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Existential boredom: the experience of living on haemodialysis therapy

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ABSTRACT

Empathy is an essential component of professional nursing practice. In order to empathise appropriately with patients, it is crucial that nurses appreciate, understand and respond to their patients' experience of illness. This study sought to explore the experiences of 16 people with end stage renal disease on haemodialysis therapy in Ireland. A hermeneutical phenomenological methodology was employed incorporating qualitative interviews. The data were analysed using qualitative interpretive analysis. The experience of waiting was significant for the participants in the study. The experience of waiting was constituted by two themes labelled *killing time* and *wasting time*. It is suggested that the participants' experience of waiting is reminiscent of Heidegger's existential account of boredom. Moreover, the existential perspective of boredom contained within the participants' accounts is also depicted by Beckett in his play *Waiting for Godot*. Consequently, the literature of both existential writers is incorporated to provide a more in-depth description of the participants' experience of waiting. It is hoped that the insights provided in this paper will enable practitioners to gain a new awareness and understanding of patients' experiences of end stage renal disease and haemodialysis therapy. This would subsequently enable these professionals to empathise more effectively with their patients' situation and respond more appropriately to their care needs.

End stage renal disease (ESRD) is a chronic and life-threatening illness. In order to survive, the person requires renal replacement therapy. Haemodialysis is one modality of renal replacement therapy. During the treatment, high volumes of the person's blood are continuously filtered through a dialyser (artificial kidney), where the blood is purified and returned to the patient. The person on haemodialysis has to adhere to a strict regime of dialysis, dietary and fluid restrictions, and medications. Moreover, there are numerous physical, psychological and social problems associated with the treatment, which make it particularly difficult to accept. Consequently, the existing literature emphasises the losses and lifestyle disruptions imposed on the person's life by ESRD and dialysis.¹⁻³

A recent study was carried out to explore the experiences of 16 patients on hospital-based haemodialysis. The findings indicated that the experience of waiting was significant for the participants in the study. The participants' accounts illustrated that they spent a lot of time waiting when they attended haemodialysis therapy. The experience of waiting culminated in boredom for the participants. We suggest that the boredom illustrated within the participants'

accounts depicts the perspective of boredom portrayed by the existential writers Martin Heidegger and Samuel Beckett. Consequently, this paper describes how the existential conceptualisation of boredom advanced by both writers, provides new insights on the perceptions of haemodialysis therapy, illustrated by the participants in the study.

EXISTENTIAL BOREDOM

According to Heidegger boredom is a fundamental existential mood, which highlights the finitude of our existence.⁴ Heidegger's⁵ notion of boredom. Therefore, in order to understand Heidegger's account of boredom, it is necessary to understand his account of time. Heidegger proposes that time is not merely the irreversible succession of "nows" that we understand as clock time.⁵ Instead, time as *originary temporality* is a basic structure of our existence or being.⁵

From Heidegger's perspective, originary temporality is a unified structure consisting of the past, present and future.⁵ The originary future relates to the way we project ourselves forward into possibilities in life.^{6,7} It provides the projection for the entire threefold structure of originary temporality. The originary past is composed of the significant set of relationships, practices and language that we have by virtue of being born into a particular world. These contextual features affect us in various ways. Indeed, Heidegger uses the term "affectedness" to illustrate how certain possibilities matter to us because of the contextual features contained in our originary past.⁵ For instance, if caring matters to me, I may become a nurse in the future. Therefore, through affectedness, the originary past sets up the possibilities for my future existence.

The originary present contains the tasks and activities we perform "in-order-to" project forward into possibilities in the originary future.⁵ As a result, Heidegger proposes that "world-time" is embedded in the originary present.⁸ World-time is the qualitative experience of time we are familiar with in our everyday activities and involvements in the world. The originary present (world-time) highlights the connection in the threefold structure of originary temporality.⁹ We act in the present, based on our affectedness from the past, to project forward into possibilities in the originary future.⁹ Consequently, originary temporality is not three separate dimensions of time. Instead, it is a unified whole, with a projective or purposeful character based on the originary future.⁹

Heidegger uses the term ordinary time to describe the irreversible flow of clock time.⁵ He indicates that we normally understand clock time in relation to the everyday activities we perform in world-time (originary present).^{6,7} Therefore, ordinary time is embedded in originary temporality via the originary present (world-time). From Heidegger's perspective, all modes of time are rooted in originary temporality.⁵

Heidegger's⁴ notion of time provides the basis for his existential account of boredom. Boredom occurs when time or temporality is disrupted or suspended. We suggest that the participants' experiences of waiting create a disruption in temporality culminating in the existential description of boredom, depicted by Heidegger.⁴ Like the philosophy of Heidegger, existentialist themes are also displayed in the literary works of Samuel Beckett. In particular, Svendsen suggests that boredom is a central theme in Beckett's play *Waiting for Godot*.¹⁰ We propose that the existential perspective of boredom, which is threaded throughout the play *Waiting for Godot*, mirrors Heidegger's existential perspective of boredom, which is contained within the participants' experiences of waiting. Consequently, the work of both Heidegger and Beckett will be used to provide a more in-depth description of the experience of waiting, illustrated by the participants in the study.

OVERVIEW OF THE STUDY

The overall aim of the study was to provide a detailed and in-depth description of the experiences of 16 people undergoing inpatient haemodialysis therapy in the Republic of Ireland. The methodology employed was hermeneutical phenomenology. The approach to hermeneutical phenomenology is informed by the philosophy of Martin Heidegger (1889–1976). Hermeneutical phenomenology is a qualitative research design used to explore, enhance and extend understandings of the experiences of people in their everyday lives.¹¹

The study was carried out on a haemodialysis unit based in a large teaching hospital in the Republic of Ireland. Formal written ethics approval to conduct the study was given by the Research Ethics Committee at the study hospital. The participants were provided with information about the study and full written consent was obtained. The participants were assured that their privacy and confidentiality would be maintained throughout the study.

Purposive sampling is often used in qualitative research, as it enables the researcher to select participants who are most likely to increase understanding of the phenomena being studied.¹² Therefore, a purposive sample of 16 patients participated in the study. The sample included seven female and nine male participants. Patients were considered for inclusion in the study if they were aged 18+, were able to converse in English and were on hospital-based haemodialysis therapy for ESRD. Patients were excluded from the study if they were deemed physically or psychologically unable to participate by nursing and medical staff.

Data were collected using qualitative interviews. Two qualitative interviews were conducted with each participant. The follow-up interview occurred approximately one year after the initial interview. The approach to qualitative interviewing in the study resembled a conversation with each interview lasting about an hour. In the first interview, one opening question was used, in which the participants were asked: "What is it like to live on dialysis therapy?" After the initial question, probing questions were used such as, "What did that mean to you?", "What was that like?" "Can you give me an example of that?" and "Can you describe or tell me more about that?" This

question format ensured the participants' responses were not constrained by pointed questions.

The focus of the follow-up interview with the participants was determined by the themes identified during the analysis of the data from the initial interviews. For instance, in the initial interview the participants described their efforts to kill time, while they waited for haemodialysis therapy to end. They also described their experience of wasting time, as a result of waiting unnecessarily before and after haemodialysis therapy. These experiences came up naturally during the initial interviews and were pervasive for the participants. Consequently, in the follow-up interview, the topics of *killing time* and *wasting time* were addressed in greater detail to gain a more in-depth account of these experiences. The interviews were audio taped and transcribed verbatim. Data were analysed using a qualitative interpretive approach proposed by Diekelmann *et al.*¹³

THE EXPERIENCE OF WAITING

The participants' indicated that they spent a lot of time waiting when they attended haemodialysis therapy. Their experience of waiting was constituted by two themes: (1) killing time, (2) wasting time.

Theme 1: killing time

The participants described their experience of waiting impatiently for haemodialysis therapy to end. While waiting, the time seemed to pass slowly. The participants were physically attached to the dialysis machine, which restricted their ability to engage in pastimes. Therefore, they spent a lot of time merely watching the clock. The time spent waiting was empty and unproductive. Distressing moods of impatience, uneasiness, frustration and anger were expressed in the participants' accounts.

For instance, Ali described his experience of killing time, while he waited for haemodialysis therapy to end.

The first two hours are not too bad...the last two, you're getting tired and you're getting restless, so the time does drag, it would be like the four hours put together...you can watch television, and you can read but there's so much going on in the unit that it's not easy to concentrate on reading.

Similarly, Gloria indicated that she spent a lot of time watching the clock, while she waited impatiently for the treatment to end.

When you're attached to the machine, you're just watching the clock the whole time...unless I get engrossed in my book, and I have my radio and my bridge game as well, so I kind of rotate them all around...It's just that when you go on that [machine], you look at the clock and you say two hours to go, an hour and a half, only a half an hour left.

According to Nancy, the time spent during haemodialysis therapy held her back from engaging in everyday activities. Therefore, the feelings of irritation and frustration were embedded within her account.

Some nights it's very long...when you want to get home and get things done...you're just thinking...please get me off [the machine]...I do things during the day to tire myself out so I know when I get here I will sleep...the night I can't sleep is very long...I get irritated and I want to go home.

Alex too indicated that he had nothing to do except watch the clock while he waited for dialysis to end.

It [time on dialysis] can be slow enough... and not a whole lot to do...just the fact that you're tied to the bed is probably the biggest thing...it's boring...the first hour doesn't go too bad but the second, third and fourth, there isn't a lot to do, I'm looking forward to the cup of tea...usually you have around an hour left after you get the tea.

David's narrative signified that the time during treatment was long and drawn out. His account illustrated the boredom he experienced while waiting for dialysis to end.

It's [dialysis] boring...you spend three hours stuck on a machine and you're dying to get off...you'd sleep an hour and then when you wake up you're watching something on TV but you get sick of that too...you go to sleep for five minutes, wake up, look at the clock again to see the time...I try to chat to other patients but those machines are between the beds and you cannot see the person properly.

Theme 2: wasting time

The participants indicated that they were often forced to wait unnecessarily before and after dialysis therapy. While waiting, the participants were unable to engage in their everyday lives and activities. Therefore, they interpreted the empty time spent waiting, as wasting time. The participants' accounts of wasting time illustrated that they predominantly focused on clock time. Embedded in their accounts were the feelings of impatience, frustration and anger.

For instance, Harrison described his experience of wasting time, waiting for a haemodialysis machine when he arrived for treatment. Harrison was a community worker and interpreted the time spent waiting, as wasting valuable time out of his daily activities.

I spent an hour and twenty minutes sitting on a chair out in the corridor...I did speak to [the unit manager] about it because I was getting fed up of it...I mean we're supposed to be here at half past three and I got on [dialysis] at ten to five...It's just frustrating, I said to [the unit manager] "if the dialysis time is ten to five, well tell me it's ten to five, why have me sitting on a cold corridor"?...I can't do anything sitting in the corridor...I don't think it's fair to any patient.

Elena experienced recurrent clotting and poor blood flow in her central venous catheter for dialysis. This required frequent administration of a thrombolytic agent. In the following account she describes the distress she experienced as a result of waiting for doctors to administer the agent.

The [dialysis] line wouldn't work...it was so annoying all the waiting, you'd have to wait for the doctor to come and put something down to clear the line and then you'd have to wait another hour to let it work...there's so much wasted time...I sent a letter of complaint to the hospital at one stage because it was really frustrating, you get angry.

David interpreted the time spent waiting when he attended dialysis, as wasting the valuable time of his life.

I came in this morning at about twenty minutes to twelve...I didn't get on the [dialysis] machine until one o'clock, so that's another hour gone, it's really a drag, the time is passing by and you're wasting time for nothing...The whole thing is wasting time...You're wasting your own time.

Similarly, Carl was forced to wait excessively for a dialysis machine when he attended dialysis. The hospital taxi driver

would call to collect him well in advance of his allocated treatment time. Therefore, Carl was wasting an entire day when he attended dialysis therapy, which subsequently prevented him from working full time.

I was coming in here at twelve o'clock in the day and the whole day was gone...I was getting picked up by a [hospital] taxi...I live 40 miles away and he [taxi driver] used to come two and a half to three hours before my dialysis time, and you could be an hour waiting in the evening before he used to come to pick me up...the whole day was gone, you could do nothing.

Like Carl, Jeff also described the frustrating experience of wasting time, waiting for a hospital taxi.

You were ready for an hour expecting someone to pick you up at half three, and half three would come and no one would arrive...it could be four o'clock and the taxi would just pull up and he [the taxi driver] would never say why he was late...I used to be late here for dialysis...I'm meant to be here at five o'clock, and it was often half five or quarter to six before I was here, so that was very frustrating.

DISCUSSION

We suggest that the participants' experiences of waiting creates a disruption in the threefold structure of originary temporality, described by Heidegger.⁵ This culminates in the suspension of originary temporality, which is characteristic of Heidegger's description of boredom.⁴ As previously mentioned, Heidegger describes boredom as an existential mood, which highlights the finitude of our existence. He outlines three forms of boredom ranging from superficial to profound. Heidegger says that we all have an uneasy awareness of the experience of profound boredom within ourselves.⁴ It is this awareness, which alerts us to escape from superficial boredom on a daily basis. By fleeing from the first and second forms of boredom, we avoid oscillating into the third and most profound form of boredom. However, if for some reason, we are unable to flee from these forms of boredom, we are drawn into the third form of boredom and confronted with the possibility of our death.⁴

According to Heidegger, the first form of boredom occurs when we are forced to wait in a particular situation, for example, for a flight, bus or train.⁴ The time becomes long and seems to pass slowly. Therefore, we try to do things in an effort pass the time and get rid of boredom.⁴ However, if our efforts to pass time are unsuccessful, we will watch the clock.⁴ As boredom continues to torment us, we experience impatience and uneasiness.⁴

The second form of boredom occurs when world-time comes to a stand-still.⁴ If we recall, world-time is embedded in the originary present.⁸ It is the time that contains the activities we perform in our everyday involvements in the world. However, when we are forced to wait for a prolonged period of time, we are held back from our everyday activities. Therefore, world-time comes to a stand-still. Heidegger emphasises that in our everyday understanding of time, time flows.⁴ Therefore, he suggests it is the standing of world-time, as distinct from flowing, that bores the person in the second form of boredom.

Heidegger contends that in profound boredom, the threefold structure of originary temporality is suspended or stopped.⁴ As mentioned previously, world-time constitutes the originary present, and the originary present is subsequently embedded within the unified structure of originary temporality. When world-time stops for a prolonged duration, the originary present is also stopped. In turn, originary temporality is suspended,

which culminates in the third form of boredom. When the originary present is brought to a stand-still, it is characterised by inaction. This means the person is no longer acting in the originary present to project forward into possibilities in the originary future. Hence, the threefold structure of originary temporality is suspended or stopped. The person is forced to recognise and endure empty time.¹⁵ This is the empty time of profound boredom.¹⁵

It is proposed that the participants' relentless experience of waiting, illustrated in the themes killing time and wasting time means they are unable to flee from the first and second forms of boredom. Hence, they are drawn into the third and most profound form of boredom, depicted by Heidegger.⁴

Application of the three forms of boredom to patients' accounts of waiting

There are various characteristics of the first form of boredom portrayed in the participants' descriptions of waiting. For instance, the participants are forced to repeatedly endure the experience of waiting each time they attend dialysis therapy. The distressing moods of impatience and uneasiness are threaded throughout their accounts. The time passes slowly during dialysis, so the participants perform activities to kill time. However, they are unable to kill time for the entire duration of dialysis therapy. Therefore, they watch the clock, while they wait for the treatment to end. This predominant focus on clock time is also illustrated in the participants' descriptions of wasting time.

Heidegger suggests that the first form of boredom is transient.¹⁵ As soon as the wait is over, we escape boredom. In contrast, the participants have to repeatedly endure the experience of waiting each time they attend dialysis therapy. This implies that they are unable to flee from the first form of boredom and oscillate into the second form of boredom, described by Heidegger.⁴

The participants' accounts of killing time and wasting time indicate that the time spent waiting is not viewed as an opportunity to engage in productive activities. Instead, the empty "waiting time" prevents the participants from engaging in their everyday activities and involvements in the world. Thus, it is proposed that their experience of waiting brings world-time to a stand-still and culminates in the second form of boredom. The participants' accounts of killing time imply that their efforts to pass time are restricted during dialysis therapy. Heidegger indicates that the suppression of the person's ability to pass time contributes to the second form of boredom.⁴ The persistent nature of the participants' experience of waiting means they are unable to overcome the standing of world-time. Hence, they are unable to escape from the second form of boredom and are drawn into the third and most profound form of boredom, depicted by Heidegger.⁴

As mentioned previously, the threefold structure of originary temporality is suspended or stopped in the third form of boredom.⁴ The participants' descriptions of waiting when they attend haemodialysis therapy, suggests originary temporality is suspended or stopped. For instance, the participants' descriptions of killing time and wasting time imply that the time spent waiting is empty and unproductive. They are prevented from engaging in their everyday activities. Hence, they are not acting in the originary present (world-time) to project forward into possibilities in the originary future. Instead, the threefold structure of originary temporality is suspended and the time spent waiting is characteristic of the empty time of profound boredom, described by Heidegger.⁴

If we recall, the projection of the originary future provides the projection for the entire structure of originary temporality. Because of the projection of the originary future, death is always one possibility of our existence.¹⁶ When originary temporality is suspended in profound boredom, it paradoxically illuminates the threefold structure of originary temporality to us.¹⁷ By illuminating the threefold structure of originary temporality, profound boredom highlights the finitude of our existence.¹⁷ Heidegger declares that when boredom confronts us with this grim reality, we experience distressing moods.⁴ The distressing moods of irritation, frustration, and anger are threaded throughout the participants' accounts of waiting.

The three forms of boredom presented by Heidegger⁴ provide a useful framework to enhance our understanding of the participants' experience of waiting. As mentioned previously, the existential theme of boredom is also displayed by Samuel Beckett in his play *Waiting for Godot*.¹⁸ Indeed, Beckett's play complements Heidegger's work by leaving us with a strong impression of the participants' experience of waiting. Throughout the play, Beckett torments us with the distressing experience of relentless waiting. Hence, this literary piece serves to enhance our ability to understand and empathise with the experiences of waiting, illustrated by the participants in the study.

Instances of boredom in Beckett's *Waiting for Godot*

There are two acts in Beckett's play *Waiting for Godot*. Act I begins in the evening on a country road, where two old men named Vladimir and Estragon wait by a tree for the arrival of someone called Godot. While they pass the time and wait, two strangers arrive: a landowner called Pozzo and a slave called Lucky. Pozzo and Lucky entertain the characters for a while. After they move on, a messenger boy enters and announces that Godot will not be arriving until tomorrow. When the messenger boy leaves, Estragon suggests to Vladimir that they should commit suicide. Instead, the two characters continue to wait for Godot.

In Act II the action is almost the same. The men continue to pass the time, while they wait for Godot. Pozzo and Lucky return, except this time the landowner Pozzo is blind and helpless and Lucky is mute. After Pozzo and Lucky depart, the messenger boy arrives with the same message as before. Estragon and Vladimir again consider suicide, but when they test Estragon's belt as a suicide instrument, it breaks. The two characters again decide to continue the wait for Godot.

Like the participants in the study, it seems that the first form of boredom, advanced by Heidegger⁴ is depicted in Vladimir and Estragon's experience of waiting for Godot. For instance, while the characters wait indefinitely, the time seems to drag. Therefore, throughout the play, they use various strategies to kill time. However, as the play progresses, there is evidence that the strategies used to kill time are less successful for the characters. This is highlighted in the following section of the play, which appears in Act I after Pozzo and Lucky depart:

Vladimir: That passed the time.

Estragon: It would have passed in any case.

Vladimir: Yes, but not so rapidly. [*Pause*]

Estragon: What do we do now?

Vladimir: I don't know. (p41).¹⁸

While Vladimir and Estragon wait relentlessly for Godot, they are not acting in world-time (originary present) to project forward into possibilities in the originary future. Indeed,

Estragon's statement "nothing to be done" in the opening passage sets the scene for the entire play. It suggests that while the two characters wait for Godot, nothing will be accomplished. This feature of the characters' experience of waiting indicates that world-time has come to a stand-still. Consequently, like the participants on dialysis, Vladimir and Estragon experience the second form of boredom.

If we recall, the participants on dialysis are unable to avoid the first and second forms of boredom, and subsequently oscillate into the third and most profound form of boredom, described by Heidegger.⁴ Similarly, while Vladimir and Estragon wait indefinitely for Godot, they are also unable to leave and do things to pass the time and avoid boredom.

Estragon: Let's go
 Vladimir: We can't.
 Estragon: Why not?
 Vladimir: We're waiting for Godot.
 Estragon: [*Despairingly*] Ah! [*Pause.*] (p41).¹⁹

It seems the characters are just as imprisoned by time as the participants on dialysis. Hence, they too experience profound boredom. There are other passages in the play *Waiting for Godot*, which suggest that Vladimir and Estragon experience profound boredom. For instance, the future possibilities of the characters seem to depend entirely on the arrival of Godot. Therefore, they are not projecting forward into possibilities in the originary future. In addition, we are given little concrete information about the characters' past. This suggests that the threefold structure of originary temporality may be suspended or stopped for Vladimir and Estragon, which is indicative of profound boredom.

As previously mentioned, Heidegger contends that profound boredom discloses the finitude of our existence.⁴ Throughout the play *Waiting for Godot*, the two characters are regularly confronted with the stark reality that existence is finite. For example, Lucky's speech, which at first seems incomprehensible, serves to confront us with this realisation. This is achieved through Lucky's subtle use of phrases such as "labours abandoned", "labours left unfinished", "man in short", "man in brief", "waste and pine". Moreover, the entire play consists of Vladimir and Estragon's desperate attempts to continuously engage in conversation and pastimes, in an effort to avoid reflecting on the finitude of their existence.

Vladimir: To every man his little cross. [He sighs] Till he dies. [Afterthought] And is forgotten.
 Estragon: In the meantime let us try to converse calmly, since we are incapable of keeping silent.
 Vladimir: You're right, we're inexhaustible.
 Estragon: It's so we won't think.
 Vladimir: We have that excuse.
 Estragon: It's so we won't hear.
 Vladimir: We have our reasons.
 Estragon: All the dead voices
 Vladimir: To be dead is not enough for them (p53-4).¹⁸

Heidegger suggests that when we are confronted with the finitude of our existence, we experience distressing moods.⁴ Like the participants on dialysis, Vladimir and Estragon experience a range of distressing moods throughout their wait for Godot such as uneasiness, impatience, frustration and anger.

STUDY LIMITATIONS

This paper suggests that existential boredom is a key characteristic of the participants' experience of waiting

described in the study. The purposive sampling strategy, small sample size and the qualitative methodology preclude broad generalisation of the findings. However, it is important to emphasise that the aim of the study was not to generalise the findings but to develop greater insights into the experience of living on haemodialysis therapy.

Hermeneutics is often questioned in relation to the correctness and adequacy of interpretations.¹⁹ According to Guignon, these questions arise because of a lack of awareness of Heidegger's conception of "understanding".²⁰ From Heidegger's perspective, when we interpret something, it conceals within it a foundation of understanding, which we have obtained from already existing or being-in-the-world.¹¹ Heidegger calls this the *fore-structure* of understanding. His notion of the fore-structure suggests that all interpretations are based on a background of understanding. This understanding makes us familiar with the phenomenon we are seeking to interpret, and subsequently guides the interpretation.¹¹ In turn, every interpretation will always uncover a deeper level of understanding. This is what Heidegger calls the interpretive or *hermeneutic circle* of understanding.⁵ It implies that there is no closure in the interpretive process, as interpretations are never ending.¹¹ Therefore, in hermeneutics we are not seeking an understanding of human experience that is complete, comprehensive or final.¹¹ Instead, hermeneutics challenges us to be drawn into experiences that are often overlooked.

The aim of hermeneutical phenomenological research is that readers recognise the validity of the researcher's interpretation.²¹ It is hoped that the interpretive analysis of the participants' experience provided in this paper will achieve this objective. However, it is important to emphasise that readers of the study will bring their own interpretive lens to bear on the findings. This process will potentially stimulate readers to consider alternative interpretations, which are congruent with their fore-structure of understanding. In hermeneutics, alternative interpretations are simply considered "different" interpretations, as opposed to "better" or "worse".

CONCLUSION AND IMPLICATIONS FOR PRACTICE

This study explored the experience of ESRD and haemodialysis therapy for 16 people in the Republic of Ireland. The findings illustrated that the experience of waiting was significant for the participants in the study. The experience of waiting consisted of two themes: *killing time* and *wasting time*. The participants' experience of waiting was reminiscent of the existential perspective of boredom, presented by Heidegger.⁴ Moreover, the existential perspective of boredom, which is embedded within the participants' accounts, is also mirrored by Beckett¹⁸ in his play *Waiting for Godot*.

Heidegger's⁴ account of boredom provided a useful framework to describe the participants' experiences of waiting. Furthermore, Beckett's play supplemented this description by actually drawing us into the torturous experience of relentless waiting. When we read or see the play *Waiting for Godot*, we can actually feel what it might be like for the participants to endure their ongoing experience of waiting. Waiting in a world where imprisonment is existential and does not rely on bars or locks, and where time does not necessarily "pass", but rather replays endlessly. Hence, the combination of both pieces of literature serves to enhance our ability to recognise, understand, and empathise with the participants' experiences. As mentioned previously, it is essential that nurses understand and respond to patients' experiences of illness in order to empathise appropriately with their unique situation.²² Consequently, it is hoped

that the findings of this study would enable nurses and other healthcare professionals to empathise with their patients' experiences of haemodialysis therapy. This would subsequently enhance their ability to effectively attend to the humanistic aspects of patient care.

In addition, there are specific recommendations for healthcare professionals, which would assist patients on haemodialysis to overcome the distressing experience of waiting illustrated in this study. For instance, the participants described their distressing experience of wasting time waiting for dialysis machines and hospital taxis when they attended treatment. Therefore, a well-organised and structured approach to the organisation of dialysis spaces and hospital taxis should be developed and maintained to avoid patients' experience of wasting time.

The participants' accounts of killing time emphasised that there was essentially nothing provided in the treatment environment to make their time during haemodialysis more pleasant or entertaining. The main diversions available for the patients were televisions, and conversation with fellow patients. However, the televisions had to be shared amongst patients, which meant the participants could rarely choose what they wanted to watch during haemodialysis therapy. Moreover, there was a haemodialysis machine placed between each patient during treatment, which created a barrier to communication.

It is recommended that individual television sets should be provided for patients at each dialysis station. Dialysis machines on the haemodialysis unit should be arranged to ensure they are not blocking patients from engaging in conversation. Facilitating conversation between patients would provide a useful way for them to pass time and receive peer support during dialysis.

Communicating with nurses is another effective way to pass the time for patients during haemodialysis. However, the participants in the study did not mention this activity as a way to pass time. It is recommended that nurses should spend time communicating and interacting with patients to enable them to pass time during dialysis. More importantly, by communicating with patients, nurses would recognise the distress caused by their experience of attending haemodialysis therapy.

Finally, it is recommended that additional resources and facilities should be provided on the haemodialysis unit, which would enable patients to pass the time during treatment. Examples include video games, portable DVD players, internet access for patients with laptops, and a range of complementary therapies such as exercise therapy, relaxation therapy, aromatherapy, reflexology and art therapy.

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