

Divulging the Lived Experiences that Honed the Psychosocial Well-being of Individuals Receiving Hemodialysis Treatment

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Abstract

This phenomenological study explored the lived experiences that shaped the psychosocial well-being of seven individuals receiving hemodialysis treatment for end-stage renal disease across various centers in Camarines Sur, Philippines. Through in-depth interviews, the research uncovered profound psycho-emotional challenges including altered sense of self and identity, treatment fatigue, lifestyle disruption, social isolation, and relational strain. Findings revealed that patients draw support from practical and financial assistance, peer solidarity, professional guidance, and compassionate care, which collectively strengthen resilience. Spiritual beliefs emerged as a vital coping mechanism, with faith serving as a source of strength, emotional regulation, and hope. Lifestyle adaptations included establishing structural daily routines, work and role adjustments, energy conservation, and social life reconfiguration. Despite significant limitations, patients demonstrated remarkable resilience and maintained hope for the future. The study underscores the critical need for integrated psychosocial interventions alongside medical treatment to enhance holistic care and quality of life for hemodialysis patients.

Keywords: *hemodialysis, psychosocial well-being, lived experiences, coping mechanisms, spiritual beliefs, end-stage renal disease, social support, treatment fatigue, lifestyle adaptation, resilience*



I. INTRODUCTION

Globally, chronic kidney disease (CKD) affects over 800 million people or more than 10% of the world's population. It silently damages kidney function over months or decades through a harmful process, leading to kidney failure where waste builds up and poisons the body, causing millions to die each year without affordable treatment. According to Edmonston & Pun (2020), hemodialysis treatment, for some individuals only vaguely aware of its implications, hemodialysis represents a mechanical lifeline sustaining those with chronic kidney disease. Yet, for patients themselves, it embodies an existential hinge, compelling them to confront and endure a fundamentally altered existence amid chronic illness.

Individuals with end-stage chronic kidney disease (CKD) undergoing hemodialysis typically endure three sessions per week, each lasting approximately three to four hours. Hemodialysis treatment inflicts significant psycho-emotional distress, stemming from frequent travel to and from dialysis centers. Beyond its physiological toll, it disrupts patients' overall psychosocial functioning, often resulting in lost careers, interrupted education, and diminished future prospects after a chronic disease diagnosis that curtails normal life opportunities. Social roles and responsibilities are likewise compromised, as treatment adherence takes place. Oquendo (2020), emphasized that when patients begin replacement therapy with hemodialysis, they undergo a very significant change in their lives. They must make regular visits to hemodialysis centers or hospitals to receive treatment, take prescribed medications, and modify their diets; furthermore, they must respect and comply with these three aspects of their care because the success of their therapy and their survival depend on it.

Worldwide, economic constraints represent a paramount challenge for individuals undergoing hemodialysis, often precipitating delayed disease detection and treatment non-adherence due to their inability to shoulder the escalating financial burdens of therapy. Nevertheless, these patients persistently garner vital support from family members, relatives, peers, and their communities, which helps sustain treatment continuity and alleviate the profound psychosocial and economic strains they endure. The initiation and maintenance of dialysis requires high burden of resources not only to the patients but to the general public health system; for example, a dedicated team of well-trained healthcare professionals, special dialysis equipment, and facilities. Which may not be readily available in certain parts of the world. Li et al. (2021).

In the Philippines, chronic kidney disease (CKD) prevalence—particularly cases needing dialysis is surging, prompting the Philippine Society of Nephrology (PSN) to urge Filipinos to prioritize kidney health, as CKD remains manageable but incurable by medications. End-stage kidney disease drives major morbidity and mortality, ranking among the top 10 causes of death nationwide and in the Bicol Region alongside cardiovascular diseases. Derasin M. et. al. (2023), reiterated fact that few people have the financial means to pay for dialysis therapy and that patient often pass away without dialysis or a kidney transplant is also obvious. Dialysis patients usually have to come up with new and inventive ways to support themselves and their family if they are no longer able to hold down a job. In order to resolve their financial problems, patients are also compelled to seek medical assistance from government and non-government organizations. Even after undergoing treatment with dialysis, dialysis patients are still exposed to a number of negative effects such anguished social functioning.



The Department of Health in Bicol region, emphasized chronic kidney disease (CKD) remains a significant health challenge with over 5,147 registered patients as of mid-2024. Hence, The Department of Health (DOH) Bicol is actively working to curb its progression through awareness campaigns, expanded PhilHealth dialysis coverage (now P4,000 per session, up to 156 sessions yearly), and promotion of early screening. This adjustment aims to enhance financial risk protection for patients diagnosed with Chronic- Kidney -Disease undergoing hemodialysis, thereby reducing their economic burden and promoting better access to necessary treatment especially that the associated cost of treatment remains a barrier for many ESRD individuals as access to and availability of dialysis remains an issue in the Philippines, particularly in the Bicol Region.

In Naga City, the Bicol Medical Center's 5 – year hospital-based statistics (Bicol Medical Center from 2014-2019) shows that End Stage Renal Disease ranks third among the primary reasons for discharges at Bicol Medical Center, with a rate of 238 per 10,000 patients. With 33 cases per 1,000 admissions, chronic kidney disease is one of the top 10 hospital causes of death. The primary objective of this healthcare facility is to deliver specialized services tailored to patients with end-stage renal disease. Efforts to expand hemodialysis and peritoneal dialysis treatment options are ongoing, aiming to enhance accessibility and improve the quality of care for individuals undergoing dialysis.

As a Medical Social Worker, closely engaged with patients enduring chronic kidney disease (CKD) and renal replacement therapy, it is observed that the disease exacts its heaviest toll on underprivileged individuals receiving a regular renal treatment and their families. Moreover, with the extensive experience supporting individuals undergoing hemodialysis treatment, the researcher has witnessed stark disparities between the robust delivery of medical interventions and the often-inadequate provision of psychosocial support. These frontline observations reveal an urgent need for a more holistic, integrated approach that addresses not only physical health but also the psycho-emotional, spiritual, social, and practical challenges endured by patients with end-stage renal disease (ESRD).

Despite the profound influence of lived experiences that shaped the psychosocial well-being of individuals receiving hemodialysis treatments, existing literature remains limited in exploring these dynamics in depth. Patients face not only the physical toll of ESRD but also substantial psycho-emotional burdens such as hopelessness, social isolation, and disruptions to daily functioning exacerbated by rigorous treatment regimens and mandatory lifestyle adjustments. These intertwined stressors erode quality of life and emotional resilience, underscoring a critical gap in understanding how patients navigate and adapt to them.

Although medical progress has enhanced survival for hemodialysis patients, the psychosocial burdens including emotional distress, social isolation, anxiety, depression, and reduced quality of life remain largely unexamined. This study therefore aims to explicate these lived experiences, yielding practical insights, strategies, and resources to empower patients and families. Through supportive family environments, patients can more effectively navigate treatment challenges and pursue aspirations for improved well-being despite chronic illness.

This study is found essential to bridge the gap between clinical survival gains in hemodialysis and the overlooked psychosocial realities patients endure. By uncovering personal



narratives of emotional distress, social disruption, and resilience, it provides foundational insights for tailored interventions that enhance mental health support and family coping strategies. Ultimately, understanding these lived experiences empowers healthcare providers to foster holistic care, improving quality of life of patients amid chronic illness.

Statement of the Problem

This study aimed to uncover the lived experiences that shape the Psychosocial Well-being of individuals receiving hemodialysis treatment. Specifically, this study sought to answer the following questions.

1. What are the psycho-emotional challenges associated with long-term hemodialysis?
2. How do patients draw support as part of their coping process?
3. How do patients integrate Spiritual or personal beliefs into their coping mechanisms during hemodialysis treatment?
4. What lifestyle adaptations do patients developed to manage the challenges of undergoing regular hemodialysis sessions?
5. How do hemodialysis patients interpret their psychosocial well-being?
6. What intervention program may be proposed based on the findings of this study?

II. METHODOLOGY

This study employed a purely qualitative utilizing phenomenological research design to examine the lived experiences influencing the psychosocial well-being of seven (7) individuals with chronic kidney disease undergoing hemodialysis at various centers in Camarines Sur.

This phenomenological research design centers on exploring participants' lived experiences, narratives, and opinions to uncover essential insights that inform the development of targeted activities, programs, and services. These interventions aim to enhance sustained adherence to long-term hemodialysis treatment and improve access to care, thereby optimizing psychosocial well-being for individuals with chronic kidney disease.

III. DISCUSSION

The results of the study revealed that patients diagnosed with End-Stage Renal Disease receiving hemodialysis treatment commonly experience psycho-emotional stresses that significantly impact their psychosocial well-being, particularly across specified dimensions: *Altered sense of self, treatment fatigue and lifestyle disruption, and social isolation and relational strain*. *Altered sense of self* as expressed by the participants is among any other factors that influence their psychosocial well-being as chronic disease often strips patients of their former roles, hobbies, and aspirations, leading to profound feelings of loss in both present and future life opportunities, likewise it imposes them experience of diminished self-esteem, eroded confidence, and a persistent sense of disconnection from their true selves. *Treatment Fatigue and Lifestyle Disruption* is being caused by the regular treatment schedule among hemodialysis patients taking 3-5 hours of their time every session. These drain their energy, focus, and free time, causing them treatment fatigue, deep tiredness that hits body and mind hard which disrupts their daily life. *Social Isolation and Relationship Strain* as described by the participants to be a common experience for them, but often being overlooked and is commonly overwhelmed by the



treatment demands. Hence, emotional burden of illness most of the time creates tension within relationships, leading to misunderstandings, role changes, and feelings of loneliness even when surrounded by loved ones.

Moreover, the study furthered that a strong support system plays a pivotal role in hemodialysis patients primarily draw emotional sustenance from family through intimate daily validations and shared responsibilities, from peers via communal empathy in support groups, and from healthcare providers through expert guidance and procedural reassurance. These multifaceted supports coalesce into a resilient coping mechanisms, mitigating isolation and fostering adaptive endurance amid chronic treatment rigors which has been defined across key dimensions such as: *Practical and Financial Assistance as stabilizing Support*, the two-common kind of support that HD patients draws helping them manage the daily demands and economic burdens of long-term treatment. *Peer Solidarity and Shared Understanding* is often the bonds formed during long dialysis sessions, exchanging stories of coping strategies, symptom management, and treatment challenges that reduces HD patient's likely to feel isolated. *Professional Guidance and Compassionate Care* as a pivotal role of medical practitioners toward HD patients offers specialized knowledge to help patients manage treatments, make informed decisions, and follow best practices, while compassionate care offers guidance with empathy, kindness, and genuine concern for the patient's emotional and physical well-being, building trust and easing the burdens of medical intervention. And, *Strengthening Resilience Through Relational Support* as pertains to the HD participants means of relating meaningful connections with others, friends, family, or peers, which build emotional endurance amid adversity. These bonds provide validation, encouragement, and practical aid, transforming challenges into manageable experiences. Meanwhile, relational support fosters resilience by offering emotional buffers against stress, such as active listening during crises.

The spiritual aspect of individuals receiving hemodialysis treatment has also been explored and thereby revealed that; most participants reported not being habitual prayers or regular church attendees. Nevertheless, they steadfastly affirmed their profound faith in the Almighty, from which they drew resilience, fortitude, and hope amid daily adversities. Indeed, several clung to the prospect of divine miraculous healing, trusting that with Him, all things remain possible. Hence, Hemodialysis patients effectively weave spiritual and personal beliefs into their coping mechanisms, drawing strength from prayer, faith affirmations, and rituals during treatment sessions. These practices cultivate inner peace, reframing physical discomfort as transient trials within a larger purposeful life experience characterized by: *Faith as a source of strength and endurance* which implies that in the midst of chronic kidney disease's challenges, patients draw resilience from spiritual beliefs, prayer, and religious communities which fosters hope, reduces anxiety, and promotes coping mechanisms, enabling patients to persevere with renewed purpose and inner fortitude. *Illness as spiritual discipline* widened HD patients' understanding and resolute belief of illness as part of their spiritual discipline that reframes chronic suffering as purposeful divine instrumentation rather than random affliction. Meanwhile, *Spiritual practices as emotional regulation* helps HD patients adapt to a daily coping mechanism dealing with the difficulties of dialysis treatment, such as self-reflection and spontaneous prayer making them feel closer to the almighty. The *strengthened Personal Values and Life Perspective* deepened HD patients' commitment to principles like gratitude, family, resilience, perseverance, and spirituality, which intensify through illness to guide authentic decisions and behaviors. Life



Perspective describes the evolving worldview from despair or routine to one of purpose, highlighting life's fragility, family bonds, and renewed appreciation.

The lifestyle adaptations of hemodialysis patients have also been explored in this study, and the results revealed that, amidst living with a chronic and life-threatening diseases, hemodialysis patients are still able to demonstrate remarkable resilience through adaptive lifestyle modifications and multifaceted coping strategies that integrate familial support, peer solidarity, spiritual convictions, and logistical ingenuity amid chronic treatment demands. These mechanisms ranging from dietary adherence and distraction activities to emotional regulation and institutional aid transform physical and psychosocial burdens into sustainable pathways for well-being and treatment fidelity. Ultimately, bolstering such supports across families, communities, and facilities empowers patients to reclaim meaningful life participation, affirming their capacity to endure and thrive despite enduring rigors. Their lifestyle adaptations categorized under key dimensions: *Establishing Structural Daily Routines* entails planning transportation, relaxation, and low-energy activities around treatments. Also, dietary discipline as one of the fundamental elements of structural daily routines for hemodialysis patients, which reflect lifestyle modifications for long-term treatment considered to be HD patients' adapted lifestyle. *Work and Role Adjustment* as another adaptive processes' individuals undertake when chronic illness disrupts their professional and familial roles, often requires socio-economic recalibration and redefined responsibilities. *Energy Conservation and Physical Self-Care* focuses on physical survival strategies that rebalance daily life for endurance and stability. While, *social Life Reconfiguration* entails changing roles, habits, and relationships in order to manage these limitations and preserve connections.

Finally, on the exploration of their psychosocial well-being, the study revealed that hemodialysis patients in Camarines Sur endure profound psycho-emotional, and social challenges while demonstrating remarkable resilience through family support, faith, and adaptive coping. Key findings underscore the pivotal role of social networks and spiritual meaning in sustaining psychosocial well-being amid chronic illness. At the onset of their diagnosis, patients frequently reported initial denial and suicidal ideation but adapted via distractions, peer camaraderie, and familial encouragement. Living with Limitations hampered their capacity to cope with the demands of the treatment, offering them with a limited quality of life that often results to *Social Isolation or Inclusion* which significantly limits their capacity for social interaction. Despite all these, hemodialysis patients remain to have a stronghold with *Hope for the Future* that sustains them being resilient in the face of long-term illness. Patients often associate optimism with treatment compliance and social reestablishment, using this as a way to visualize recovery, attain better quality of life, and restored health.

IV. DISCUSSION

Psycho-emotional challenges of hemodialysis patients associated with long-term hemodialysis treatment.

Hemodialysis patients often experience a range of psycho-emotional challenges as they live with chronic kidney disease and undergo long-term dialysis treatment. These include altered sense of self and identity, feelings of treatment fatigue and lifestyle disruptions, as well as social



isolation and strain in personal relationships. Such difficulties are closely tied to the demanding schedule of regular dialysis sessions, persistent physical symptoms, changes in body image, financial pressures, and limited social support, all of which can profoundly affect patients' self-perception, interpersonal connections, and overall quality of life.

Altered Sense of Self and Identity

One among any other factors influencing the psycho-emotional well-being of hemodialysis patients is their altered sense of self and identity. Chronic kidney disease often strips patients of their former roles, hobbies, and aspirations, leading to profound feelings of loss in both present and future life opportunities. Many end-stage renal disease (ESRD) patients experience diminished self-esteem, eroded confidence, and a persistent sense of disconnection from their true selves.

Hemodialysis profoundly disrupts patients' sense of self, transforming vibrant individuals into shadows of their former lives. This theme manifests through interconnected factors like feeling less capable, loss of previous roles, changes in body image due to fistulas, health deterioration, and perceived loss of independence. Patients often contend with reduced physical and perceptive abilities due to fatigue and treatment side effects, thus patients reported to have feeling "incapable" in daily activities, given with limited mobility. This breeds helplessness, reframing self-perception of patients in hemodialysis treatment from competent to burdensome feeling.

Academic pursuits, career goals, and personal business successes rank among the key roles disrupted for patients HP2, HP4, and HP7. For HP2, an inspiring nurse dreamed of caring for his sick mother through his medical skills, only to become a patient himself. HP4, an energetic start-up entrepreneur, built a thriving milk tea shop alongside her partner; customer loyalty grew through her grit until ESRD diagnosis struck. No longer able to handle physical demands like mixing batches or standing for hours, she closed it—not by choice, but necessity, forcing a painful identity shift from business owner to treatment-bound fighter. Similarly, HP7, the ambitious eldest child with seafarer dreams since grade school, now mourns a stolen future as the disease took his path. He laments, echoing how chronic illness ruptures long-held aspirations and family expectations.

These stories highlight role disruption, loss of perceived self, feeling incapable to perform things, and abrupt physical changes caused by the disease as a core wound to self-identity in hemodialysis, where patients grieve not just health, but life purpose. These factors associated with the altered sense of self and identity among individuals receiving hemodialysis treatment is best supported by the studies off the following:

Frontiers Org. (2025), furthered that adjusting to illness and treatment posed challenges for young and middle-aged hemodialysis patients. In included qualitative studies, patients frequently indicated significant psychological distress and negative emotions linked to their physical challenges. Many patients also expressed despair about the future for themselves and their families, driven by concerns over the long-term impact of their illness, unpredictable disease progression, and variable prognosis.



Gurung & Devkot (2025) supports that the impact of CKD extends beyond physical symptoms. Many patients also suffer from depression, anxiety, and emotional stress due to lifestyle changes, financial pressures, and fear of worsening health. These emotional struggles are especially strong in patients on hemodialysis, who often face strict schedules, reduced independence, and altered body image from treatment devices. Additional burdens many must travel long distances to reach dialysis centers, which disrupts their work, income, and familial responsibilities.

Treatment Fatigue and Lifestyle Disruption

Hemodialysis treatment draw patients to tough weekly sessions, three times a week, 3–5 hours each. These drain their energy, focus, and free time. This pattern causes treatment fatigue, deep tiredness that hits body and mind hard. It also disrupts daily life, messing up diets, sleep, jobs, as well as familial and social activities.

Hemodialysis demands unwavering commitment two to three sessions a week, 3–5 hours each, leaving patients in a cycle of recovery and return causing an extreme treatment fatigue (profound physical-emotional exhaustion) and lifestyle disruption (shattered routines). Each needle stick, machine buzz, pain revive fear, the same chair, monitors beeping, fatigue crashing post-dialysis and the routinary hemodialysis treatment schedules makes the participants to have their world revolve along hospital activities.

Moreover, dietary and fluid restrictions are a core part of hemodialysis care, but for many patients, they feel less like medical advice and more like a constant emotional burden. These limits are not just a list of “do’s and don’ts”; they deeply affect how patients see themselves, how they relate to their families, and how they experience what it means to live a normal, everyday life.

Living with End-Stage Renal Disease (ESRD) condition likewise disrupts patient’s participation on social activities and it is one of the most visible and painful consequences of hemodialysis, shaping not only patients’ daily routines but also their sense of belonging and self-worth. For many, treatment does not just take up time; it quietly pulls them away from the relationships, outings, and celebrations that once gave their lives meaning.

These factors related to treatment fatigue and lifestyle disruption among hemodialysis patients are supported by expert accounts, which show that they significantly contribute to the disruption of patients’ well-being during HD treatment.

According to Doan et al. (2024). End-stage renal disease (ESRD) patients on hemodialysis have a high incidence of poor quality of life. Individuals suffering from end-stage chronic kidney disease (CKD) usually have three hemodialysis sessions a week, each lasting approximately three and a half hours. Dialysis can also lead to physical symptoms of its own, such as fatigue, loss of appetite, anemia, low blood pressure, and fluid overload, in addition to the symptoms associated with kidney failure.

According to National Institute of Health (2022), furthered that, hemodialysis treatment has a negative impact on a patient's social, professional, familial, and social life. Although this modality helps patient to continue their lives, they should still adhere to some strict medical



guidelines, such as limiting their food consumption and maintaining a healthy fluid intake, taking their medications on a regular basis, and scheduling frequent therapy appointments.

Social Isolation and Relationship Strain

Social isolation and relationship strain are common yet often overlooked experiences of hemodialysis patients. As treatment takes over daily routines, limits mobility, and changes in physical appearance and energy levels, many patients begin to withdraw from friends, family, and community activities. At the same time, the emotional burden of illness most of the time creates tension within relationships, leading to misunderstandings, role changes, and feelings of loneliness even when surrounded by loved ones. Participant's accounts proved that social isolation and relationship strain are actually one of the challenges they could hardly deal with.

Social isolation and relationship strain are central to the lived experience of many hemodialysis patients, shaping not only their emotional health but also their ability to cope with treatment. The demanding schedule, physical limitations, and psychological burden of end-stage kidney disease often pull patients away from their usual social circles and place new stresses on even the closest relationships.

Hemodialysis patient may feel guilty for depending on others, yet frustrated when family members do not fully understand their physical limits or emotional needs. In settings where family and community ties are strong, such as in many Filipino households, social isolation feels especially painful. Patients may feel out of place when they can no longer join fiestas, church activities, neighborhood gatherings, and even joining social activities with peers, friends and colleagues that once defined their identity.

For HP1, HP4, HP6, and HP7, several factors beyond the treatment itself shaped their psychosocial well-being. HP1 feels a sense of loss and comparison as he observes his batchmates living more stable and favorable lives, which intensifies his own feelings of disadvantage. HP4, who once had energy, aspirations, and hope, now withdraws from peers, friends, and relatives; she avoids responding to messages for fear of worrying them or appearing pitiable. HP6, previously a sociable and generous individual who led group trips and shared with others, has become restricted by her illness and can no longer maintain her former role as the "social butterfly" among friends and colleagues. HP7, a young man with strong ambitions for his family's future, had been a responsible eldest brother, devoted student, and valued friend, achievements that now feel threatened by his disease, which has shifted the focus of his life to treatment and placed a heavy emotional burden on his entire family.

Kalantar-Zadeh et al. (2021), discussed that, patient with chronic kidney disease and family members experience a number of lifestyle changes caused by the illness. Living with chronic kidney disease (CKD) is associated with hardships for patients and their care-partners. Empowering patients and their care-providers, including family members or friends involved in their care, may help minimize burden and consequences of CKD-related symptoms to enable life participation. Life participation, defined as the ability to do meaningful activities of life including, but not limited to work, study, family responsibilities, travel, sports, social and recreational activities, was established as an important outcome across all treatment stages of CKD.



According to Medicina (Kaunas, 2024). Social support is typically categorized into emotional, instrumental, informational, and appraisal support. Emotional support involves expressions of empathy and understanding, while instrumental support refers to practical help with daily tasks. Informational support includes guidance and advice, and appraisal support involves feedback, helping patients evaluate their situation. Among these, emotional and instrumental support is particularly critical for hemodialysis patients, who often rely on family members or caregivers for both practical assistance and emotional comfort in coping with their illness.

Hemodialysis patients form of drawing support as part of their coping process.

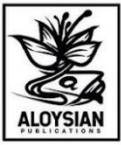
Hemodialysis patients draw support as part of their coping process by actively seeking, receiving, and using relational resources - both formal and informal—to manage the physical, emotional, and social demands of their illness and treatment. This form of coping involves practical and financial assistance, emotional stability provided by family and close others, peer solidarity and shared understanding, guidance and compassionate care from health professionals, and the gradual building of resilience through ongoing, trusting relationships that strengthen psychological well-being, self-efficacy, and the ability to engage meaningfully in daily life.

Practical and Financial Assistance as stabilizing Support

Practical and financial assistance provides a stabilizing form of support for hemodialysis patients, helping them manage the daily demands and economic burdens of long-term treatment. This theme highlights how help from family, friends, and formal programs such as transportation, care provision, medication support, and household assistance, acts as a steadying force in patients' lives. By easing logistical and financial strain, this support promotes treatment adherence, preserves dignity, and allows patients to focus on coping with illness rather than on meeting basic survival needs. Practical and financial assistance serves as stabilizing instrumental social support for hemodialysis patients, enhancing psychosocial well-being of patients. Family financial aid alleviates the heavy economic load of dialysis, including treatment costs that drive debt and emotional strain for both patients and relatives. Reliable transport to dialysis centers prevents missed sessions, patients relying on others for rides often experience less social interaction and physical activity en route, exacerbating emotional distress and isolation.

Family or care provider's assistance in medication adherence and dietary restrictions of patients promotes better coping, reducing anxiety from regimen complexity and symptom burden. This support integrates into broader self-efficacy building, vital for long-term psychosocial stability. Dividing tasks like daily monitoring and emotional encouragement among family members lightens individual burdens, preventing care provider's burnout that indirectly harms patient's psycho-emotional health. Shared roles build family cohesion, adapting to dialysis routines and improving overall psychosocial outcomes through mutual coping.

The study of Baye, T.A., Gebeyehu, H., Bekele, M. et al. (2024), Emphasizes that the treatment of kidney disease, including hemodialysis, presents not solely a medical concern but also a financial aspect. The economic burden of hemodialysis is well documented globally and thus urges policymakers, program administrators, and healthcare institution executives to



prioritize this group, recognizing the substantial load they bear and extending these services in government facilities to a broader patient population.

In the Philippines, pursuant to the Universal Healthcare (UHC) Act (R.A 11223), Philhealth circular No. 2024 – 0023 has established the guidelines of availing the PhilHealth benefit for outpatient hemodialysis to a maximum of 156 sessions. This policy applies to PhilHealth members and their dependents with chronic kidney disease stage V to ensure financial risk protection of Philhealth beneficiaries with CKD 5 undergoing hemodialysis treatment.

Peer Solidarity and Shared Understanding

Individuals receiving hemodialysis treatment often form bonds during long dialysis sessions, exchanging stories of coping strategies, symptom management, and treatment challenges. This mutual empathy reduces isolation and depression, enhancing psychosocial resilience through validated experiences. Peer groups validate fears and triumphs others may not grasp, boosting adherence and hope. Shared stories create solidarity, countering stigma and fostering optimism via collective problem-solving techniques. These connections extend beyond clinics to online forums or peer mentoring, offering tailored advice on diet or lifestyle, and complements clinical care, promoting long-term psycho-emotional well-being.

Peer solidarity and shared understanding serve as a key foundation for emotional support among dialysis patients. They highlight the deep value of empathetic bonds with others facing similar treatment challenges. Co-dialysis patients provide unique emotional comfort by reflecting each other's struggles, creating a sense of belonging during long sessions. Patients also share practical, real-life tips on handling symptoms, side effects, and daily changes—insights that medical advice often overlooks. Hearing peers manage similar challenges—like fatigue, diet limits, or changes in body image alters the illness as a shared path, strengthening coping skills. This sense of normalcy ties to smoother adjustment, fewer skipped treatments, and greater personal empowerment.

Dialysis centers foster enduring friendships, turning medical environments into supportive communities rooted in mutual help and optimism. These connections offer sustained encouragement, examples of effective coping, and lasting support beyond treatment. True friendship endures through hardship, setting it apart from casual ties. During illness, loss, or crisis, peer solidarity shows as steadfast support not obligation, but shared insight into past struggles. This empathy strengthens the group, as one friend's deep understanding sparks collective action.

The African journal biomedical research (2024) explored that, despite the challenges imposed by the disease, hemodialysis patients use a variety of coping strategies to deal with the burdens associated with their illness and management procedure. Their strategies for cope are also influence by their physical experiences, social supportive system, personal belief, and resource accessibility.

Rao et al. (2025) elaborated that ESRD patient in hemodialysis treatment would often use various coping styles to deal with their negative psychological state. Support from family and friends was described as a good way to cope, and the participants' comments expressed the



importance of seeking comfort from their families. These different approaches show the resilience and adaptability of patients as they cope with the complexity of social adjustment. The communication of medical knowledge by healthcare professionals contributes to a sense of empowerment and reassurance. The hospital environment and interactions with medical staff also play a vital role in mitigating negative psychological states.

Professional Guidance and Compassionate Care

Professional Guidance refers to expert advice and direction from trained healthcare providers, such as doctors and nurses, who use specialized knowledge to help patients manage treatments, make informed decisions, and follow best practices, while compassionate care means delivering this guidance with empathy, kindness, and genuine concern for the patient's emotional and physical well-being, building trust and easing the burdens of medical interventions like hemodialysis treatment. Professional guidance and compassionate care form a vital lifeline for hemodialysis patients, blending clinical expertise with heartfelt empathy. Healthcare providers offer tailored advice on treatment regimens, symptom management, and lifestyle adjustments, while compassion builds trust and emotional resilience during demanding sessions. This dual approach not only enhances adherence and health outcomes but also counters the isolation of chronic illness, fostering hope in a challenging treatment journey.

For more than a year of hemodialysis treatment, participants reported receiving comprehensive care from their healthcare team during regular dialysis sessions. This support eases the burden of enduring the treatment's prolonged duration. Professional guidance and compassionate care are essential pillars for hemodialysis patients, combining expert direction with empathetic support to navigate the demands of chronic treatment. Healthcare providers offer vital motivation, offering verbal affirmation and personalized energy talks during treatments. These encouragement counters fatigue and doubt, reinforcing patients' ability to endure sessions.

Health Education and Counseling deliver straightforward education on diet, medications, symptom management, and adherence to treatment alongside counseling for emotional challenges. Simple explanations demystify complex processes, empowering informed decisions and reducing anxiety. These sessions, often structured in dialysis centers, build long-term self-efficacy through repeatable, accessible guidance.

Trust emerges from consistent, reliable interactions, where patients view staff as allies rather than authority figures. Transparent communication about procedures and risks solidifies this bond, vital for adherence in chronic care. On the other hand, a sense of safety arises from vigilant monitoring, sterile protocols, and reassuring presence during lengthy procedures. Patients feel protected from complications, easing physical and psychological strain.

These factors collectively mirror robust healthcare infrastructures, including staff development programs and quality assurance metrics. Compassionate care integrates with guidance via multidisciplinary teams, enhancing outcomes like reduced hospitalizations. Ultimately, they transform dialysis from a burden into a supported journey, highlighting systemic commitment to holistic patient thriving.



The World Journal of Advanced Research and Reviews (2023), furthered that to aid in the treatment of kidney illnesses, medical experts have been medication and mechanical support devices, such as hemodialysis or peritoneal dialysis for a number of years. Still, maintaining a life requires more than simply stabilizing health. The primary objective of the course of treatment ought to be the "restoration" of the patient's health, which in turn leads to the "restoration" of the patient's "appearance," "harmony," and quality of life alongside the provision of health education and medical counseling to patients, establishing a more strengthened professional relationships between healthcare providers and the patients.

The study of Knowles (2024), deepened the development of patient safety coaching to support leaders in healthcare systems develop a patient safety culture. Healthcare is a complex adaptive system, with many interactions, moving parts and highly individual patients, each with different physiological, cultural, emotional and social needs and circumstances. Every step in the healthcare process requires compassionate care as it has every potential for practices to result in unintended harm, by virtue of this complexity.

The patients found solace in the hospital setting, attributing a sense of safety to the expertise of experienced medical professionals, and concurrently, there are those who cultivate close connections within the patient community, finding solace in the shared experiences of their fellow patients.

Strengthening Resilience Through Relational Support

Strengthening resilience through relational support describes how meaningful connections with others, friends, family, or peers, build emotional endurance amid adversity. These bonds provide validation, encouragement, and practical aid, transforming challenges into manageable experiences. Meanwhile, relational support fosters resilience by offering emotional buffers against stress, such as active listening during crises. It counters isolation through shared narratives, where individuals draw strength from others' similar journeys, reinforcing a sense of help.

Some participants described their lived experiences of resilience, attributing renewed aspiration and strength to bolstered relational support amid illness-related challenges. Collective encouragement from their loved ones or peers rekindles hope by affirming progress despite setbacks. Simple acts, such as shared affirmations, remind patients of their capabilities, countering despair. On the other hand, relational support enhances emotional stamina, enabling patients to endure dialysis fatigue and uncertainty. These bonds offer outlets to express fears, alleviating overload via empathetic listening. Over time, these fosters sustained perseverance from transient resilience. Knowing they are not alone lightened the psychological burden of illness, as shared experiences affirm their struggles. Peer and social bonds provide companionship during treatments, reducing vulnerability. This solidarity eases fear, emphasizing that challenges are communal rather than solitary.

As participants gradually adjust to living with hemodialysis treatment, many begin to reflect on the value and meaning of life, considering what continues to make life worth living and who will remain with them in the long term. During periods of distress and while dealing with psycho-emotional challenges, they often cope by redirecting their attention toward more productive activities. At the onset of the challenges associated with hemodialysis treatment,



participants often experience a sense of personal reconnection by cultivating positive emotions. This outlook helps make the treatment process more bearable not only for themselves but also for their loved ones, who continue to provide guidance, support, and unconditional care.

PLOS One (2022), reinforced that self-efficacy and resiliency are among the most essential personal traits of people receiving the treatment as it stems from their belief that one must carry out an action successfully in order to anticipate positive outcomes. Furthermore, self-efficacy and resiliency has been proven to reduce mortality and hospitalization rates, enhance patients' emotional and cognitive functioning, and improve treatment adherence.

Hendy Muagiri Margono (2024). Emphasized that social support has been reported to be one of the factors that might play an important role during ESRD and protect HD patients from depression. A prior study showed that social support was associated with quality of life in HD patients and also mentioned that social support increased adherence and reduced depression in HD patients. Peer support decreased anxiety, depression, and stress in HD patients as well.

Integration of spiritual beliefs into hemodialysis patients' coping mechanisms during treatment sessions.

Hemodialysis patients draw on their religious or spiritual convictions to manage the emotional, physical, and social challenges of hemodialysis. Factors such as: Faith as a source of Strength and Endurance; Illness as Part of God's Plan; Spiritual Practices as Emotional Regulation; and Strengthened Personal Values and Life Perspective all have shaped how patients interpret their condition, endure treatment, and reframe their lives around suffering and meaning.

Faith as a source of strength and endurance

Faith serves as a profound source of strength and endurance for hemodialysis patients, who face the relentless demands of thrice-weekly treatments, physical fatigue, and emotional strain. In the midst of chronic kidney disease's challenges—prolonged sessions, dietary restrictions, and uncertainty about the future. Some patients draw resilience from spiritual beliefs, prayer, and religious communities. Faith fosters hope, reduces anxiety, and promotes coping mechanisms, enabling patients to persevere with renewed purpose and inner fortitude. Participants have openly expressed about their religious belief, faith and practices in their respective ways.

For hemodialysis patients, faith emerges as a vital anchor. It transforms passive suffering into purposeful resilience, fostering emotional stability and hope. For some, Prayer offers an immediate, portable refuge during dialysis. Patients describe whispering prayers or silently communing with God amid the hum of machines, turning vulnerable moments into intimate dialogues. Trusting God is the ultimate source of their physical and mental fortitude. Many interpret prolonged survival or treatment successes as God's direct handiwork, reinforcing faith loops. It likewise reflects gratitude and purpose, countering despair.

Collectively, these elements underscore faith's role in emotional equilibrium. It mitigates isolation by invoking a sensed divine companionship, and cultivates acceptance. Ultimately, faith



doesn't erase dialysis hardships but equips patients to thrive within them, embodying endurance as a spiritual journey.

The study of Rambod et al. (2020). Emphasized that higher levels of spirituality also led to well-being and moral development. Furthermore, hope was associated with spiritual beliefs and optimism. Hope predicted physical, psychological, social relationships and environmental domains of quality of life in hemodialysis patients. In the same vein, hope predicted physical activity, disease threat appraisal, and all aspects of quality of life including physical, functional, emotional, and social well-being in chronic diseases related to the present study.

Jillian Jack (2021), added that spiritual well-being constitutes a vital dimension of a patient's overall health, as spiritual care offers a foundational source of strength and support that individual with chronic illnesses can draw upon. This resource fosters resilience and facilitates coping, thereby contributing to enhancements in the patient's quality of life.

Illness as spiritual discipline

Among end-stage renal disease (ESRD) patients undergoing hemodialysis, the belief of illness as part of their spiritual discipline reframes chronic suffering as purposeful divine instrumentation rather than random affliction. Facing dialysis's rigors such as vascular access pains, fluid restrictions, and mortality risks, patients often embrace this perspective to find meaning, viewing their condition as a path for spiritual growth, humility, or testimony. For ESRD patients on hemodialysis, viewing illness as integral part of their divine journey, shifts chronic suffering from meaningless burden to purposeful belief. Patients often accept dialysis-dependent life as a faith trial fostering humility and growth. During sessions, patients pray to offload fears, gaining peace and attain calmness turning every fear, worries and pain into trust that he is in control.

Participants' conviction that God governs all aspects of life anchors their faith, assuring them that he shares the burden of illness with them. This belief imbues existence with profound meaning, granting strength to transcend despair. Trusting in God's perfect timing reinforces patients' conviction that, in due course, the merciful Lord will alleviate their suffering, restore their health, or embrace them as beloved children at life's end. During moments of sorrow, surrendering worries and hardships to him offers the most effective means of alleviating frustration, stress, and fatigue.

These factors collectively enable meaning-making, recasting ESRD as a spiritual journey. By reframing illness positively, patients achieve emotional steadiness, stronger family bonds, and community roles. This holistic reliance on faith not only endures hemodialysis but transforms it into a testament of divine wisdom and grace.

The Journal of Religion and Health (2020), furthered that spirituality represents a significant factor that may mitigate the adverse effects of hemodialysis on mental health. Patients employ various coping strategies in response to illness and treatment, recognizing that suffering, while inherently personal, can also serve as a catalyst for personal growth, reevaluation of values, and the attribution of new meaning to life.



Paz, D. S. et.al (2023), emphasized that faith involves deep beliefs of the self, in what is perceived as truth for each person. The meaning of faith is evidenced in the trust in a Supreme Being, God, and in the possibility of representing protection, resilience, and in the enthusiasm in daily life in the fight against the disease and in the continuity of existence. Attending religious institutions becomes difficult due to changes in image as well as physical limitations, with some being dependent on their families, which damaged their social lives. Instead, they resort to prayer in diverting their attention from the pain and to try and understand the adverse effects of the disease.

Spiritual practices as emotional regulation

Patients receiving hemodialysis frequently use spiritual practices as a crucial tool for managing their emotions. They adapt a daily coping mechanism to deal with the difficulties of dialysis therapy, such as self-reflection and spontaneous prayer making them feel closer to the almighty. In this context, emotional regulation refers to the patients' capacity to control and modify their emotional reactions in response to the challenges posed by the treatment such as anxiety, fear, or frustration that may be brought on by a regular dialysis session, lifestyle changes, and health-related uncertainty.

Individuals who have a chronic illness and into medical treatment like hemodialysis, frequently experience significant shifts in their perceptions of who they are, their relationships, and the purpose of life. Patients often experience a process of introspection that reinforces their own beliefs and modifies their outlook on life as a result of ongoing exposure to the psycho-emotional, social, and physiological difficulties of long-term treatment. As patients start to reassess what really matters in their life, this change reflects both spiritual development and psycho-emotional adjustment.

Despite living with a chronic illness, one of the most noticeable changes among individuals receiving hemodialysis treatment is their enhanced appreciation for life. For them, every day is a unique gift that allows them to continue experiencing life and witnessing God's creations, as well as a chance to cherish interpersonal connections and see life from a more spiritual perspective. Gratitude commonly arises from little things, accomplishments, and the capacity to carry out everyday demands. In spite of the challenges posed by their condition, these individuals are able to retain hope and motivation with a deep sense of appreciation.

Additionally, one of the benefits of spiritual practices and emotional regulation for hemodialysis patients is that they are able to forgive and reconcile with themselves, forgive others who have in some way contributed to their problems, prioritizing peace and emotional well-being over past grievances, and instead concentrate on maintaining social relationships as they meaningfully cherish the remaining days of their lives.

Generally, hemodialysis patients' strengthening of personal values and improved outlook on life are indicative of a larger process of spiritual practices and emotional regulation abilities. These individuals get a greater sense of purpose, deeper gratitude, better relationships, and emotional reconciliation as a result of their lived experiences with chronic illness. These adjustments enable them to find purpose and personal development throughout their illness journey in addition to helping them deal with the difficulties of hemodialysis treatment. These



experiences of individuals undergoing hemodialysis treatment are further supported and emphasized in existing scholarly studies.

Rambod et al. (2020). Higher levels of spirituality also led to well-being and moral development. Furthermore, hope was associated with spiritual beliefs and optimism. Hope predicted physical, psychological, social relationships and environmental domains of quality of life in hemodialysis patients. In the same vein, hope predicted physical activity, disease threat appraisal, and all aspects of quality of life including physical, functional, emotional, and social well-being in chronic diseases related to the present study.

Isnaini et al. (2021) imply that the application of a family-centered empowerment model with the participation of family members will improve self-care and encourage a lifestyle in hemodialysis patients. The study further concluded that patients without family support were 4.4 times more likely to experience mild to moderate anxiety than those who received family support. Meanwhile, patients with chronic renal failure who are undergoing hemodialysis therapy who receive family support would also improve their quality of life.

Strengthened Personal Values and Life Perspective

Strengthened Personal Values denote a deepened commitment to principles like gratitude, family, resilience, perseverance, and spirituality, which intensify through illness to guide authentic decisions and behaviors. Life Perspective describes the evolving worldview from despair or routine to one of purpose, highlighting life's fragility, family bonds, and renewed appreciation. Participants' narratives on strengthened personal values and life perspectives emerged from their prolonged lived experiences with chronic disease.

Illness often acts as a catalyst for profound personal transformation, reshaping core values and worldviews. In psychosocial research on chronic conditions like kidney disease, patients frequently report strengthened personal values and an evolved life perspective. Patients with serious illness commonly experience a surge in gratitude, viewing each day as a gift amid fragility. This shift counters pre-illness complacency, redirecting focus from losses to survivable moments. Chronic illness rekindles recognition of family as a vital support network, elevating their role from taken-for-granted to lifesaving. Patients often recount how diagnosis prompts reconnection, fostering emotional intimacy and mutual reliance. Facing mortality prompts forgiveness of self, others, and circumstances, unlocking reconciliation. This process heals relational breaks impaired by illness stress, such as blame or withdrawal. Patients describe illness as a "bridge" to mend ties, like reconciling with a partner's family, which restores relational harmony and communal strength.

Illness adversity instills purposeful living, prioritizing meaningful goals over insignificant pursuits. Patients shift from autopilot to deliberate choices, aligning actions with enduring values like dreams and purpose. Overarching these factors lies spiritual evolution, where trials deepen faith, purpose, and transcendence. Patients invoke divine reasoning or fear of sin to avert despair, cultivating resilience.

According to Encyclopedia of the UN Sustainable Development Goals (Kumar, 2020), psychosocial well-being is a multidimensional construct incorporated with the physical, economic, social, psychological, emotional, cultural, and spiritual determinants of health.



Bulathwatta et al., (2023), emphasized that psychosocial well-being is a multifaceted concept often referred to as quality of life. One of the dimensions of quality of life is health-related quality of life (HRQOL), which specifically pertains to the experiences of individuals dealing with chronic illnesses. Nevertheless, quality of life goes beyond just health-related aspects and encompasses various aspects of daily life, including emotional well-being, personal values, spirituality, and overall life satisfaction.

Hope Rooted in Spiritual Belief

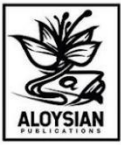
Spiritual belief anchors hope for individual receiving hemodialysis treatment, buffering the toll of end-stage renal disease fatigue, dependency, and death anxiety. Patients express this through accepting illness as divine purpose, daily prayer for fortitude, and faith in God's timing, converting despair to purposeful resolve. Participants often voiced optimism for extended life, cherishing family moments and infusing remaining days with deeper meaning. For hemodialysis patients, hope grounded in spiritual beliefs serves as a powerful coping strategy against the existential threats of end-stage renal disease (ESRD). Patients often draw on faith in divine healing or miracles to navigate dialysis uncertainties, interpreting potential recovery as God's intervention. This conviction fosters resilience, as evident in patients' narratives where optimism for prolonged life outweighs physical suffering and envisions restored health.

Hemodialysis patients continue to adhere to treatment procedures despite the many challenges they encounter. In the midst of these difficulties, they maintain a sense of hope and strive to view their lives with a positive outlook. Many patients draw strength from their spiritual beliefs, which provide emotional and spiritual healing during their treatment journey. Through acceptance of their condition and the cultivation of self-compassion, they remain hopeful that better days lie ahead, even while living with a chronic medical condition.

Participants shared that they initially experienced a loss of hope and faith, particularly during the early stages of their diagnosis and the beginning of treatment. However, over time, many found renewed strength through inner encouragement and reflection. This inner resilience enabled them to continue facing their condition with courage and perseverance. They expressed a belief that life ultimately rests in God's hands and that, in the end, all individuals are called to return to the Lord. Such faith provided them with a sense of comfort, acceptance, and hope despite the challenges of living with long-term hemodialysis.

Additionally, among the spiritual dimensions of hope, participants highlighted confidence in divine guidance, which empowered them to manage treatment regimens and daily disruptions while perceiving God's presence in their survival. They also drew strength from inner peace amid uncertainties, believing that a peaceful mind, heart, and soul enabled them to surmount adversities. Together, these elements position hope as a dynamic spiritual coping mechanism, reframing the challenges of hemodialysis as a faith-sustained path of meaning and resilience.

Fatmawati & Baroroh 2025, emphasized that the process of accepting a chronic diagnosis like end-stage renal disease often begins with emotional turbulence grief, denial, or anger but gradually transforms into psychological adaptation through meaning reconstruction. At the core of the psychological domain is self-acceptance, which plays a pivotal role in how patients perceive and manage their condition. Psychological flexibility and the ability to reframe



distressing thoughts have been shown to predict better emotional outcomes in patients with chronic illness. Spirituality allows patients to assign meaning to their suffering and transform it into a source of personal growth.

Spiritual Practices and emotional regulation represent the hemodialysis patients form of religiously observing their faith and religious practices through meditation and self-reflections thereby finding peace and comfort in the moments with the almighty. Some have claimed to have driven back to the church to personally present themselves to the creator and pray from the inner part of their heart where peace and solace can be found.

Hemodialysis patients use spiritual practices and emotional regulation as a way to religiously observe their faith and religious traditions through meditation and introspection, which helps them find comfort and serenity in their moments with God. In order to individually present themselves to the creator and pray from the depths of their hearts, where comfort and serenity can be found, some patients have apparently driven back to the church.

Strengthened personal values and life perspectives propel hemodialysis patients toward spiritual growth and transformation. This manifests through heightened gratitude for persistent blessings amid adversity interpreted as divine expressions of love and deepened appreciation for acts of kindness extended by loved ones and others providing support. The figure further embodies the practice of self-forgiveness and forgiveness toward others who have, in various ways, caused offense.

Collectively, these aspects interconnect to elevate patients' outlook, affirming divine sovereignty, hope, and emotional equilibrium in the face of uncertainty, bolstering psychosocial resilience among hemodialysis patients, framing chronic illness as a conduit for faith-based adaptation.

The Journal of Religion and Health (2020), furthered that spirituality represents a significant factor that may mitigate the adverse effects of hemodialysis on mental health. Higher levels of spiritual well-being are with improved mental health outcomes. Patients employ various coping strategies in response to illness and treatment, recognizing that suffering, while inherently personal, can also serve as a catalyst for personal growth, reevaluation of values, and the attribution of new meaning to life.

Lifestyle adaptations developed by hemodialysis patients to manage the challenges of undergoing regular Hemodialysis sessions

Hemodialysis patients actively adjust their daily lives to manage the physical, time-related, financial, and psychosocial challenges of regular hemodialysis. They reorganize their routines, roles, and relationships in order to protect their health, maintain their ability to function, and preserve a sense of normalcy despite the constraints imposed by their treatment, thereby coping through; Establishing Structural Daily Routines, Work and Role Adjustment, Energy Conservation and Physical Self-care, and Social Life Reconfiguration that show how patients reshape their lives around the recurring demands of hemodialysis.

Establishing Structural Daily Routines



By establishing regular daily routines, hemodialysis patients transform the unpredictable nature of chronic illness into a consistent "body clock," focusing their lives around three-weekly sessions to improve predictability and reduce tiredness. This entails planning transportation, relaxation, and low-energy activities around treatments; it also entails overcoming early resistance through family support and preserving strength on limited off-days. Likewise, dietary discipline is one of the fundamental elements of structural daily routines for hemodialysis patients, which reflect lifestyle modifications for long-term treatment.

Hemodialysis dialysis patients' structured routines depend on planned adjustments that reorganize daily routines around treatment requirements, demonstrating a strong dedication to stability and survival in the face of relentless exhaustion. Scheduling life around the three weekly dialysis sessions, where patients plan out their roles in the family and take care of themselves, is essential to this. Time management changes further facilitate this by prioritizing rest before and after treatments to prevent tiredness, as demonstrated by practices such as brief post-arrival restoration for relaxation. Commuting and riding a motorcycle in the rain, turning the unpredictable nature of disease into a routine "body clock." Additionally, patients schedule their activities according to their varying energy levels, limiting demanding chores to infrequent days off and choosing low-energy hobbies like napping or watching dramas to re-energized.

Furthermore, rigorous food and drink monitoring is essential for dialysis patients' structured daily routine, representing disciplined adaptations to significant lifestyle limitations. This includes tight adherence to dietary restrictions as well as learning portion management to stay below recommended ranges. Commonly, this means moving from just tasting desired things to complete satisfaction with little indulgence. Emotional difficulties stem from long-standing customs of preparing and enjoying favorite foods, which cause resistance and psychological strain as deviation increases the likelihood of physical pain and hospitalization. But as time goes on, patients absorb these techniques, developing a transforming discipline that protects energy reserves and avoids difficulties. In addition to stabilizing health, this adaptation also demonstrates psychosocial resilience, as compliance eventually promotes long-term balance in the aspect of ongoing limitations.

Kalantar-Zadeh et al. (2021) furthered patients with chronic kidney disease and family members experience a number of lifestyle changes caused by the illness. Living with chronic kidney disease (CKD) is associated with hardships for patients and their care-partners. Empowering patients and their care-providers, including family members or friends involved in their care, may help minimize burden and consequences of CKD-related symptoms to enable life participation. Life participation, defined as the ability to do meaningful activities of life including, but not limited to work, study, family responsibilities, travel, sports, social and recreational activities, was established as an important outcome across all treatment stages of CKD.

Work and Role Adjustment

Work and role adjustment refers to the adaptive processes' individuals undertake when chronic illness disrupts their professional and familial roles, often requiring socio-economic recalibration and redefined responsibilities. Some of the participants have expressed regrets on giving up their then jobs and roles as career individuals, student, and providers.



The ongoing demands of treating end-stage renal disease (ESRD) frequently cause significant interruptions to the social and professional lives of hemodialysis patients and renegotiate identities from "worker" or "provider" to "patient," which not only increases financial hardship but also creates role transition difficulties. This is made more difficult by family dynamics, as role reversals put stress on par familial duties that often leads to lower self-efficacy and psychosocial suffering of hemodialysis patients. The socioeconomic stability of the patients and their families were strained as them, the primary earners become a dependent family member, particularly to those who are a single provider. Over time, this role reversal promotes emotional acceptance but undermines self-worth and financial stability.

When chronic illness shifts an individual from breadwinner to dependent, it triggers intense psychological strain, including identity loss and reduced self-worth. This upheaval disrupts entrenched roles, sparking emotional turmoil amid financial reliance. The transition resembles grieving shattered dreams, initial denial gives way to regret over sunk family hopes, compounded by guilt for unmet obligations.

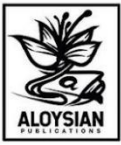
Energy Conservation and Physical Self-Care

For hemodialysis patients who struggle with chronic exhaustion, pain, and deconditioning from frequent sessions, energy conservation and physical self-care are essential survival measures. It focuses on physical survival strategies that rebalance daily life for endurance and stability.

Accordingly, being into a long-term hemodialysis treatment, participants were able to established energy conservation and physical care through limiting physically demanding activities that preserves energy, likewise reduces injury risk in survival situations. Incorporating light exercises maintains blood circulation without them getting exhausted. Meanwhile, managing fatigue and body pain sustains functionality, while monitoring their health indicators enables early intervention for physical restoration and prioritizes energy conservation by avoiding high-exertion tasks like heavy lifting or prolonged running, which deplete reserves quickly. Breaking tasks into short bursts with rest periods to prevent overexertion is also considered to refrain easy fatigability among hemodialysis patients. Optimizing sleep with consistent routines, stress reduction via breathing exercises replenishes their energy.

Meanwhile, Regular monitoring of hemodialysis patients' health indicators such as vital signs like heart rate, temperature, hydration levels, and pain scales detects issues like dehydration or infection early, ensuring timely rest or intervention for sustained survival.

The study of Izadi Avajji et al. (2021) emphasized that self-care is an important component of health care, because it enhances patients' capability to cope with the consequences of chronic conditions. The chronic kidney disease (CKD) patients are facing complex treatment regimens and physical, psychological, and social limitations. Hence, Self-care plays a key role in the disease management. Self-care activities can improve the self-efficacy and performance status to high level, which in turn reduce the complications of the disease. It also improves the quality of life and coping capability, reducing the frequency and length of hospitalization, medical costs and mortality rate in hemodialysis (HD) patients. Resilience can help HD patients to cope with these threats



Social Life Reconfiguration

Hemodialysis patients frequently experience significant disruptions to their social lives as a result of the rigorous treatment schedule, exhaustion, and long-term health restrictions. Reconfiguring social life entails changing roles, habits, and relationships in order to manage these limitations and preserve connections. Patients commonly experience social isolation, reduced participation in social or family activities, and feelings of being a burden to loved ones.

In order to save their limited energy and follow rigorous dialysis schedules, hemodialysis patients often minimize impulsive or intense social engagements. This restriction results in withdrawal from previous social engagements and is caused by ongoing exhaustion, dietary fluid limits, and infection concerns. Furthermore, choosing supportive groups like their fellow hemodialysis patients, genuine friends, and loved ones to show them genuine concern is crucial to maintaining their declining social interactions, emphasizing connections that provide compassion, useful assistance, and understanding without passing judgment.

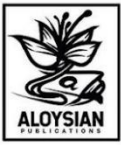
Social Reconfiguration includes selecting low-impact activities compatible with health needs, such as viewing brief online videos, performing light household tasks on stronger days, or engaging in brief, meaningful interactions with family while preserving established routines. When in good health, some participants reported refreshing themselves through brief walking, breathing, and stretching exercises. These practices help regulate blood flow and energy levels, often leading to improved psycho-emotional states, rather than isolation amid mood-disrupting factors.

The study of Ge, W.W., Zhang, H.L., Liu, P. et al. (2025) highlighted that the quality social support among individuals receiving hemodialysis treatment provides them with psychological support reducing negative emotions and life stress, as well as the adverse effects of the disease. Support also enhances the patients' confidence and willingness to participate, motivating them to engage more actively in social interactions. Therefore, the emotional and material support provided by family, friends, and relatives is crucial for promoting patients' active participation in social life; establishing and maintaining social relationships; and enhancing their level.

According to National Institute of Health (2022), hemodialysis treatment has a negative impact on a patient's social, professional, familial, and social life. Although this modality helps patient to continue their lives, they should still adhere to some strict medical guidelines, such as limiting their food consumption and maintaining a healthy fluid intake, taking their medications on a regular basis, and scheduling frequent therapy appointments.

Hemodialysis patients' interpretation of their psychosocial well- being

This theme explored how individuals on long-term hemodialysis make sense of and live through the psycho-emotional and social influences that affect their sense of identity, their relationships with others, and their overall quality of life, all within the constraints of their illness and treatment regimen. It also considered how they emotionally respond to living with a chronic



condition and how they view themselves in relation to their family, community, and future, while continually adapting to the demands of regular dialysis. Within this broader idea, key dimensions such as: Living with Limitations; Social Isolation or Inclusion; and Hope for the Future reflect how patients make sense of their changed bodies, social roles, and life prospects while living with hemodialysis.

Living with Limitations

Hemodialysis patients frequently experience severe limits that drastically alter their everyday lives. These limitations include the demands of the therapy, physical discomfort, and dietary restrictions. Due to these difficulties, this group has a limited quality of life that is marked by exhaustion, decreased mobility, and emotional strain. However, with the help of support networks, patients are able to adjust to living under stringent limitations.

Their lived experiences on living with restrictions explains that patients on dialysis treatment faces profound challenges as they grapple with rigid lifestyle and inescapable physical dependence on dialysis machines. They commonly experience dietary and fluid restrictions as the most burdensome, describing them as one of the worst experiences they have to deal with confronted with the end-stage renal disease. The physical or mobility limitations often triggers patient's feeling tired, lazy or dizzy when exceeded limiting their capability to travel to the treatment center nor perform basic daily routine.

Moreover, these limitations likewise cause patients with emotional and social impacts amplifying isolation compounding hopelessness at times. Whenever confronted with the effects of these limitations, they would usually turn to the support of their family meeting the demands of the disease amidst rigorous life limitations.

The study of Oquendo (2020) emphasized that, when patients begin replacement therapy with hemodialysis, they undergo a very significant change in their lives. They must make regular visits to hemodialysis centers or hospitals to receive treatment, take prescribed medications, and modify their diets; furthermore, they must respect and comply with these three aspects of their care because the success of their therapy and their survival depend on it.

Social Isolation or Inclusion

Hemodialysis treatment often contributes to social isolation among patients due to the demanding nature of the regimen and the strict adherence it requires. Participants reported that the illness and its associated treatment schedule significantly limited their capacity for social interaction. Many described prioritizing rest following dialysis sessions, leaving little energy for social engagement. Thus, rather than participating in social activities, patients frequently choose to remain at home to conserve their strength for subsequent treatments.

For patients on long-term hemodialysis, social inclusion and isolation constitute an important aspect of psychosocial well-being. Patients' social interaction is severely limited by end-stage renal disease (ESRD) and the demands of regular hemodialysis treatments, which frequently results in a sense of alienation from friends, family, and the larger community. Both structural and perceptual factors contribute to this isolation: patients may experience emotional withdrawal, fear of being judged, or feelings of being misunderstood by others; treatment

schedules, exhaustion, and medical constraints limit opportunities for participation. Overall, participants remain hopeful that their health will one day be restored, along with their social relationships, which play a vital role in their treatment journey.

Liu Q, Zhang, et.al (2023) emphasized the influence of social alienation on maintenance hemodialysis patients' coping styles: chain mediating effects of family resilience and caregiver burden. Patients face many mental stresses during long-term treatment, such as heavy financial burden, negative body image and social isolation. This series of negative impacts can cause individuals to withdraw, become alienated, or even develop social anxiety in interpersonal interactions. As a result, they may display social alienation behavior that prevents them from interacting positively with the outside world. Social alienation refers to a state in which individuals are unable to establish positive interactions with people or their surroundings, leading to negative emotions. Social alienation can be considered a stressor leading to mental stresses among chronic disease patients and is a predictor of various diseases and adverse health outcomes

Hendy Muagiri Margono (2024) emphasized that social support has been reported to be one of the factors that might play an important role during ESRD and protect HD patients from depression. A prior study showed that social support was associated with quality of life in HD patients and also mentioned that social support increased adherence and reduced depression in HD patients. Peer support decreased anxiety, depression, and stress in HD patients as well. Along with social support, religion, and spiritual therapy also impacted individuals' lives and promoted their life quality.

Hope for the Future

Hope for the future is a crucial psychosocial resource that helps hemodialysis patients become resilient in the face of long-term illness. Patients often associate optimism with treatment compliance and social reestablishment, using this as a way to visualize recovery, attain a better quality of life, and restored health. Even though they had a terminal illness, some of the participants talked about their own experiences of optimism and imagining a better future.

Despite the persistent demands of hemodialysis treatment, patients often center their hope on visions of improved quality of life, restored social connections, and regained health. Participants articulated diverse lived experiences of how they envision their future amid chronic kidney disease and lifelong dialysis.

Hemodialysis patients often have an unclear outlook on the future and are motivated to cope and reintegrate into society by the hope of an "unexpected end to suffering" through transplantation or stability. Optimism buffers against rapid kidney decline and ties to better psychosocial adjustment, though biomedical factors like comorbidities can temper expectations of full recovery. They regard quality of life (QoL) improvement as attainable through supportive networks rather than cure alone, and they frequently express hope linked to spiritual well-being, social support, and decreased symptoms.

Hemodialysis patients' treatment adherence and psychosocial adjustment are improved when hope is fostered by therapeutic therapies or supporting networks, highlighting their natural resilience that sustains long-term dialysis. Their optimism for improved relationships and health



is further fueled by gratitude for social media connections and intentional energy conservation, which constitute the cornerstone of their vision for a better future.

While most participants expressed acceptance of their condition, they quietly prayed and hoped for life extension—to witness loved ones' milestones, mend disrupted relationships, and lead calmer, meaningful lives. Lacking future assurances, their positive outlook on treatment adherence fosters expectations of cherishing family, friends, and community.

Alves Moreira, R., da Silva Borges, M., & Luiza Gonçalves Moura, A. (2022), described hope as a construct that helps to adapt to the treatment of various diseases. It is a multidimensional, universal, and dynamic concept, being described as a cognitive process through which individuals actively pursue their goals, in an effort to move from the current situation toward new, more favorable conditions in the future.

Bayan et al. (2024) stressed out hope includes the components of willpower, thinking power, and planning to reach the goal and recognizing obstacles. It is also recognized as a significant aspect of one's actions and holds the potential to impact feelings of grief and uncertainty positively. Furthermore, hope serves as a potent instrument in combating incapacity caused by a multitude of disorders. Strengthening hope increases awareness, mental health, and identifying solutions to problems.

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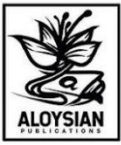
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