# Abstract

## Rationale & Objective

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

## Materials and Methods

This qualitative study used semistructured one-on-one interviews with Latinx adults receiving in-center hemodialysis therapy at 2 urban dialysis clinics in Denver, Colorado between November 2021 and March 2023.Interviews were analyzed with thematic analysis using inductive coding. Theoretical framework development used principles of grounded theory.

## Results

In total, 25 Latinx adults (10 [40%] female and 15 [60%] male) receiving in-center hemodialysis therapy participated. One theme demonstrated that Latinx individuals experienced hardship with in-center dialysis but used Latinx values to persevere: Psychosocial resilience using Latinx cultural values (faith and spiritual coping, belief in predestination and acceptance, optimism and positive attitude toward treatment, and positive relationships with health care professionals and peers). Two themes illustrate barriers to starting or switching to home dialysis: Insufficient knowledge of kidney replacement therapy (lack of awareness of kidney disease, lack of preparation for dialysis) and Barriers to patient-centered decision making in dialysis treatment (lack of peer perspective to guide dialysis decision making, fear and apprehension of home dialysis, lack of socioemotional support, perception of housing issues).

## Conclusions

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