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Lived Experiences of Patients Undergoing Hemodialysis in Free-Standing Dialysis Centers in Metro Manila

Christian Eley C. Bismonte[1], Dr. Joel John A. Dela Merced[2]
https://orcid.org/0009-0006-4380-9100[1] ; https://orcid.org//0000-0002-1459-5274[2]
St. Bernadette of Lourdes College.[1,2]
cbismonte@sblc.edu.ph[1] ; jdelamerced@sblc.edu.ph[2]

ABSTRACT

Chronic kidney disease requiring maintenance hemodialysis adversely impacts patients' physical, emotional, psychological, social, and economic health. Research Design: A qualitative descriptive phenomenological design was utilized to capture the experiences of patients undergoing hemodialysis at selected free-standing dialysis centers in Metro Manila. Methods: Subjects and data collection. Nine patients underwent in-depth semi-structured interviews, and data were analyzed using Colaizzi's seven-step phenomenological method. Findings: Three main themes emerged: The Reality of Kidney Failure, The Challenges of Hemodialysis, and Resilience Through Support. These results highlight the need for more universal, patient-centered strategies and interventions to improve patients' well-being and continuity of care.

Keywords: *Chronic kidney disease, hemodialysis, free-standing dialysis centers, patient retention, lived experiences*

INTRODUCTION

Maintenance hemodialysis (HD) is a life-sustaining treatment for people with chronic kidney disease (CKD); however, it significantly affects patients beyond just their physical well-being, as they are forced to cope with various emotional, social, psychological, and financial factors. More recently, with the growing burden of CKD has come a parallel rise in free-standing dialysis centers across the country, highlighting the need to rapidly understand patients' experiences within these facilities. All current literature has examined hospital-based dialysis settings, often neglecting the lived experiences of patients from free-standing dialysis centers. Hence, this study aimed to examine the lived experiences of patients on hemodialysis in selected free-standing dialysis centers in Metro Manila. To generate insights that could guide and inform a patient-centered nursing care initiative for technologically dependent patients undergoing hemodialysis.

Statement of the Problem

What are the lived experiences of patients undergoing hemodialysis in selected free-standing dialysis centers in Metro Manila?

Scope and Limitations

We recruited participants through purposive sampling of adult patients (≥18 years) from selected free-standing dialysis centers in Metro Manila who had been undergoing maintenance hemodialysis for at least three months. Participants had to be clinically stable, able to provide

informed consent, and able to participate in a semi-structured interview. Patients who were on other dialysis modalities, treated in hospital-based dialysis units, on hemodialysis for less than three months, medically unstable, or had cognitive/psychiatric/communication impairments were excluded. Because this is a qualitative descriptive phenomenological study, the findings are not statistically generalizable beyond the experience of participants from chosen free-standing dialysis centers at the time of data collection.

Review of Related Literature

Hemodialysis, the main form of renal replacement therapy for end-stage renal disease∗ (ESRD), is a life-sustaining treatment that removes waste products and excess fluid through an artificial semipermeable membrane when kidney function is significantly compromised (National Kidney Foundation, 2023). However, while it prolongs survival, long-term hemodialysis is associated with considerable physical, psychological, social, and financial burden, impairing quality of life (World Health Organization, 2022). Existing literature has persistently delineated that fatigued, emotionally distressed patients with or without lifestyle restrictions, financial impediments, and uncertainty of future family undergo supportive care while a therapeutic nurse–patient relationship supports positive coping and treatment adherence; communication positively affects the quality of life (Malo et al., 2022; Ogwang et al., 2023). In the Philippines, free-standing dialysis centers have become primary providers of maintenance hemodialysis (Brady et al., 2018, 2021), yet their growing role in renal care has not been matched by more nuanced literature on the lived realities of patients receiving treatment in this context compared with hospital-based settings. This gap highlights the importance of understanding patients' experiences to inform integrated, patient-centered care and enhance the delivery of targeted interventions that facilitate retention in free-standing dialysis centers.

Theoretical Framework

The study was based on Jean Watson's Theory of Human Caring, Roy's Adaptation Model, and Peplau's Interpersonal Relations theory. Watson's theory advocated caring, holistic, and patient-centered care, in which patients' experiences of treatment were determined by their relational contacts [11]. Roy's Adaptation Model describes how patients adapt continuously to the challenges of long-term hemodialysis, physically, psychologically, and socially. Peplau's theory emphasized the value of therapeutic nurse–patient relationships, showing that humanistic approaches improve communication and mutual reliance, with emotional aspects also contributing to positive patient experiences (e.g., a greater sense of being heard). Integrating these theories into a unified framework enhanced our understanding of patients undergoing hemodialysis in free-standing dialysis centers, both the theory of live polychronicity and the structured Engagement as relationship-connection-focused care model.

Conceptual Framework

The study conceptual framework is based on the Input–Process–Output (IPO) model. Data and Measurement: To answer the research objective, the input included phenomenological accounts of patients on maintenance hemodialysis in selected free-standing dialysis centers in Metro Manila. Data were collected via in-depth semi-structured interviews

and analyzed using Colaizzi's seven-step descriptive phenomenological method. Patient feedback provided the insights on which recommendations were based, and a patient-centered retention policy was developed as a template for comprehensive nursing care to support sustainable, long-term patient retention in free-standing dialysis centers.

METHODOLOGY

This chapter describes the research methodology, including the research design, setting, participants, sampling technique, research instrument, data collection and analysis procedures, and the ethical considerations observed throughout the study.

Research Design

This study used a qualitative descriptive phenomenological design, grounded in the philosophy of Edmund Husserl, to explore and describe the lived experiences of hemodialysis patients in selected free-standing dialysis centers. Qualitative research aims to explain the meanings people give to their experiences in real-life situations (Aspers & Corte, 2021), and descriptive phenomenology, such as Husserl's, describes lived experiences while setting aside previously held assumptions (Neubauer et al., 2019).

Research Steps

The validation of this research instrument was conducted from May 27 to June 6, 2026, by four content experts, and the study received Ethics Review Board (ERB) approval on [insert date], before undergoing Filipino translation by a master's degree holder in Filipino language for flexible administration; after that, data gathering through in-depth interviews were done from June 20 to June 22, 2026 and the data obtained was analyzed with Colaizzi's seven-step descriptive phenomenological method which included familiarization, determining significant statements; formulating meanings; clustering themes; developing an exhaustive description and lastly validating the finding through member checking.

Data Collection and Sample Collection

Data collection occurred through in-depth, semi-structured interviews using a validated aide-mémoire. Ethics Approval: Ethical clearance and institutional approval were obtained prior to data collection from the relevant ethics committee and all free-standing dialysis centers participating in this research project. All participants provided written informed consent, and the interviews were conducted in a private setting; permission was obtained for audio recording, which was transcribed verbatim. To protect participant confidentiality, coded identifiers were used, and identifying information was removed from transcripts.

Study Limitation and Ethical Consideration

The ethical principles laid out in the Declaration of Helsinki and the Data Privacy Act of 2012 were followed throughout this study. Institutional approval was obtained from the participating free-standing dialysis centers, and ethical clearance was granted by the Institutional Research Ethics Committee prior to data collection. All participants provided written informed consent after being informed about the purpose of the study, their voluntary participation, their right to withdraw at any time, and how confidentiality would be ensured.

Autonomy, beneficence, non-maleficence, justice (or fairness of treatment), veracity (truthfulness), and fidelity were upheld by protecting participant identifiers under codes and by storing data for research purposes only.

RESULTS AND DISCUSSION

This chapter discusses and interprets the results of the 20 in-depth, semi-structured interviews conducted with nine of these patients undergoing maintenance hemodialysis at selected free-standing dialysis centers in Metro Manila. Data collection continued until saturation was reached, and narratives were analyzed using Colaizzi's seven-step phenomenological analysis method.

From the narratives of participants, three overarching themes emerged which were as follows: (1) Confronting the Reality of Kidney Failure, encompassing fear of death, psychological disruption, and uncertainty about the future; (2) Navigating the Burdens of Hemodialysis, highlighting physical limitations, financial challenges, lifestyle modifications, altered self-image and social withdrawal, and employment loss; and (3) Finding Strength Through Support, emphasizing family support, therapeutic nurse–patient relationships, and peer connection.

Taken together, these themes demonstrate that the hemodialysis experience is a transition to a new way of life involving ongoing adjustments to physical, emotional, social, and economic stressors. Conversely, the results illustrate that strong relationships with family, clinicians, and other dialysis patients facilitate coping with the chronic nature of treatment, help patients adhere to treatment schedules, and improve the overall hemodialysis experience.

SUMMARY

Methods: Using Colaizzi's descriptive phenomenological method, this study will explore the lived experiences of nine patients who are undergoing maintenance hemodialysis in selected free-standing dialysis centers in Metro Manila. Three themes were identified: Confronting the Reality of Kidney Failure described fear of death, psychological distress, and uncertainty during diagnosis; Navigating the Burdens of Hemodialysis demonstrated physical/financial, lifestyle psychosocial, and occupational challenges related to long-term treatment; and Finding Strength Through Support showed that family members/caregivers collaborated supportively with patients in establishing a strong therapeutic nurse–patient relationship and peer connections were critical to build resilience/support adherence. Conclusions: Hemodialysis is a chronic life event with ongoing adaptation, underscoring the importance of holistic, individualized, relationship-based care that may benefit patients' well-being and continuity of care in free-standing dialysis centers.

CONCLUSION

This study found that hemodialysis is a major, life-changing experience that goes beyond the physiological management of chronic kidney disease, impacting emotional, psychosocial, physical, social, and financial well-being. Participants dealt with fear, uncertainty, and multiple treatment-related burdens but slowly adapted, supported by family, nurses, and fellow patients. These results highlight the significance of holistic, patient-centered,

and relationship-focused care in free-standing dialysis units and offer recommendations to improve nursing practice, patient satisfaction, and retention efforts.

RECOMMENDATIONS

The results suggest that free-standing dialysis center administrators are encouraged to expand patient-centered programs directed at patients' clinical, psychosocial, and emotional care; therapeutic relationships with patients; and reducing patient attrition. Hemodialysis nurses still play the central role in providing holistic, compassionate, and family-centered care by means of good communication and psychosocial support. Evidence-based educational strategies should be implemented in nursing education programs to reinforce elements of patient-centered nephrology care, including therapeutic communication and practice regarding the management of chronic kidney disease. Future researchers are encouraged to explore similar studies in different settings and with larger samples, or to use quantitative and mixed-methods designs, to further investigate factors influencing patients' experiences, QoL, and treatment compliance.

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AI DECLARATION STATEMENT

Artificial Intelligence is only used to enhance the quality of text, grammar and cohesiveness of the structures in this paper. The study was designed, and the data were analyzed and interpreted by all authors independently of sponsor involvement or influence, in accordance with established standards for academic integrity and research ethics.

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