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Introduction: Despite strong evidence regarding the beneficial effects of intradialytic exercise in the end stage renal disease population, the number of ESRD patients performing intradialytic exercise is low, and the compliance rates to exercise regimes remain poor. Many dialysis providers struggle to incorporate exercise into the routine treatment of the patients, with most renal units not including it at all (Bennett, *et al.*, 2010). Some of the barriers ESRD patients face with regards to exercising have been revealed in the published studies examining exercise and the European dialysis patient population (Heiwe and Tollin, 2012; Fiaccadori, *et al.*, 2014). However, currently, there are no studies within the U.K determining whether incorporating exercise into the routine treatment of ESRD patients within our health service proves to be a smooth process, or problematic.

Aim: Two areas need investigating: 1) how smooth is the integration of intradialytic exercise within the U.K, and 2) what are the medical staff opinions of exercise integration?

Method: Following institutional ethical approval, an interpretative phenomenological analysis study of semi-structured interviews with a small sample (N = 3) of nursing and medical staff from a dialysis unit in the North West of England was carried out. Discussed were experiences of integrating intradialytic exercise into the patients' care schemes. All participants were practicing in the North West of England at the time of writing, and had been actively involved in the implementation of intradialytic cycling.

Results: Three core superordinate themes were revealed by the analysis:

Table 1. List of superordinate themes revealed by analysis.

Themes

“Quality of life increases for patients who exercise, but exercise intervention is difficult to integrate”

“An external exercise facilitator makes the exercise integration process run smoother and more effectively, and exercise uptake is increased”

“Many members of the medical staff still consider exercise as a low priority, even after seeing the benefits of exercise intervention”

Discussion: The results suggest that intradialytic exercise is difficult to integrate without external assistance, and the attendance of an exercise facilitator not only makes intradialytic exercise integration run smoother, but resolves many, if not all, of the barriers reported by participants within the unit. All participants were in favour of the attendance of an exercise professional. Results are in agreement with Bennett *et al.*, (2010) and Heiwe & Tollin (2012), suggesting the most important contributor to both getting end stage renal disease patients started on exercise routines, and then sustaining them afterwards, is the regular attendance of an exercise professional.



References

Bennett *et al.* (2010). *Seminars in Dialysis*, **23**(1), 62-74.

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