

Beyond the Machine: Understanding the Psychosocial Burdens and Coping Strategies of Dialysis Patients in a Level 2 Private Hospital in Antipolo City

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ABSTRACT

Maintenance hemodialysis sustains life among patients with chronic kidney disease but is accompanied by psychosocial challenges that affect overall well-being. This qualitative phenomenological study explored the psychosocial burdens and coping strategies of patients undergoing maintenance hemodialysis in a Level 2 private hospital in Antipolo City. Purposive sampling identified nine adult participants who had received maintenance hemodialysis for at least six months. Data were gathered through semi-structured interviews and analyzed using Braun and Clarke's thematic analysis. Participants described emotional distress following diagnosis, physical and lifestyle changes, employment and financial difficulties, and altered family and social roles. Despite these burdens, they gradually adapted through acceptance, spirituality, resilience, and family support. The findings further emphasized the need for counseling, peer support, patient education, and multidisciplinary psychosocial interventions to complement routine dialysis care. The study provides evidence supporting the development of a Psychosocial Care Enhancement Program that promotes holistic, patient-centered nursing care for individuals undergoing long-term hemodialysis.

Keywords: Chronic kidney disease, hemodialysis, psychosocial burden, coping strategies, phenomenology

INTRODUCTION

Purpose Statement

Chronic kidney disease (CKD) is a progressive condition that frequently advances to end-stage kidney disease, requiring maintenance hemodialysis as a life-sustaining treatment. Although hemodialysis prolongs survival, patients often experience emotional, psychological, social, and financial challenges that affect their overall well-being. This qualitative phenomenological study aimed to explore the psychosocial burdens and coping strategies of patients undergoing maintenance hemodialysis in a Level 2 private hospital in Antipolo City. Specifically, it sought to describe the psychosocial burdens experienced by patients, explore their coping strategies, understand how these strategies influenced psychosocial adaptation, interpret the meanings they attributed to their lived experiences, and develop a Psychosocial Care Enhancement Program based on the study findings.

Scope and Delimitations

The study was conducted among adult patients receiving maintenance hemodialysis in the Hemodialysis Unit of a Level 2 private hospital in Antipolo City. Participants were at least 18 years old, had undergone maintenance hemodialysis for at least 6 months, were mentally stable, were able to communicate in Filipino or English, and voluntarily agreed to participate.

The study focused on their lived psychosocial experiences and coping strategies; therefore, the findings are intended to provide an in-depth understanding rather than statistical generalization.

Review of Related Literature

Recent studies indicate that patients undergoing maintenance hemodialysis commonly experience depression, anxiety, uncertainty, lifestyle restrictions, financial burden, and reduced quality of life. Conversely, family support, spirituality, resilience, and adaptive coping strategies have been shown to promote psychosocial adjustment and treatment adherence. Despite these findings, qualitative evidence describing the lived experiences of Filipino hemodialysis patients in private healthcare settings remains limited, highlighting the need for further inquiry.

Theoretical Framework

The study was anchored on Roy's Adaptation Theory, Orem's Self-Care Deficit Nursing Theory, and Neuman Systems Theory. These theories explain how individuals respond to chronic illness, develop adaptive coping strategies, and maintain self-care while facing physiological, psychological, and environmental stressors associated with long-term hemodialysis.

Conceptual Framework

The study examined the psychosocial burdens experienced by adult hemodialysis patients and the coping strategies they employed in adapting to long-term treatment. Through a qualitative phenomenological approach, participants' lived experiences were explored via semi-structured interviews, and the resulting themes formed the basis for the proposed Psychosocial Care Enhancement Program.

METHODOLOGY

Research Design

This study employed a qualitative phenomenological research design to explore the lived experiences of patients undergoing maintenance hemodialysis regarding their psychosocial burdens and coping strategies. The phenomenological approach enabled the researchers to gain an in-depth understanding of how participants perceived and adapted to the emotional, psychological, social, and financial challenges associated with long-term dialysis.

Research Steps

The study began with a review of related literature and the development of a semi-structured interview guide. Following institutional and ethical approval, eligible participants were recruited through purposive sampling. Individual interviews were conducted, transcribed verbatim, analyzed thematically, and interpreted to develop a Psychosocial Care Enhancement Program.

Data Analysis Methods

Interview transcripts were analyzed using Braun and Clarke's thematic analysis. Data were coded, organized into categories, and synthesized into themes that reflected the participants' shared lived experiences. The themes were interpreted in relation to the study objectives and theoretical framework.

Study Limitations and Ethical Considerations

The study was limited to adult patients receiving maintenance hemodialysis in a single Level 2 private hospital in Antipolo City; therefore, the findings provide an in-depth understanding of participants' lived experiences but are not intended for statistical generalization. Ethical approval was secured prior to data collection. Participation was voluntary; written informed consent was obtained; confidentiality and anonymity were maintained through participant codes; and participants were informed of their right to withdraw from the study at any time without consequence.

RESULTS AND DISCUSSION

The thematic analysis of the participants' narratives revealed that maintenance hemodialysis is not merely a medical treatment but a life-changing experience that requires continuous psychosocial adaptation. The findings addressed the study objectives by describing the psychosocial burdens participants experienced, the coping strategies they adopted, the influence of these strategies on their adaptation and well-being, the meanings they attributed to their lived experiences, and the implications for psychosocial care.

Participants described their diagnosis as a distressing experience characterized by fear, uncertainty, and emotional upheaval. As treatment progressed, they experienced physical limitations, dietary and lifestyle restrictions, disrupted employment, financial difficulties, and changes in family and social relationships. These challenges affected their psychological well-being and quality of life, supporting previous studies that identified psychosocial burden as a major consequence of long-term hemodialysis.

Despite these difficulties, participants gradually developed adaptive coping strategies that enabled them to manage the demands of treatment. Acceptance of their condition, spiritual faith, family support, positive outlook, and engagement in meaningful activities strengthened their resilience and promoted psychosocial adjustment. Participants also viewed hemodialysis as an opportunity to continue living despite the limitations imposed by chronic kidney disease, reflecting a transition from emotional distress toward acceptance and hope.

The findings further highlighted the importance of integrating psychosocial interventions into routine dialysis care. Participants emphasized the need for counseling services, peer support, patient education, financial guidance, and multidisciplinary collaboration to address their psychosocial needs. These findings served as the basis for the proposed Psychosocial Care Enhancement Program and reinforce the role of nurses in delivering holistic, patient-centered care to individuals undergoing maintenance hemodialysis.

SUMMARY

This qualitative phenomenological study explored the psychosocial burdens and coping strategies of patients undergoing maintenance hemodialysis in a Level 2 private hospital in Antipolo City. Through semi-structured interviews with nine participants and thematic analysis, the study found that patients experienced emotional, psychological, social, and financial challenges associated with long-term dialysis. Despite these burdens, participants demonstrated resilience through acceptance, spirituality, family support, and positive coping strategies that facilitated psychosocial adaptation. The findings underscore the importance of integrating holistic psychosocial interventions into routine dialysis care and served as the basis for the proposed Psychosocial Care Enhancement Program.

CONCLUSIONS

The study concludes that maintenance hemodialysis affects not only patients' physical health but also their emotional, psychological, social, and financial well-being. Participants' lived experiences demonstrated that psychosocial adaptation is strengthened through acceptance, resilience, spirituality, and family support. The findings further emphasize that holistic, patient-centered psychosocial interventions should be integrated into routine dialysis care to improve patients' quality of life and overall well-being.

RECOMMENDATIONS

Based on the findings, healthcare institutions are encouraged to strengthen psychosocial support services for patients undergoing maintenance hemodialysis through counseling, patient and family education, peer support initiatives, and multidisciplinary collaboration. Future qualitative studies involving larger and more diverse populations are recommended to further explore the psychosocial experiences of individuals receiving long-term hemodialysis.

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AI DECLARATION STATEMENT

Artificial intelligence (AI)-assisted tools were used solely to improve grammar, language clarity, and manuscript organization. AI was not used in data collection, data analysis, interpretation of findings, or the formulation of the study's conclusions. The authors remain fully responsible for the accuracy, originality, and integrity of this manuscript.

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