIES

c.c. Valeria Rugaiganisa

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam: Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line:+255-22-2151378;Telefax:+255-22-2150465;E-mail:dpgs@muhas.ac.tz;Web:https://www.muhas.ac.tz

Appendix VI: Permission Letter

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

MUHIMBILI NATIONAL HOSPITAL

In reply please quote;

Ref. No.: MNH/CRTCU/Perm/2024/163 Date: 05th April, 2024

Head of Department,
Internal Medicine
Muhimbili National Hospital

RE: PERMISSION TO COLLECT DATA AT MNH

Name Student	**Valeria Rugaiganisa**
Title	**"Lived Experience of Post-Kidney Transplant Recipient Attending Nephrology Clinic at Muhimbili National Hospital".**
Institution	Muhimbili University of Health and Allied Sciences
Supervisor	Neema Mawi (MUHAS)
Co – supervisor	Dr. Jacqueline Shoo (MNH)
Period	05th April, 2024 to 30th June, 2024

Approval has been granted to the above principal investigators to collect data at MNH. Dissemination of study findings at MNH shall be overseen by **Dr. Jacqueline Shoo** (MNH) supervisor.

Kindly ensure the named principal investigator abide to the ethical principles and other conditions of the research approval.

Sincerely,

Pallangyo

Dr. Charles K. Pallangyo
For: Head of Clinical research, Training and Consultancy Unit

HEAD, TEACHING, RESEARCH & CONSULTANCY UNIT
P.O. BOX 65000
DAR-ES-SALAAM
MUHIMBILI NATIONAL HOSPITAL

c.c DMS,
c.c Dr. Jacqueline Shoo
c.c **Valeria Rugaiganisa**

Upanga West, Kalenga Street, Plot No. 10480/3, P.O. BOX 65000, Dar es Salaam, Tanzania.
Telephone: +255-22-2151367-9, Telephone: +255-22-2151351-2
Email: info@mnh.or.tz, Website: www.mnh.or.tz

Appendix VII: Digital Receipt



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Digital Receipt

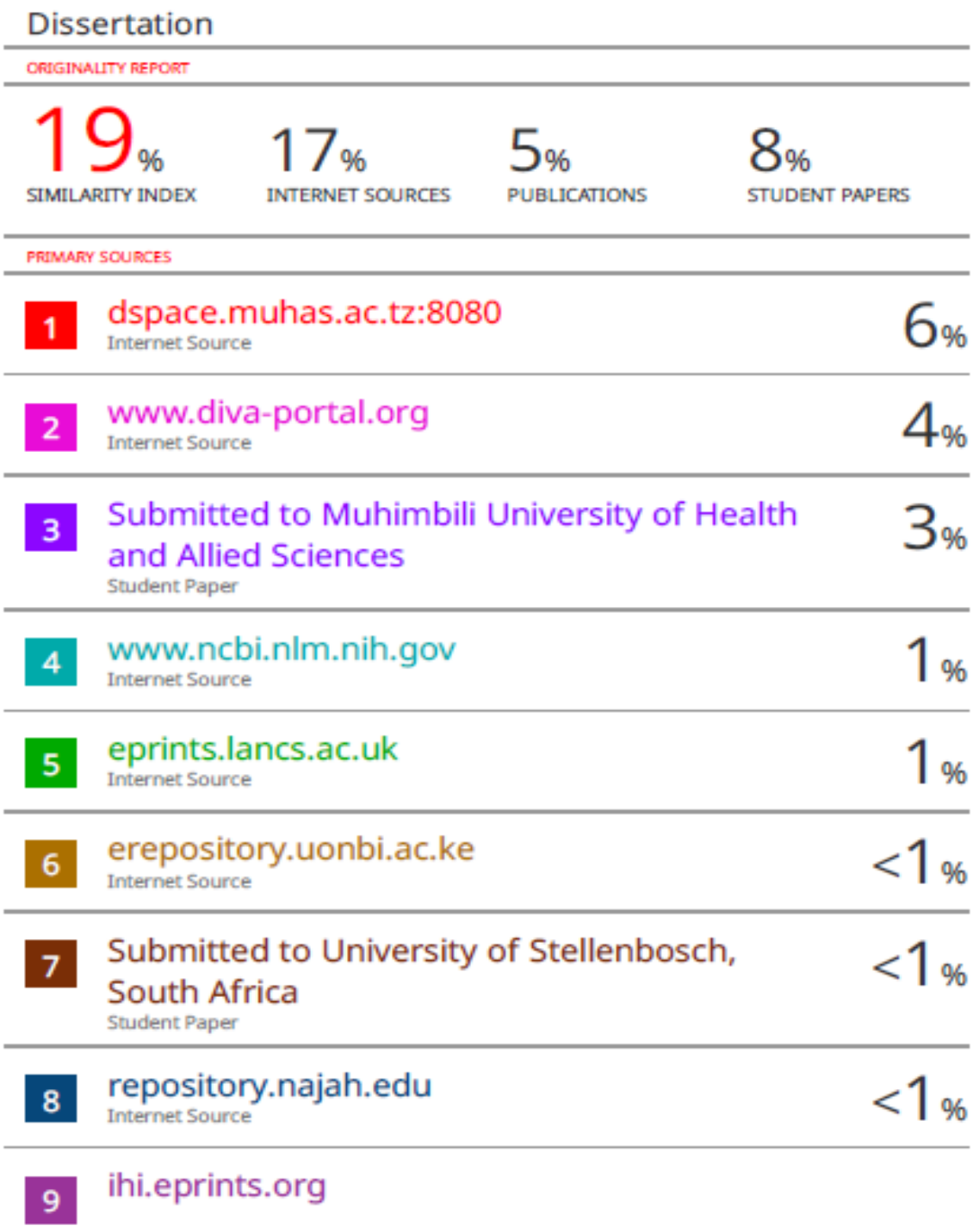
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Appendix VIII: Plagiarism Report



Dissertation

ORIGINALITY REPORT

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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