



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Space as an Informal Infection Control Protocol : Spatial Burden and Self-Managed Safety in Peritoneal Dialysis

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Objectives : Peritoneal dialysis is widely perceived as a renal replacement therapy offering greater spatial flexibility than hospital-based hemodialysis. Although spatial considerations—such as mobility and the availability of appropriate dialysis environments—are crucial in modality selection and long-term maintenance, they remain underexplored in clinical communication and shared decision-making. In dialysis care, space is not merely a backdrop but has clinically meaningful implications for treatment performance, continuity, and quality of life. This study therefore examines how patients undergoing peritoneal dialysis conceptualize and evaluate space across everyday contexts.

Methods : A qualitative study was conducted using semi-structured interviews with 43 adult patients receiving peritoneal dialysis at a tertiary university hospital in South Korea. Interviews explored how participants experienced and evaluated different spaces in relation to peritoneal dialysis. Data were analyzed inductively using thematic analysis.

Results : Participants conceptualized space as an active dimension of treatment and described their lived environments in three broad domains: hospitals, homes, and spaces beyond the home. Hospitals embodied delegated safety—clinically secure yet temporally and spatially restrictive—where responsibility was concentrated within institutional structures. Homes were experienced as sites of internalized and negotiated safety, where treatment was integrated into everyday life through spatial organization and routine management. Spaces beyond the home revealed a paradox of flexibility: although peritoneal dialysis was perceived as enabling mobility, unfamiliar environments often prompted anticipatory risk assessment and self-restriction, leading to spatial narrowing. Across settings, safety was the central organizing principle, with space functioning as a patient-managed infection control protocol.

Conclusions : For peritoneal dialysis patients, space plays a central role in integrating treatment into everyday life. Understanding patients' reasoning about space—particularly regarding safety and responsibility—may foster more context-sensitive clinical communication and modality discussions, aligning recommendations with everyday environments rather than abstract assumptions of flexibility.

Table 1.png



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Table 1. Characteristics of Participants (N=43)	
Characteristics	Patient (n=43)
Sex, n (%)	
Male	21(49)
Female	22(51)
Age(years), n (%)	
20-30	2(5)
30-40	1(2)
40-50	8(19)
50-60	19(44)
60-70	13(30)
Marital status, n (%)	
Single	8(19)
Married/partnered	31(72)
Divorced/widowed	4(9)
Lives with others, n (%)	
Yes	37(86)
No	6(14)
Highest level of education, n (%)	
High school or below	19(44)
College	21(49)
Graduate	3(7)
Employment status, n (%)	
Employed	14(33)
Not employed	29(67)
Primary cause of ESKD, n (%)	
Hypertension	20(47)
Diabetes mellitus	8(19)
IgA nephropathy	10(23)
Focal segmental glomerulosclerosis	2(5)
Reflux nephropathy	1(2)
Autosomal dominant polycystic kidney disease	1(2)
Microscopic polyangiitis	1(2)
Duration of peritoneal dialysis (years), n (%)	
1-5	13(30)
6-10	20(47)
11-15	6(14)
16-20	1(2)
21-25	3(7)
Financial status, n (%)	
High	4(9)
Middle	27(63)
Low	12(28)