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Exploring the Journey of Young Adult Patients with Kidney Replacement Therapy

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ABSTRACT

This qualitative study explored the lived experiences of young adults aged 18–26 years undergoing hemodialysis in Tacurong City, Philippines, guided by Roy's Adaptation Model. Using a descriptive qualitative design, data were collected through semi-structured interviews with fifteen participants and analyzed using Colaizzi's phenomenological method. Findings revealed six interconnected themes: onset of illness, physical burden, psychological distress, social disruption, adaptive coping, and identity and quality of life shifts. Participants attributed disease onset to both lifestyle and genetic factors. Hemodialysis imposed significant physical strain, including fatigue, pain, and dietary restrictions, alongside profound psychological distress marked by fear, helplessness, and dependency. Social roles were disrupted through limited participation, employment challenges, and family role reversal. Despite these difficulties, participants demonstrated adaptive coping through acceptance, spirituality, social support, and positive reframing. Over time, many experienced identity reconstruction and varying perceptions of quality of life, often marked by resilience and personal growth. The study underscores the need for holistic, developmentally appropriate, and patient-centered interventions to enhance well-being and treatment adherence among young adults undergoing hemodialysis.

Keywords: *challenges, coping mechanisms, hemodialysis, quality of life, young adults*

INTRODUCTION

Chronic kidney disease and kidney failure requiring life-maintaining mechanisms in the form of kidney replacement therapy, especially using hemodialysis as the most common one being used, represent a significant global health concern, influencing adversities in physical, psychological, and social burdens on affected individuals. Among young adult patients, these challenges are particularly salient, as this developmental stage is more focused on identity formation, independence, and career establishment. Hence, the demands and effects of long-term hemodialysis disrupt such developmental processes, leading to altered life trajectories and diminished quality of life. Despite the growing prevalence of kidney disease in this age group (18-26 years old), existing literature has overlooked the unique experiences of these individuals, particularly within the Philippine context, where patient experiences are largely shaped by culture, social, and healthcare dynamics.

Thus, this study aims to bridge that gap by investigating the unique experiences of these young adult patients undergoing hemodialysis and making meaning of their experiences, particularly regarding physical, psychological, and social roles, coping mechanisms, and quality-of-life factors.

Statement of the Purpose

Understanding the complex experiences of this individual was essential to identify their coping strategies, psychosocial needs, and the impact of treatment on their quality of life, self-identity, and social roles.

Grand Tour Question

How do young adult patients experience and make meaning of their journey while undergoing kidney replacement therapy in the form of hemodialysis?

Scope and Delimitations

The study explored the lived experiences of young adult patients undergoing hemodialysis aged 18-26 years, with the main locale in Tacurong City, Sultan Kudarat. Exclusions involved patients beyond or below the aforementioned ages, outside the geographical location, presence of communication and mental impairments, and other forms of KRT such as peritoneal dialysis and kidney transplant.

Review of Related Literature

Young adults undergoing kidney replacement therapy, particularly hemodialysis, experience a wide range of challenges from physical, emotional, and social factors. Physically, patients mostly face fatigue, dizziness, and sleep disturbances. Emotionally, anxiety, fear, depression, and social isolation were the most common ones (Ofori-Ansah et al., 2024). Socially, limited social engagements and restrictions are advised. However, some studies have shown resilience in these individuals through adaptive coping mechanisms and adherence to support systems (Ogwang et al., 2023). Studies indicate that interventions targeting both supportive networks and self-care strategies can enhance well-being and help young adults integrate their treatment experiences into a meaningful sense of self (Cortes & Bacarisas, 2025).

Theoretical Framework

This study was guided by Sister Callista Roy's Adaptation Model, which conceptualizes individuals as holistic, adaptive beings who respond to internal and external stimuli through coping mechanisms to maintain overall well-being and health (Roy, 1976). Using this model, the study explored how young adult patients adapt to the multifaceted challenges posed by hemodialysis.

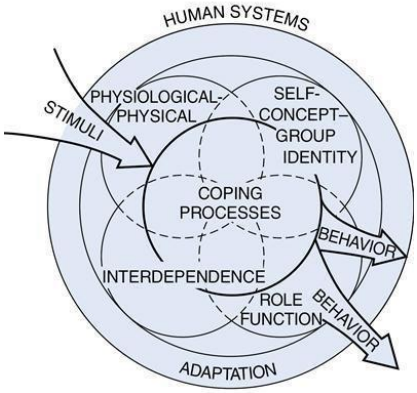

Figure 1. Roy's Adaptation Model

METHODOLOGY

This qualitative research study explored and described the lived experiences of young adult patients undergoing kidney replacement therapy via hemodialysis.

Research Design

Particularly, a descriptive-qualitative approach was used. This approach allowed participants to openly express their physical, emotional, psychological, and social experiences related to kidney failure and long-term hemodialysis.

Research Steps

Before data collection, a semi-structured interview questionnaire was developed and validated by 3 experts. Then, the adviser's approval was obtained, followed by Ethics Review Board (ERB) clearance from the institution to conduct the study. Following ERB, informed consent was obtained from participants before data collection commenced, and snowball sampling was used to select participants who met the criteria of this research from the selected healthcare facilities. After data collection, data analysis was conducted using Colaizzi's phenomenological method.

Date Collection and Sample Selection

Data were gathered through semi-structured, in-depth face-to-face interviews, each lasting 15-30 minutes, and audio-recorded with participants' consent to ensure accuracy. Using specific inclusion and exclusion criteria, fifteen (15) participants were included as data saturation was reached to share their lived experiences regarding health and treatment complexities. Interviews were conducted in English, Filipino, or local dialects to facilitate clear expression.

Data Analysis Methods

The data analysis applied Colaizzi's phenomenological method, a systematic approach designed to reveal the essence of participants' lived experiences (Colaizzi, 1978). It creates themes extracted from the transcripts of the interviews. It involves steps to ensure proper analysis and validation, including familiarization, identifying significant statements, formulating meanings, clustering themes, developing an exhaustive description, and validating

the findings with the participants. NVivo qualitative data analysis software was used to enhance systematic coding, organization, and thematic development.

Study Limitations and Ethical Considerations

This study strictly adhered to ethical standards to protect participants' rights, dignity, and well-being throughout the research process by securing ERB clearance, obtaining informed consent from participants, and upholding ethical principles.

RESULTS AND DISCUSSION

The findings revealed major themes that collectively describe the multidimensional experiences of young adults undergoing hemodialysis.

At the onset of hemodialysis, several participants associated their condition with unhealthy habits such as poor diet, excessive consumption of energy drinks, and lack of physical activity. Others identified hereditary factors, including family histories of hypertension, diabetes, and kidney disease. The physical burden of hemodialysis emerged as a dominant experience wherein persistent fatigue, weakness, and dizziness significantly limited their daily functioning. Sleep disturbances were also common, further exacerbating physical exhaustion. Treatment-related pain from vascular access procedures and muscle cramps. Additionally, strict fluid and dietary restrictions were perceived as challenging and restrictive, while visible changes in physical appearance affected self-image and confidence. Psychological distress was another central theme; participants expressed uncertainty regarding their prognosis, leading to heightened anxiety. Many reported feeling helpless when comparing themselves to peers who were progressing in their education or careers. The fear of becoming a burden to family members contributed to diminished self-worth and increased emotional strain. Hemodialysis also significantly disrupted social roles and lifestyle. Participants described reduced participation in social activities due to fatigue, treatment schedules, physical limitations, employment was frequently interrupted, and a shift in family roles was observed, as participants who were once contributors became dependent. Despite these challenges, participants demonstrated adaptive coping strategies that supported their psychological resilience. Acceptance of their condition was identified as a critical turning point in managing emotional distress. Spirituality played a significant role, with many participants relying on faith and religious practices for strength and meaning. Support from family, peers, and healthcare providers was also essential in reducing feelings of isolation and fostering a sense of encouragement. Furthermore, positive reframing allowed participants to focus on their remaining abilities and maintain a more optimistic outlook. Finally, participants experienced shifts in identity and perceptions of quality of life. Many described a process of redefining themselves beyond their illness, integrating their experiences into a broader sense of self. While some perceived their quality of life as limited, others reported personal growth, increased resilience, and a deeper appreciation for life.

SUMMARY

This study explored the lived experiences of 15 young adults undergoing hemodialysis across six key dimensions: onset of illness, physical effects, psychological challenges, social

and lifestyle changes, coping mechanisms, and identity reconstruction. Findings showed that most participants attributed disease onset to lifestyle factors such as unhealthy diet, energy drink intake, and sedentary behavior, while others reported genetic or hereditary causes. Physically, participants experienced severe fatigue, sleep disturbances, pain during treatment, dietary and fluid restrictions, and visible body changes, all of which significantly impaired daily functioning. Psychologically, they reported fear of the future, emotional distress, helplessness, anxiety about dependency, and difficulty coping with disrupted life expectations. Socially, dialysis led to reduced participation in activities, interrupted employment, limited travel, and role reversal within families, highlighting major lifestyle disruptions. Despite these challenges, participants demonstrated adaptive coping through acceptance, spirituality, support systems, and positive reframing. These strategies helped them manage stress and maintain emotional stability. Finally, quality-of-life perceptions varied, ranging from feelings of stagnation and reduced freedom to moderate satisfaction and personal growth. Several participants also reported identity reconstruction beyond being "patients," reflecting increased resilience and perspective.

CONCLUSION

Young adults undergoing hemodialysis experienced multifaceted challenges and disruptions across the aforementioned domains. These findings emphasize the importance of holistic, patient-centered care that addresses not only medical treatment processes and needs, but also those domains that are often overlooked in the care routine, which were the psychosocial and developmental concerns of the involved patients.

RECOMMENDATIONS

It is recommended that the emotional and social needs of young adult patients be addressed by integrating psychosocial support into the dialysis care routine. Nursing education should incorporate patient-centered and qualitative insights to strengthen holistic care approaches. Also, integration of policy to include awareness of such disease in the community involvement exposures of the students, to enhance public awareness.

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AI DECLARATION STATEMENT

AI-supported tools were used in this article solely for grammar and structure improvement. No AI tools were used to replace the human touch in these processes: collection, analysis, or even interpretation of the data; the authors conducted and managed the aforementioned processes. Hence, authors are credited for their academic contributions.

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