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The Psychosocial Health Issues and Coping Strategies of Hemodialysis Patients

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Abstract

Chronic kidney disease (CKD) and end-stage renal disease (ESRD) requiring hemodialysis remain significant global and local health concerns, particularly due to their profound psychosocial implications. While dialysis effectively sustains life, it imposes substantial emotional, social, and economic burdens that influence patients' quality of life and overall well-being. This study aimed to assess the psychosocial health issues, psychosocial distress, and coping mechanisms of patients undergoing maintenance hemodialysis at the Palawan Medical Mission Group Multipurpose Cooperative (PMMGMPC), and to develop an evidence-informed psychosocial support guideline for clinical application.

A quantitative descriptive–correlational research design was employed. A total of 89 adult hemodialysis patients were selected through purposive sampling from a population of 115 patients. Data were collected using a structured and validated questionnaire measuring psychosocial health issues across five domains (economic, emotional, healthcare-related, social, and treatment-related), psychosocial distress (psychological and social dimensions), and coping mechanisms (adaptive and maladaptive). Descriptive statistics, weighted mean, and Spearman's rank-order correlation were used for data analysis at a 0.05 level of significance.

Findings revealed that psychosocial health issues were generally moderately evident, with economic burden emerging as a prominent concern, particularly in relation to employment disruption and financial dependence. Psychosocial distress was also observed at a moderate level, with both psychological and social dimensions contributing to patients' overall experience. Respondents demonstrated the use of both adaptive and maladaptive coping mechanisms, indicating variability in adjustment to long-term dialysis treatment. Correlational analysis showed that most demographic variables were not significantly associated with psychosocial outcomes, although selected factors such as income and marital status exhibited weak but significant relationships. Notably, a significant relationship was identified between social aspects of psychosocial distress and coping mechanisms, underscoring the importance of social support systems in patient adaptation.

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The findings highlight the multidimensional nature of psychosocial challenges among hemodialysis patients and the need for structured, integrated psychosocial care within dialysis units. Based on these results, an evidence-informed psychosocial support guideline was proposed to enhance patient-centered care, improve coping, and promote better clinical and psychosocial outcomes. The study underscores the importance of incorporating routine psychosocial assessment and multidisciplinary support in hemodialysis settings, particularly in resource-constrained contexts.

Keywords: *hemodialysis, psychosocial health, psychosocial distress, coping mechanisms, chronic kidney disease, patient-centered car*

INTRODUCTION

This chapter presented the background of the study, the statement of the problem, the significance of the study, the scope and delimitation and the definition of terms of this research study.

Background of the Study

Chronic kidney disease (CKD) was a major global health concern, and hemodialysis (HD) remained a common life-sustaining treatment for individuals with end-stage renal disease (ESRD). While effective in managing the physical consequences of kidney failure, dialysis also introduced a range of issues within the dialysis unit that extended beyond biomedical care. Patients often face prolonged treatment schedules, strict routines, dependency on machines and healthcare providers, financial burden, limited mobility, and emotional distress. These concerns contribute to psychosocial challenges such as anxiety, depression, stress, and social isolation, which significantly affect patients' quality of life (QoL) and overall well-being (Alhawassi et al., 2021). Coping strategies played a crucial role in how patients manage these psychosocial issues, ranging from adaptive mechanisms like spirituality and social support to maladaptive behaviors such as avoidance and emotional withdrawal (Thomas et al., 2022).

In the Philippines, the prevalence of Chronic kidney disease (CKD) and the increasing need for dialysis have heightened attention on patient care. However, biomedical priorities such as vascular access, laboratory values, and treatment adequacy tend to dominate dialysis practice, while psychosocial concerns were often underrecognized. Filipino dialysis patients commonly experience psychological distress influenced by treatment fatigue, financial strain, family responsibilities, and lifestyle disruption. Coping responses were largely shaped by cultural values, family support, and spiritual orientation, yet structured psychosocial assessment and support remain limited in dialysis units (Almutary, 2022).

Locally, in Palawan, psychosocial health issues and coping strategies among dialysis patients remained underexplored. Based on the researcher's clinical observation at the Palawan Medical Mission Group Multipurpose Cooperative (PMMGMPC) Hemodialysis Unit, patients frequently expressed emotional distress, financial concerns, uncertainty about treatment progression, and dependence on caregivers. Despite these visible concerns, psychosocial issues and coping behaviors were not routinely assessed, monitored, or addressed as part of standard dialysis care. This reflected an evident gap between patients' psychosocial needs and existing support mechanisms within the dialysis unit.

Given these gaps, there was a need to explore the psychosocial health issues of dialysis patients and the coping strategies they utilized within the hemodialysis setting in Palawan. Understanding these lived experiences provided insights into unmet needs and might serve as a basis for strengthening holistic and patient-centered approaches to dialysis care.

Statement of the Problem

This study aimed to assess the psychosocial health support needs of hemodialysis patients and develop a framework for proposed evidence-informed psychosocial support guidelines into Hemodialysis Units to enhance patient care and well-being.

Specifically, it sought to answer the following questions:

1. What was the characteristics profile of the respondents as to:
    a. age;
    b. gender;
    c. marital status;
    d. living situation;
    e. employment status;
    f. duration of dialysis; and
    g. frequency of dialysis?
2. What were psychosocial health issues of the dialysis patient in terms of:
    a. economic issues;
    b. emotional issues;
    c. healthcare-related issues;
    d. social issues; and
    e. treatment-related issues?
3. What was the level of psychosocial distress in terms of:
    a. psychological well-being; and
    b. social aspects?
4. What is the level of coping mechanism of the hemodialysis patients to address the issues as to:
    a. Adaptive; and
    b. Maladaptive strategies?
5. Was there a significant relationship between demographic profile and their psychosocial health issues?
6. Was there a significant relationship between demographic profile and the level of their psychosocial distress?
7. Was there a significant relationship between demographic profile and their coping mechanism?
8. Was there a significant relationship between psychosocial health issues and their coping mechanism?
9. Based on the findings of the study, what evidence-informed psychosocial support guideline maybe developed for patients undergoing hemodialysis?

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Significance of the Study

The findings of this study provide clinically relevant insights into the psychosocial health issues, psychosocial distress, and coping mechanisms of patients undergoing hemodialysis. These insights offered practical value across multiple sectors involved in dialysis care, policy development, education, and future research.

For National Health Agencies, including the National Kidney Foundation of the Philippines and other government health bodies, the study served as an empirical reference for strengthening psychosocial health support programs within dialysis services. The identification of economic burden as a significant factor, alongside the presence of moderate psychosocial issues across domains, highlighted the need for more responsive and comprehensive support systems. The findings may inform the development of policies, resource allocation strategies, and integrated care models that address both clinical and psychosocial dimensions of chronic kidney disease management.

At the Institutional Level, the study contributed to improving service delivery within hospitals and hemodialysis units. By identifying key psychosocial concerns—particularly in economic, emotional, social, and treatment-related domains—the findings provided a basis for integrating structured psychosocial support into routine dialysis care. This integration has implications for enhancing patient adherence, reducing treatment-related stress, and potentially improving clinical outcomes. The results also supported the need for more holistic care approaches that extend beyond physiological management.

For Hemodialysis Nurses and Healthcare Providers, the study offered insights into the psychosocial experiences of patients that may not always be evident during routine clinical assessment. The observed presence of both adaptive and maladaptive coping strategies underscored the importance of continuous psychosocial monitoring and patient engagement. The findings may inform clinical practice by encouraging the incorporation of psychosocial assessment, therapeutic communication, and patient education into daily care. In addition, the results may guide the development of training programs aimed at strengthening psychosocial competencies among healthcare professionals.

Hospital Nursing Divisions and Clinical Administrators, may benefit from the study through its implications for policy development and service planning. The findings provided a basis for designing structured psychosocial support protocols, multidisciplinary care pathways, and staff development initiatives. The integration of psychosocial care into existing clinical workflows may contribute to improved patient experiences, more efficient service delivery, and better overall quality of care within hemodialysis units.

In the context of nursing education, the study offered relevant evidence that may support curriculum development in areas such as chronic illness management, psychosocial care, and patient-centered practice. The results highlighted the importance of preparing future healthcare professionals to address not only the physical but also the psychological and social needs of patients with long-term conditions.

For Patients Undergoing Hemodialysis and their Families, the study provided a clearer understanding of the psychosocial challenges associated with long-term treatment. The findings emphasized the role of social support, coping strategies, and psychosocial care in improving well-being and quality of life. The proposed psychosocial support guideline derived from the study may contribute to more structured and accessible support systems within clinical settings.

Foundation for Future Research, the identified relationships between psychosocial variables and coping mechanisms, particularly the role of social aspects of distress, suggested areas for further investigation. Future studies may build on these findings by exploring longitudinal outcomes, evaluating intervention effectiveness, or examining psychosocial factors in different clinical contexts.

Scope and Delimitation of the Study

This study examined the psychosocial health issues, psychosocial distress, and coping mechanisms of patients undergoing maintenance hemodialysis to provide a basis for developing an evidence-informed psychosocial support guideline for hemodialysis units. It focused on patient-centered psychosocial dimensions, including economic, emotional, healthcare-related, social, and treatment-related concerns, as well as levels of psychological distress and social support. These variables were analyzed in relation to selected demographic and clinical characteristics to gain a comprehensive understanding of the psychosocial conditions experienced by patients during dialysis. The study was conducted among adult patients receiving treatment at Palawan Medical Mission Group Multipurpose Cooperative (PMMGMPC) Hemodialysis Unit in Puerto Princesa City. Participants were limited to patients aged 18 years and above who had been undergoing maintenance hemodialysis for at least three months to ensure adequate treatment experience and the ability to provide informed responses. A quantitative descriptive–correlational design was employed using a structured questionnaire to measure psychosocial health issues, psychosocial distress, and coping mechanisms, with statistical analyses used to describe variable distributions and examine relationships among key variables. The scope of the study included the assessment of psychosocial health issues across five domains such aseconomic, emotional, healthcare-related, social, and treatment-related—together with psychosocial distress in terms of psychological well-being and social aspects, and coping mechanisms categorized as adaptive and maladaptive strategies. It also explored the relationships between demographic and clinical variables and psychosocial outcomes, as well as the associations among psychosocial health issues, psychosocial distress, and coping mechanisms.

However, several delimitations were recognized. Data collection was confined to a single hemodialysis facility selected on the basis of accessibility, feasibility, and coordination with institutional authorities; therefore, the findings were context-specific and not intended for broad generalization to other dialysis populations or healthcare settings. Only clinically stable patients capable of providing informed consent were included, while those with severe cognitive impairment, acute medical conditions, or communication limitations were excluded. The study also relied on self-reported data, which may have been influenced by response bias or differences in personal interpretation. In addition, the cross-sectional design limited the ability to determine changes over time or establish causal relationships. Despite these limitations, the study generated relevant and context-specific insights into the psychosocial needs of hemodialysis patients and contributed to the

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development of practical, evidence-informed support strategies within the clinical setting.

Definition of Terms

For clarity and consistency in the interpretation of this study, the following terms were defined conceptually and in relation to their use within the research context.

Adaptive Coping. Refers to described as constructive cognitive and behavioral strategies that facilitated adjustment to stressors and supported psychological well-being. From a theoretical perspective, it was grounded in stress and coping theory, where individuals actively managed stress through problem-solving, positive reframing, and seeking support. In this study, it included behaviors such as adherence to treatment, engagement in self-care, and utilization of social or spiritual support.

Chronic Kidney Disease (CKD). Refers to defined as a progressive and irreversible decline in kidney function over time, which may eventually lead to end-stage renal disease requiring dialysis or transplantation.

Coping Mechanism. Refers to encompassed the cognitive, emotional, and behavioral efforts used by individuals to manage demands perceived as stressful. The concept was anchored in the framework of Lazarus and Folkman, highlighting coping as a dynamic process influenced by individual appraisal and available resources.

Dialysis Patients. Refers to referred to individuals diagnosed with end-stage renal disease who depended on dialysis treatment for survival. In this study, the term specifically pertained to adult patients undergoing maintenance hemodialysis.

End-Stage Renal Disease (ESRD). Refers to characterized as the final stage of chronic kidney disease in which kidney function was no longer sufficient to sustain life without renal replacement therapy.

Family Support. Refers to denoted the emotional, informational, and practical assistance provided by family members. It was considered a central component of social support influencing coping, adherence, and overall well-being.

Financial Burden. Refers to described the economic strain experienced by patients and their families due to treatment costs, reduced earning capacity, and long-term care demands.

Healthcare-Related Issues. Refers to encompassed challenges and concerns associated with the delivery of dialysis care, including access to services, communication with healthcare providers, scheduling, and perceived adequacy of care.

Hemodialysis (HD). Refers to defined as a renal replacement therapy in which blood was filtered through an extracorporeal system to remove waste products and excess fluid.

Hemodialysis Unit. Refers to referred to a specialized healthcare setting where dialysis procedures were administered by trained medical personnel.

Maladaptive Coping. Refers to represented ineffective or counterproductive coping responses that may provide temporary relief but ultimately contribute to increased distress. These included avoidance, denial, and emotional withdrawal.

Patient-Centered Care. Refers to described an approach to healthcare that emphasized respect for patients' preferences, needs, and values, ensuring that these guided clinical decisions and care processes.

Psychological Distress. Refers to characterized as a state of emotional suffering, often involving symptoms such as anxiety, depression, and stress arising from illness-related experiences.

Psychosocial Distress. Refers to denoted a multidimensional condition involving emotional, cognitive, and social strain resulting from the interaction between the individual and their environment. Theoretically, it included psychological well-being (e.g., anxiety, depression, emotional distress) and social aspects (e.g., family involvement, peer support, community support). In this study, it was measured through these psychological and social dimensions.

Psychosocial Health Issues. Refers to encompassed a range of challenges affecting both psychological and social functioning in the context of chronic illness. Conceptually, it integrated economic, emotional, healthcare-related, social, and treatment-related domains. Within this study, it specifically referred to the identified issues experienced by hemodialysis patients across these five dimensions.

Psychosocial Support. Refers to described interventions aimed at enhancing emotional well-being, strengthening social relationships, and improving coping capacity. This included counseling, education, peer support, and family involvement.

Quality of Life (QoL). Refers to defined as an individual's subjective perception of overall well-being across physical, psychological, and social domains.

Social Isolation. Refers to characterized by limited social interaction and reduced engagement with others, often leading to feelings of loneliness and disconnection.

Social Support. Refers to encompassed the assistance received from family, peers, healthcare providers, and the broader community, contributing to improved coping and psychological resilience.

Spiritual Coping. Refers to described the use of religious beliefs, faith, or spiritual practices as a means of managing stress and finding meaning in illness.

Treatment Fatigue. Refers to referred to the physical and emotional exhaustion associated with prolonged and repetitive medical treatments, particularly in long-term dialysis care.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presented the relevant literature and studies that the researcher considered to strengthen the importance of the present study.

Age has been widely recognized as a significant determinant of psychosocial health outcomes. Nguyen et al. (2021) reported that older adults often experience elevated psychosocial stress due to isolation, bereavement, and declining physical health. These factors contribute to loneliness, depression, and reduced emotional well-being. In contrast, younger adults, despite better physical health, are exposed to workplace pressures, identity formation

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challenges, and social instability, which also negatively affect psychological health.

Supporting this, Kim et al. (2022) emphasized that aging is strongly associated with changes in social support systems. Older adults tend to have stronger family connectedness; however, this may also intensify loneliness when social networks diminish due to death or separation. Meanwhile, younger individuals maintain broader but more transient relationships, which may increase vulnerability to psychosocial stress when relationships end or change.

In terms of psychological outcomes, Lee et al. (2023) introduced the concept of the “paradox of aging,” where older adults exhibit lower rates of anxiety and depression compared to younger adults despite physical limitations. This is attributed to improved emotional regulation and long-term coping skills developed over time.

Similarly, Miller et al. (2020) found that older adults demonstrate higher resilience than younger populations due to accumulated life experiences and emotional maturity. Conversely, younger individuals face new life stressors without established coping mechanisms, making them more vulnerable to psychological distress.

Furthermore, Rodriguez and Lin (2023) highlighted the role of technology in psychosocial adaptation. Younger adults benefit more from digital mental health resources, while older adults may experience technological barriers that contribute to isolation. This emphasizes the importance of addressing the digital divide in mental health support systems.

Gender plays a crucial role in shaping psychosocial health outcomes and coping responses. Kang et al. (2021) found that women undergoing hemodialysis experience higher levels of depression and anxiety due to caregiving responsibilities and emotional burden, while men are more affected by concerns regarding independence and provider roles.

Similarly, Ahmed et al. (2021) reported that men often experience stigma related to perceived weakness and reduced productivity, which may discourage them from seeking psychosocial support. Garcia et al. (2022) further confirmed that women generally report worse outcomes in anxiety, depression, and quality of life, highlighting the need for gender-sensitive interventions. These findings suggest that psychosocial distress is not uniform across genders but is shaped by culturally defined roles, expectations, and coping behaviors.

Educational attainment has been consistently identified as a protective factor against psychosocial distress. Riumallo-Herl et al. (2021) found that higher education levels are associated with lower depressive symptoms and improved mental well-being due to enhanced cognitive and problem-solving abilities. Daly et al. (2022) further explained that education moderates the effects of poverty and social stressors by improving emotional resilience and access to coping resources. Similarly, Nguyen et al. (2020) demonstrated that higher educational attainment improves health literacy, treatment adherence, and psychological adjustment among patients with chronic kidney disease (CKD). Collectively, these studies suggest that education enhances both psychological resilience and health management capacity, thereby reducing psychosocial vulnerability.

Marital status significantly influences psychosocial well-being. Leung et al. (2022) reported that married individuals experience lower levels of depression and anxiety due to emotional and instrumental spousal support. Xiang et al. (2021) further noted that unmarried and divorced individuals are more vulnerable to loneliness and psychological distress. In chronic illness populations, Wang et al. (2023) found that married dialysis patients exhibit better psychological outcomes due to spousal assistance in managing treatment demands. Tavares et al. (2021) similarly observed higher life satisfaction among married hemodialysis patients. However, Park and Choi (2020) emphasized that marital quality is more important than marital status, as high-conflict relationships may worsen psychological distress. Zhang et al. (2023) reinforced that supportive marital relationships significantly improve psychological outcomes, while strained relationships increase emotional burden.

Employment and income are critical determinants of psychosocial well-being. The World Health Organization (2021) identified employment as a core social determinant of health, providing structure, purpose, and social interaction. Burgard and Seefeldt (2020) found that job insecurity increases anxiety and depressive symptoms, while Vander Elst et al. (2023) reported that unstable employment reduces life satisfaction and increases burnout. Among dialysis patients, Chu et al. (2023) observed better psychosocial outcomes among those who remain employed. Income level is equally significant. Joshi et al. (2023) found that low income is strongly associated with depression, while Pega et al. (2022) emphasized financial barriers to mental health care access. Wickham et al. (2021) and Cooper et al. (2023) further linked income inequality to higher rates of psychological distress and social isolation. Kelly and Dupas (2022) added that higher-income individuals benefit from stronger social networks, which buffer stress and enhance psychosocial functioning.

Chronic kidney disease and hemodialysis impose significant psychosocial burdens. Luyckx et al. (2021) and Crews et al. (2022) noted a rising prevalence of CKD among younger populations due to metabolic and lifestyle-related factors. Cukor et al. (2021) found that marital and family support improve psychological adjustment among dialysis patients. Nguyen et al. (2023) emphasized that educational attainment enhances self-management and psychosocial resilience. Kovesdy (2021) and Sukul et al. (2021) highlighted the financial burden of dialysis, while Chan et al. (2022) emphasized the protective role of family support in chronic illness adaptation.

Hemodialysis treatment significantly affects physical, emotional, and social functioning. Jhamb et al. (2021) found that dialysis-related fatigue limits daily functioning and independence. Bossola et al. (2022) identified fatigue as a major contributor to reduced quality of life. Al Nazly et al. (2021) reported that dietary and fluid restrictions create emotional stress and treatment burden. Yu et al. (2023) found that uncertainty about long-term outcomes increases anxiety and psychological distress. Van der Willik et al. (2022) emphasized that dialysis schedules disrupt daily life but noted that strong support systems can reduce perceived burden.

Psychological distress is a major concern among dialysis patients. Chilcot et al. (2021) and Bossola et al. (2022) reported high levels of depression, sadness, and emotional exhaustion among patients. Gerogianni et al. (2021) found that uncertainty and fear of complications increase anxiety levels. Yu et al. (2022) highlighted the protective role of family support in reducing distress. Alnazly

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et al. (2023) emphasized that adaptive coping strategies improve psychological well-being and reduce emotional burden.

Social support is a key protective factor. Chan et al. (2022) and Yu et al. (2022) found that family support improves emotional well-being and treatment adherence. Thomas et al. (2021) emphasized the importance of peer support in reducing loneliness. Cukor et al. (2021) and Bossola et al. (2022) noted that strong social networks improve coping but treatment limitations may still restrict social participation.

Coping strategies play a vital role in psychosocial adjustment. Ghaffari et al. (2019) identified problem-focused, emotion-focused, and avoidant coping strategies. Al Sharji et al. (2022) found that optimism, spirituality, and prayer are common adaptive strategies. Duarte and Silva (2022) and Williams and Thompson (2023) reported gender differences in coping styles, while Garcia et al. (2024) recommended gender-sensitive interventions. Miller et al. (2023), Karami et al. (2025), and Wang et al. (2024) emphasized the role of resilience and social support in improving coping outcomes. Intervention studies by Yuan et al. (2020), Zhou et al. (2022), and Park et al. (2023) confirmed the effectiveness of CBT, peer support, and psychosocial counseling in reducing distress.

Alnazly et al. (2023) and Cukor et al. (2021) found that adaptive coping (adherence, acceptance, and positive thinking) improves psychological outcomes. Yu et al. (2022) emphasized the role of spirituality in resilience. Thomas et al. (2021) highlighted emotional support as a key coping mechanism, while Bossola et al. (2022) noted variability in coping effectiveness depending on social support. Maladaptive coping strategies such as avoidance, denial, and withdrawal are associated with poorer psychological outcomes. These behaviors often occur when patients experience overwhelming stress and lack adequate support systems, further worsening psychosocial distress. Overall, the literature consistently demonstrates that psychosocial health among hemodialysis patients is influenced by demographic factors (age, gender, education), socioeconomic conditions (income, employment), clinical variables (dialysis duration and frequency), and psychosocial resources (social support and coping mechanisms). Adaptive coping and strong social support systems significantly improve psychological outcomes, while economic hardship and treatment burden exacerbate distress.

Age has been widely examined as a determinant of psychosocial health outcomes, particularly among individuals with chronic conditions such as end-stage renal disease requiring hemodialysis. According to Nguyen et al. (2021), older adults are frequently exposed to heightened psychosocial stress due to isolation, bereavement, and declining physical health. These conditions often result in loneliness and depressive symptoms. In contrast, younger individuals experience psychosocial stressors related to employment instability, social comparison, and identity formation, which also affect mental health outcomes. Supporting this, Kim et al. (2022) emphasized that while older adults generally have stronger family connectedness, the loss of peers and reduced social interaction may intensify loneliness and emotional distress. Younger adults, on the other hand, tend to maintain broader but less stable social networks, which may also contribute to psychosocial instability when relationships change or end.

In terms of psychological outcomes, Lee et al. (2023) introduced the concept of the "paradox of aging," where older adults demonstrate lower rates of anxiety and depression despite physical limitations. This is attributed to improved emotional regulation and accumulated coping experience over time. Similarly, Miller et al. (2020) reported that older adults exhibit higher resilience compared to younger individuals, as life experience enhances emotional stability and adaptive coping capacity. Furthermore, Rodriguez and Lin (2023) highlighted the role of technology in psychosocial adaptation, noting that younger adults benefit more from digital mental health resources, while older adults may experience technological barriers that increase isolation.

Gender has been identified as a significant factor influencing psychosocial experiences among patients undergoing chronic treatment. Kang et al. (2021) found that female hemodialysis patients experience higher levels of depression and anxiety due to caregiving responsibilities and social expectations. In contrast, male patients tend to experience distress linked to loss of independence and provider roles. Similarly, Ahmed et al. (2021) noted that men may experience stigma related to perceived weakness and reduced work capacity, which may hinder their willingness to seek psychosocial support. Garcia et al. (2022) further confirmed that women generally report poorer psychological outcomes, including anxiety and reduced quality of life, thereby highlighting the need for gender-responsive healthcare interventions.

Educational attainment has been consistently linked with psychosocial well-being. Riumallo-Herl et al. (2021) reported that individuals with higher education levels exhibit lower depressive symptoms due to better cognitive coping skills and improved access to mental health services. Daly et al. (2022) further explained that education buffers the effects of poverty and economic stress by enhancing emotional resilience and problem-solving ability. In chronic illness populations, Nguyen et al. (2020) found that higher education is associated with better treatment adherence, improved health literacy, and reduced psychological distress among patients with chronic kidney disease.

Marital status remains a strong predictor of psychosocial adjustment in chronic illness. Leung et al. (2022) found that married individuals exhibit lower levels of depression and anxiety due to emotional and instrumental spousal support. Similarly, Xiang et al. (2021) reported higher loneliness and depressive symptoms among unmarried individuals, particularly during periods of health crisis. In dialysis populations, Wang et al. (2023) and Tavares et al. (2021) both emphasized that marital support significantly improves psychological adjustment, treatment adherence, and life satisfaction. However, Park and Choi (2020) cautioned that marital quality is more important than marital status itself, as high-conflict relationships may worsen psychosocial outcomes.

Employment and income are critical determinants of psychosocial health among patients with chronic illness. The World Health Organization (2021) identified employment as a key social determinant of health, contributing to psychological stability and social engagement. Burgard and Seefeldt (2020) found that job insecurity increases anxiety and depressive symptoms, while Vander Elst et al. (2023) linked unemployment with reduced life satisfaction and burnout. Among hemodialysis patients, Chu et al. (2023) reported better psychosocial outcomes among those who remain employed. Income level is also strongly associated with mental health. Joshi et al. (2023) and Pega et al. (2022) found that low-income individuals experience higher depression rates due to

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limited access to healthcare services. Wickham et al. (2021) further demonstrated that income inequality is associated with higher psychosocial distress at the population level.

Clinical variables such as dialysis duration and frequency have been studied in relation to psychosocial health. Luyckx et al. (2021) noted that patients often develop psychological adaptation over time, reducing the impact of treatment duration. Kliger et al. (2022) explained that dialysis frequency is medically determined and not necessarily linked to psychosocial outcomes. Crews et al. (2022) and Kovesdy (2021) further emphasized that disease burden and financial strain are more influential predictors of psychosocial distress than demographic or treatment-related variables alone.

Psychosocial distress among hemodialysis patients is well documented in recent literature. Murtagh et al. (2020) reported high prevalence of depression among dialysis patients, while Wang et al. (2021) found elevated anxiety linked to treatment burden and financial stress. Rios et al. (2022) and Kara et al. (2023) emphasized that psychosocial care remains insufficient in many dialysis settings due to healthcare system limitations. In the Philippine context, Aruta et al. (2023) highlighted significant psychological distress among dialysis patients due to financial hardship and limited access to mental health services. Similarly, Durán-Gómez et al. (2025) identified depression and anxiety as major predictors of poor quality of life among hemodialysis patients.

Social support plays a central role in reducing psychosocial distress. Yu et al. (2022) and Chan et al. (2022) found that family support improves emotional stability and treatment adherence. Thomas et al. (2021) emphasized the importance of peer support in reducing loneliness and improving emotional adjustment. However, Bossola et al. (2022) noted that dialysis treatment limitations may still restrict social participation despite available support systems.

Coping strategies among hemodialysis patients include adaptive and maladaptive approaches. Ghaffari et al. (2021) described coping as a dynamic process influenced by cognitive appraisal and stress perception. Al Sharji et al. (2022) identified optimism, spirituality, and support-seeking as common adaptive strategies. Similarly, Alnazly et al. (2023) found that treatment adherence and positive reframing improve psychological well-being. Cukor et al. (2021) emphasized that adherence enhances emotional stability and autonomy. Maladaptive coping, including avoidance and withdrawal, has also been documented. Goh et al. (2022) and Kim and Park (2023) found that avoidance behaviors are common responses to treatment fatigue but may worsen psychosocial outcomes if persistent.

The relationship between psychosocial distress and coping mechanisms is complex. Farjamfar et al. reported that higher psychological distress is associated with maladaptive coping such as withdrawal and denial. Yu et al. found that coping behavior varies depending on emotional support and resilience. Cukor et al. (2021) and Chan et al. (2022) emphasized that social support enhances adaptive coping, while Alshraifeen et al. noted that maladaptive behaviors may still persist despite support due to chronic treatment burden. Overall, literature consistently shows that psychosocial health in hemodialysis patients is influenced by an interaction of demographic, clinical, and social factors. While age, gender, and treatment characteristics show inconsistent direct effects, variables such as income, social support, and coping strategies play a more dominant role in shaping psychosocial outcomes. Adaptive coping, family support, and psychosocial interventions remain central protective factors against distress, while maladaptive coping persists in response to chronic illness burden and emotional fatigue.

Synthesis of the Review

Dialysis patients suffered not only physically from the load of treatment but also encounter profound psychological and social difficulties. They suffered extreme depression, high anxiety levels and social isolation, all of which result in greatly reduced quality of life. The long-term nature of End Stage Renal Disease (ESRD), plus hemodialysis demands itself upon patients, leave many of them without any means for care. For patients in particular this disrupts their lives and leads to emotional distress, social disconnection, and financial strain to name a few. As a result, holistic care approaches also become more common in that they address both medicine and psychosocial needs simultaneously.

The gender gap in this model might affect and influence the ways that psychosocial stress of dialysis patients is generated, experienced, and managed through various coping and support mechanisms. Societal attitudes toward gender were consistently associate with higher levels of emotional distress, largely attribute to women, because they were social caregivers with additional emotional burdens associate with it, and this was more prevalent among females. Women frequently employ emotion-focused coping strategies that could lead them, for example, to emotionally supportive systems, including group therapy. On the flip side, men usually worry about the loss of independence and their traditional role as financial providers. They engaged in problem-focused coping strategies, find formal interventions that help them feel like individuals again, even if they were in professional or formalized support networks.

There was also a strong bearing of age on psychosocial outcomes. Older patients on dialysis were better for resiliency, because of previous experience and level of emotional maturity, in managing the effects of chronic illness. They also frequently counted on the emotional support of family but might increase risk of social isolation during their old age. Younger patients, conversely, grapple with other stressors, including career pressures and shifting social roles and expectations. They were likely not as good in terms of having to deal with such negative stressors, which may make them more prone to anxiety and depression. Younger patients' social connections were frequently, if on a more flexible model, more transient and contribute to psychosocial instability and stress.

Impact on psychosocial health among patients undergoing dialysis. Higher education was positively correlate with better health literacy and coping strategies, which could contribute to lower rates of depression and anxiety. When workers have a job they have some structure and a social structure and those who stay in jobs with treatment score higher on health outcomes. While on the other hand, job insecurity and economic stress result in higher psychological stress, thereby worsen treatment adherence and health outcomes. It was also an important marital status; the psychosocial outcomes of those with the support of a spouse are better, although on the part of a marital relationship they could be quite good. Conflicts in a marriage could increase stress and often result in adverse outcomes for patients who are married.

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Research consistently showed that integrating psychosocial interventions into dialysis treatment raise mental health treatment compliance, patient happiness, and care. Cognitive behavioral therapy (CBT), mindfulness techniques, social support programs and peer-to-peer programs have all be effective in ameliorating anxiety, depression and feelings of being alone. They offered psychosocial treatment in a gender sensitive manner (and with a gendered perspective), such as in-kind support groups tailor to different gender experiences or individual counseling tailor specifically for people. However, many dialysis centers face their own barriers to offer comprehensive psychosocial support—such as a lack of mental health professionals to provide adequate treatment, insufficient training for healthcare staff, and inadequate funding. This highlights the need for systemic change: mental health care now needs to make standard part of treatment for all in the hospital.

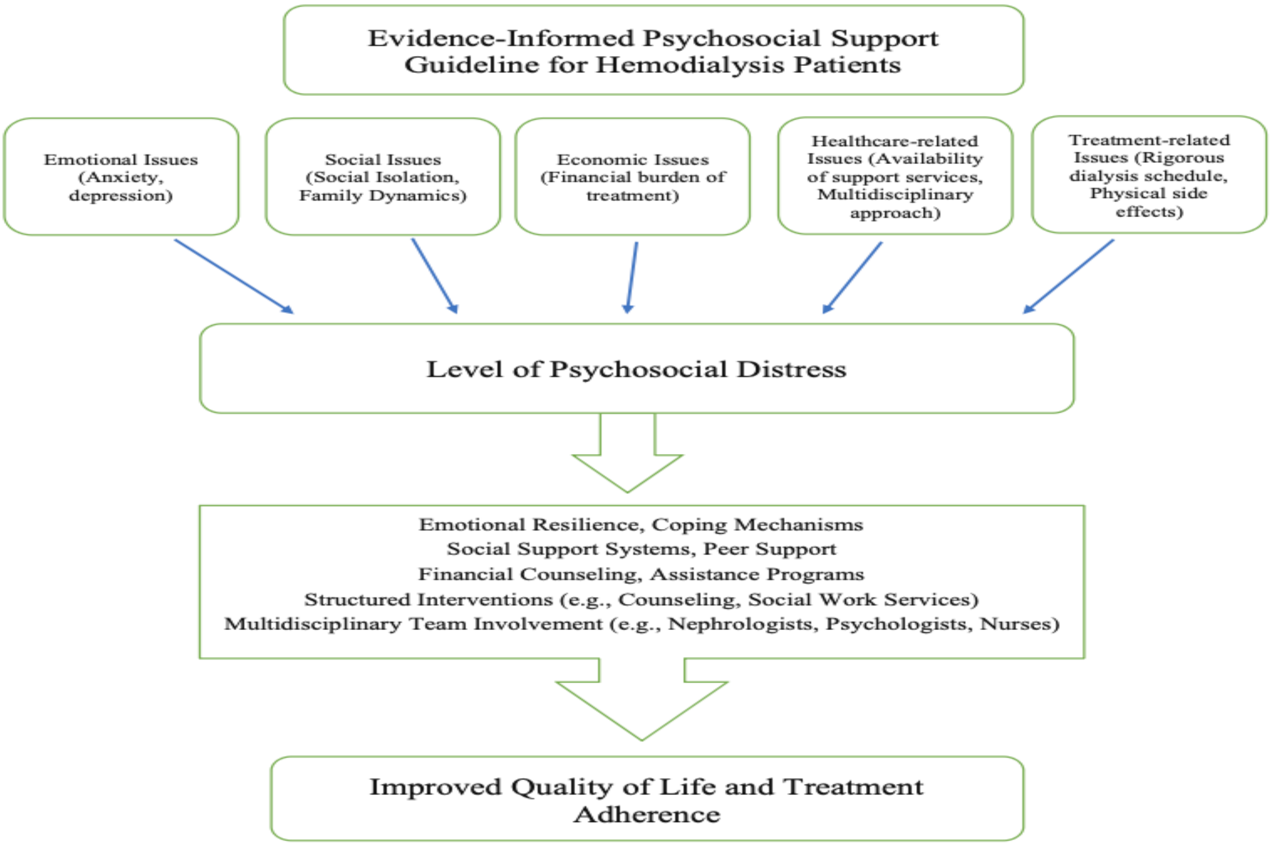
Theoretical Framework

This study was guided by three established theories that helped explain how patients undergoing hemodialysis experience and respond to psychosocial challenges (Figure 1). These included the Roy Adaptation Model, the Neuman Systems Model, and the Theory of Stress and Coping. Each of these frameworks contributed to how the variables in the study were selected, interpreted, and translated into practical recommendations for psychosocial support in the hemodialysis setting .

The Roy Adaptation Model (Roy, 1976, as cited in Davis, 2020) focused on how individuals adjust to changes in their health and environment. In this study, it was used to understand how patients responded to the long-term demands of dialysis. Coping mechanisms were viewed through this lens, particularly in distinguishing between adaptive and maladaptive responses. The findings showed that patients used both types of coping strategies, reflecting varying levels of adjustment to their condition. This made the model relevant in identifying areas where support could be strengthened, especially in encouraging more adaptive ways of coping with emotional, social, and treatment-related challenges.

The Neuman Systems Model (Neuman, 1970, as cited in Pearson, 2021) provided a broader view of the patient as someone constantly dealing with different stressors. In this study, psychosocial health issues such as financial strain, emotional concerns, and treatment demands were treated as stressors that could affect patient stability. The model helped organize these variables and offered a way to understand how different types of stressors interact. The results showed that these concerns were present across patients regardless of their background, highlighting the need for consistent psychosocial support. This framework also pointed to the importance of early identification of psychosocial risks and the role of healthcare providers in supporting patients beyond physical care.

The Theory of Stress and Coping (Lazarus & Folkman, 1984, as cited in Springer, 2021) helped explain how patients manage the stress associated with chronic illness. In this study, it guided the analysis of coping behaviors in relation to psychosocial distress. It was particularly useful in interpreting how patients dealt with emotional strain and social challenges. The findings showed that coping was not only influenced by individual factors but also closely related to social support. This was evident in the significant relationship between social aspects of distress and coping mechanisms. The theory helped highlight the importance of strengthening both emotional and social support systems as part of patient care.



Evidence-Informed Psychosocial Support Guideline for Hemodialysis Patients

Emotional Issues (Anxiety, depression)

Social Issues (Social Isolation, Family Dynamics)

Economic Issues (Financial burden of treatment)

Healthcare-related Issues (Availability of support services, Multidisciplinary approach)

Treatment-related Issues (Rigorous dialysis schedule, Physical side effects)

Level of Psychosocial Distress

Emotional Resilience, Coping Mechanisms
Social Support Systems, Peer Support
Financial Counseling, Assistance Programs
Structured Interventions (e.g., Counseling, Social Work Services)
Multidisciplinary Team Involvement (e.g., Nephrologists, Psychologists, Nurses)

Improved Quality of Life and Treatment Adherence

Figure 1. *The Theoretical Framework*

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These frameworks were useful in making sense of the findings and in shaping the direction of the proposed psychosocial support guideline. They provided a clearer understanding of how patients experience dialysis beyond the physical aspect and emphasized the importance of addressing psychosocial needs as part of routine care.

Conceptual Framework

Patients undergoing maintenance hemodialysis were understood to experience a range of interrelated physical, psychological, and social challenges that influenced their overall well-being and quality of life. Chronic conditions such as end-stage renal disease (ESRD) often imposed long-term treatment demands, financial strain, emotional burden, and social limitations, all of which contributed to the complexity of patient care beyond purely biomedical management. These realities underscored the importance of examining psychosocial dimensions as integral components of hemodialysis care.

The present study was grounded on the assumption that psychosocial health issues, psychosocial distress, and coping mechanisms were interconnected constructs shaped by both individual and contextual factors. The demographic and clinical profile of patients—specifically age, gender, marital status, living situation, employment status, duration of dialysis, and frequency of dialysis—were considered as background variables that may influence how patients experience and respond to their condition.

Psychosocial health issues were conceptualized across five domains: economic, emotional, healthcare-related, social, and treatment-related concerns. These domains represented the primary challenges encountered by patients in the course of their treatment. In parallel, psychosocial distress was examined through two dimensions: psychological well-being, which included experiences of depression, anxiety, and emotional distress, and social aspects, which encompassed family involvement, peer support, and community support.

Coping mechanisms were positioned as the behavioral and cognitive responses employed by patients to manage these psychosocial demands. These were categorized into adaptive coping strategies, such as seeking support and adhering to treatment, and maladaptive coping strategies, including avoidance, withdrawal, and reliance on ineffective behaviors.

The framework proposed that demographic and clinical factors may be associated with psychosocial health issues, levels of psychosocial distress, and coping mechanisms. Furthermore, psychosocial health issues and distress were considered to have potential relationships with coping strategies, reflecting how patients adjust to ongoing treatment demands. These interrelationships were examined through correlational analysis to determine the strength and direction of associations among variables, without implying causal pathways.

The integration of these variables provided a comprehensive understanding of the psychosocial experiences of hemodialysis patients. The framework served as a basis for identifying patterns of need, distress, and coping, which informed the development of an evidence-informed psychosocial support guideline aimed at improving patient care and overall well-being within hemodialysis settings.

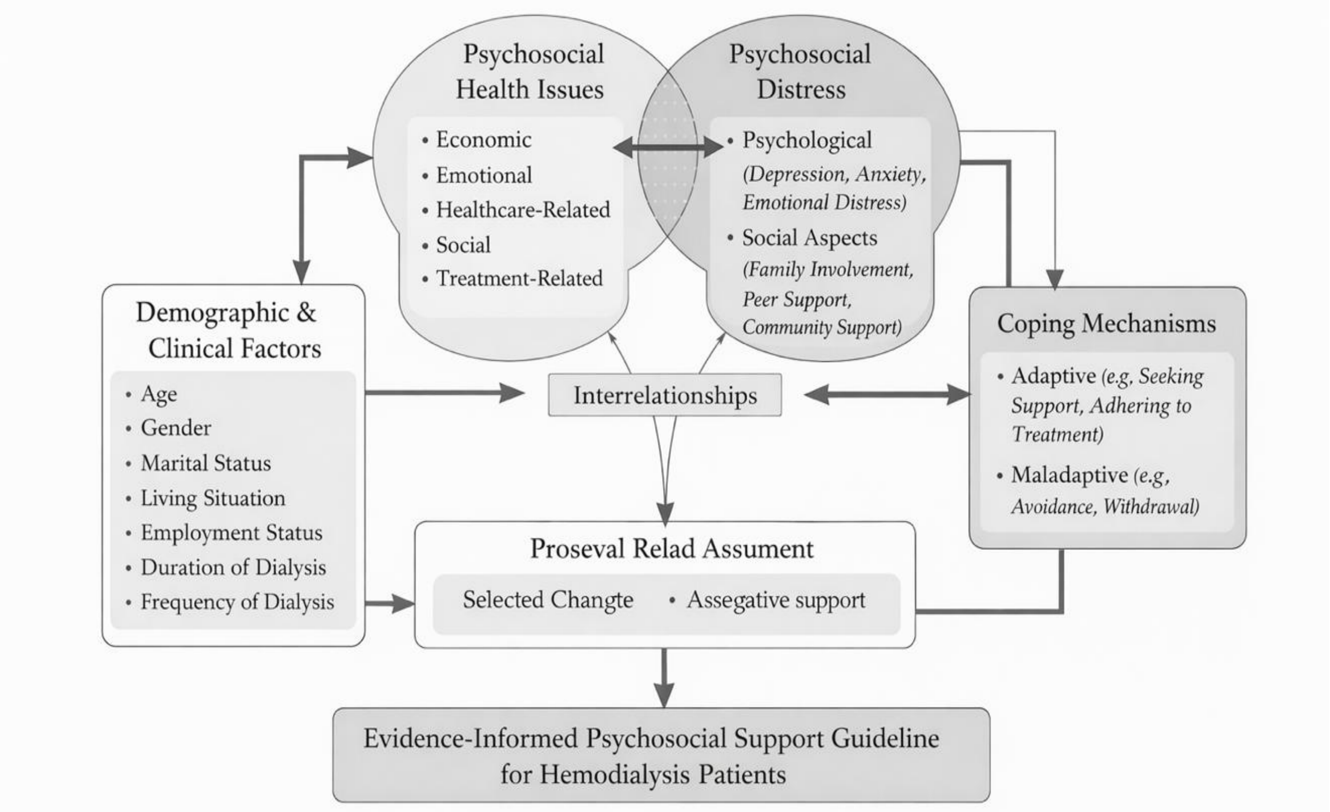

Figure 2. Psychosocial framework of the study

Research Paradigm

The study was guided by the Input–Process–Output (IPO) model, which served as the conceptual framework for organizing the flow of variables and procedures. The IPO model provided a structured representation of how the key elements of the study were systematically linked, from initial data inputs to the development of the final output. It facilitated a clear understanding of how data were transformed through analytical processes to generate meaningful results.

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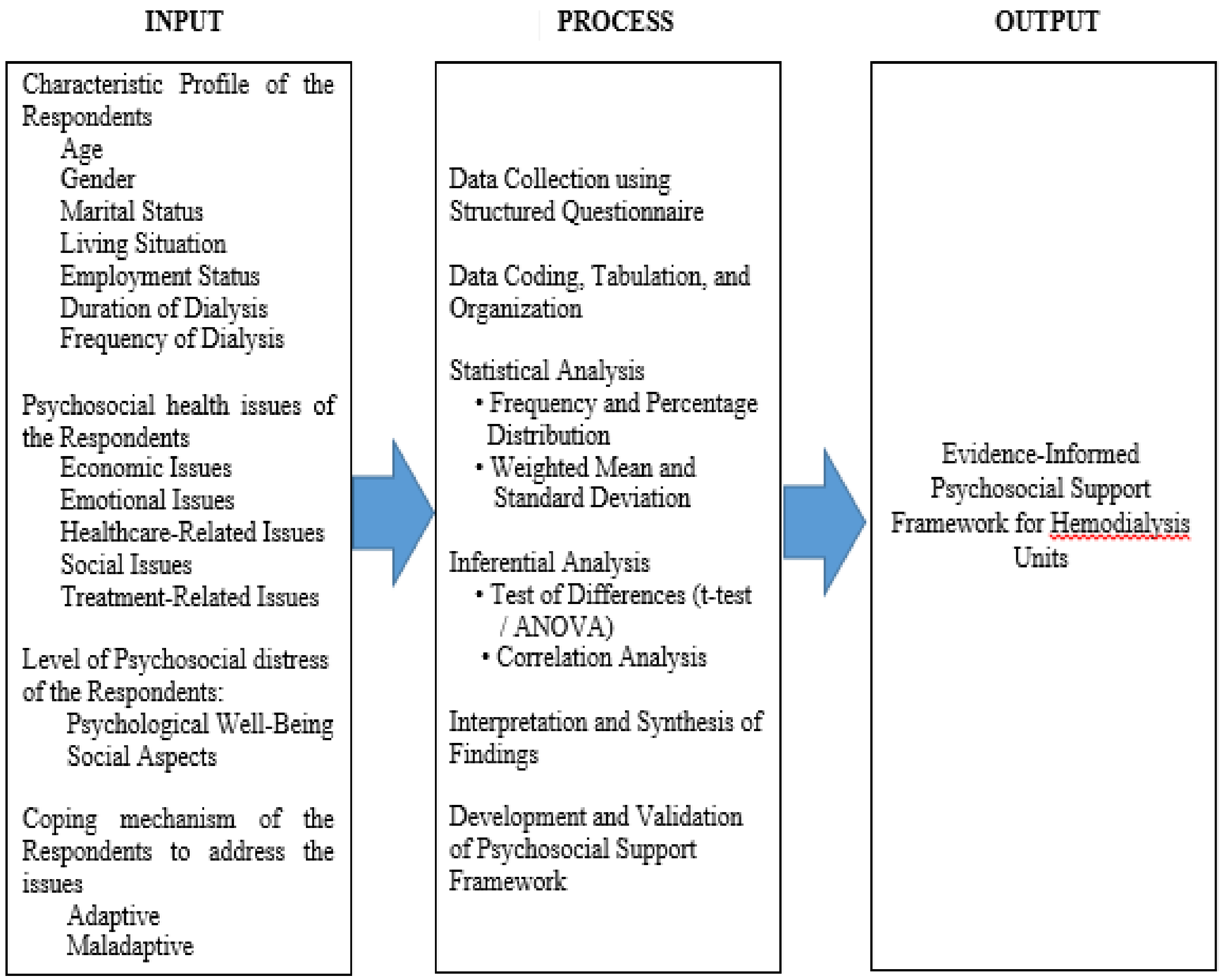

Figure 3. The Research Paradigm

Figure 3 presented the research paradigm of the study. The input component consisted of the respondents' demographic and clinical characteristics, psychosocial health issues, levels of psychosocial distress, and coping mechanisms. These variables represented the foundational data collected from patients undergoing hemodialysis.

The process component involved a series of systematic steps, including data collection, psychosocial assessment, statistical analysis, and interpretation of findings. This phase also incorporated the integration of relevant theoretical and empirical evidence to contextualize the results within existing literature.

The output of the study was the development of an evidence-informed psychosocial support guideline tailored for patients undergoing hemodialysis. This output was derived from the analysis of the identified psychosocial needs, distress patterns, and coping strategies, providing a structured basis for enhancing psychosocial care within hemodialysis units.

RESEARCH METHODOLOGY

This chapter presented the research design and methodology used, the research population/sample, instrumentation, statistical treatment, and the research procedures followed.

Research Design

This study employed a quantitative descriptive–correlational research design to examine the psychosocial health issues, psychosocial distress, and coping mechanisms among patients undergoing maintenance hemodialysis. This design was selected as it allowed for the systematic measurement and analysis of multiple psychosocial variables within a clinical population, without manipulation of the study environment or intervention on patient care.

The descriptive component of the design was used to characterize the demographic and clinical profile of respondents and to quantify the extent of psychosocial health issues across economic, emotional, healthcare-related, social, and treatment-related domains. It also described the levels of psychosocial distress, including psychological well-being and social aspects, as well as the coping mechanisms employed by patients. Descriptive designs are widely used in health sciences to provide an accurate representation of conditions as they naturally occur, particularly in populations with chronic illness where experimental manipulation is neither ethical nor feasible (Polit & Beck, 2017). In this study, the descriptive approach enabled the identification of patterns such as moderately evident psychosocial issues and the coexistence of both adaptive and maladaptive coping strategies within the sample.

The correlational component was utilized to examine the relationships between selected demographic and clinical variables and key outcome measures, including psychosocial health issues, psychosocial distress, and coping mechanisms. Specifically, the study explored associations between variables such as age, gender, marital status, educational attainment, income, and treatment-related factors, and their corresponding psychosocial outcomes. This approach allowed for the determination of the strength and direction of relationships using non-parametric statistical methods, without implying causality. Correlational research is particularly appropriate in clinical and psychosocial studies where variables cannot be ethically controlled or manipulated, yet meaningful associations are essential for informing practice (Creswell & Creswell, 2018).

The use of a descriptive–correlational design was further justified by the nature of the study findings. The results demonstrated that most demographic and clinical variables were not significantly associated with psychosocial outcomes, with only selected variables, such as monthly income and marital status, showing weak but statistically significant relationships. Additionally, significant associations were observed between social aspects of psychosocial distress and coping mechanisms, indicating the relevance of relational and contextual factors. These findings underscore the suitability of a correlational approach in capturing complex, multidimensional interactions within patient experiences.

Research Instrument

A structured, self-administered questionnaire was utilized to collect data from respondents. The instrument was specifically developed to capture key variables aligned with the study objectives, including demographic and clinical characteristics, psychosocial health issues, psychosocial distress, and coping mechanisms among patients undergoing hemodialysis. The design of the instrument took into consideration the clinical condition of the participants, ensuring that it was concise, comprehensible, and appropriate for administration during dialysis sessions.

The questionnaire consisted of four major sections. The first section gathered demographic and clinical information, including age, gender, marital status, educational attainment, employment status, monthly income, living situation, duration of dialysis, and frequency of dialysis sessions. These variables were included to describe the profile of respondents and to examine potential associations with psychosocial outcomes.

The second section assessed psychosocial health issues experienced by respondents across five domains: economic issues, emotional issues, healthcare-related issues, social issues, and treatment-related issues. These domains were selected based on relevant literature and clinical observations of common challenges encountered by hemodialysis patients.

The third section measured psychosocial distress in two dimensions: psychological well-being and social aspects. Psychological well-being included indicators related to depression, anxiety, and emotional distress, while social aspects captured elements such as family involvement, peer support, and community support.

The fourth section evaluated coping mechanisms employed by respondents in managing psychosocial challenges. Items were categorized into adaptive coping strategies, such as seeking support and adherence to treatment, and maladaptive coping strategies, including avoidance, withdrawal, and engagement in potentially harmful behaviors.

Sections II to IV were measured using a four-point Likert scale, with response options ranging from 1 (strongly disagree) to 4 (strongly agree). The use of a four-point scale without a neutral midpoint was intended to encourage more definitive responses. Composite scores were computed for each domain, and the results were interpreted using predefined ranges: 1.00–1.75 (low/not evident), 1.76–2.50 (slightly evident), 2.51–3.25 (moderately evident), and 3.26–4.00 (highly evident). These classifications facilitated the interpretation of psychosocial conditions and coping patterns among respondents.

Given the inclusion of items related to emotional distress and psychological well-being, the instrument was designed with appropriate safeguards to minimize discomfort. A participant advisory statement was included at the beginning of the questionnaire to inform respondents of the nature of the questions, particularly those that may evoke emotional responses. Participants were assured that their participation was voluntary and that they could skip any item they were not comfortable answering. The questionnaire followed a non-forcing format, allowing respondents to exercise autonomy in their responses.

The language used throughout the instrument was simple, respectful, and non-stigmatizing to ensure clarity and sensitivity. A brief distress protocol was included at the end of the questionnaire, advising participants to discontinue if they experienced discomfort and providing guidance on accessing psychosocial support services within the facility or through appropriate referral mechanisms.

Validity and Reliability of the Instrument

A systematic process was undertaken to establish the validity and reliability of the research instrument prior to its full administration. The instrument was developed to measure psychosocial health issues, psychosocial distress, and coping mechanisms among patients undergoing hemodialysis, and was subjected to content validation, pilot testing, and internal consistency reliability assessment.

Content and face validity were established through expert evaluation. A panel of specialists composed of professionals in nursing, psychology, nephrology, and research methodology reviewed the instrument to assess the relevance, clarity, appropriateness of language, and alignment of each item with the objectives of the study. The experts evaluated whether the items adequately captured the intended psychosocial constructs and were suitable for adult patients undergoing hemodialysis. Feedback from the panel was systematically incorporated, resulting in the refinement of item wording, reduction of ambiguity, and improvement in the overall structure of the instrument. This process ensured that the instrument possessed adequate content representativeness and contextual appropriateness for the study population.

Following validation, the revised instrument was pilot tested among a group of hemodialysis patients who shared similar characteristics with the target respondents but were not included in the final sample. The pilot testing phase aimed to evaluate the clarity, comprehensibility, and feasibility of administering the instrument within a clinical setting. Participants were asked to complete the questionnaire under conditions similar to actual data collection, and their feedback regarding item clarity, length, and ease of response was documented. Minor revisions were subsequently made to enhance readability and ensure that the

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instrument could be administered without causing respondent burden during dialysis sessions.

Internal consistency reliability was assessed using Cronbach's alpha coefficient, which is widely recognized as a standard measure of scale reliability in health and behavioral research (Tavakol & Dennick, 2011). Reliability analysis was conducted for each major domain of the instrument, including economic issues, emotional issues, health-related issues, social issues, treatment-related issues, psychosocial distress (psychological and social aspects), and coping mechanisms (adaptive and maladaptive). The results indicated that all sections of the instrument achieved Cronbach's alpha values within the acceptable to excellent range ($\alpha \geq 0.70$), demonstrating satisfactory to high internal consistency (Nunnally & Bernstein, 1994). No items were found to significantly reduce the reliability of their respective scales; thus, all items were retained in the final instrument. These findings support the reliability and stability of the instrument in measuring psychosocial constructs among hemodialysis patients.

Data Collection Procedure

A structured and ethically guided process was followed in the conduct of data collection. Prior to implementation, the study underwent institutional review and approval, including panel evaluation of the research proposal, validation of the research instrument, and ethical clearance from the Palawan State University Ethics Review Committee. Formal permission was subsequently secured from the Dean of the Graduate School and from the medical director of the Palawan Medical Mission Group Multipurpose Cooperative (PMMGMPC), particularly those overseeing the hemodialysis unit.

Following institutional approval, coordination was established with the chief nurse and nursing supervisor of the hemodialysis unit to facilitate access to the clinical setting and to identify appropriate schedules for data collection. This coordination was limited to logistical arrangements only. To maintain ethical integrity and avoid any form of perceived coercion, dialysis staff were not involved in participant recruitment, endorsement of the study, or administration of the questionnaire.

Eligible participants were identified based on predefined inclusion criteria. The researcher independently approached potential participants during their scheduled dialysis sessions, ensuring that recruitment occurred at a time that did not interfere with medical care or cause discomfort. A clear and concise explanation of the study's purpose, procedures, potential risks, and benefits was provided. Participants were explicitly informed that their participation was entirely voluntary and that refusal to participate or withdrawal at any point would not affect their treatment, quality of care, or relationship with healthcare providers. It was also emphasized that healthcare staff would not be informed of their decision to participate or decline.

Written informed consent was obtained from all participants prior to data collection. The consent process ensured that participants fully understood their rights, including confidentiality, anonymity, and the option to skip any question they were not comfortable answering.

Upon obtaining consent, the researcher personally administered the questionnaire. Standardized instructions were provided, and the researcher remained available to clarify any questions without influencing participants' responses. Participants were given adequate time to complete the instrument in a comfortable and non-pressured environment during their dialysis session.

Completed questionnaires were collected immediately after completion to minimize data loss and ensure completeness. All responses were anonymized using coded identifiers, and no personally identifiable information was recorded. The collected data were securely stored and handled in accordance with established data protection protocols. All information obtained was used solely for research purposes.

Data Analysis Procedure

To address the research objectives, appropriate statistical tools and procedures were employed to ensure systematic, accurate, and rigorous analysis of the collected data. Descriptive statistics were used to summarize the demographic and clinical characteristics of the respondents. Frequency counts and percentages were applied to categorical variables such as gender, marital status, living situation, employment status, and frequency of dialysis sessions. For continuous variables such as age and duration of dialysis treatment, the mean and standard deviation were computed to describe central tendency and dispersion.

To determine the level of psychosocial health issues, psychosocial distress, and coping mechanisms among hemodialysis patients, weighted mean and standard deviation were utilized for each item and domain. The weighted mean was used to summarize responses from Likert-scale items, while standard deviation was used to measure the variability of responses. In this study, Likert-scale data were treated as approximately interval-level measurements following established statistical conventions in health and social science research, particularly when multiple items are aggregated to form composite variables. This approach is widely accepted in nursing and psychosocial studies for quantifying constructs such as distress, support, and coping behaviors (Norman, 2010; Harpe, 2015).

To ensure consistency in interpretation, the following scale was adopted: 1.00–1.75, low/not evident; 1.76–2.50, slightly evident; 2.51–3.25, moderately evident; and 3.26–4.00, highly evident. This equal-interval classification allowed for standardized interpretation of psychosocial issues, distress levels, and coping mechanisms. A four-point Likert scale without a neutral option was used to reduce central tendency bias and encourage more definitive responses.

For inferential analysis, Spearman's rank-order correlation coefficient (Spearman's rho) was employed to determine the relationships among the study variables, specifically between demographic characteristics and psychosocial health issues, demographic characteristics and coping mechanisms, and psychosocial health issues and coping mechanisms. Spearman's rho is a nonparametric measure used to assess the strength and direction of association between ordinal variables or variables that do not meet normality assumptions. Given that the data were derived from Likert-scale responses and did not satisfy parametric assumptions, this test was deemed appropriate (Schober et al., 2018). Correlation coefficients were interpreted based on direction (positive or negative) and strength (weak, moderate, or strong association), without implying causality.

All data were encoded, processed, and analyzed using IBM SPSS Statistics. Prior to analysis, data cleaning procedures were conducted to ensure completeness, accuracy, and consistency of responses. Statistical significance was set at the 0.05 level, consistent with standard practices in health and social science research. Results with p-values less than 0.05 were considered statistically significant, indicating sufficient evidence to reject the null hypothesis (Fisher, 1925; Field, 2018; Zar, 2010).

Ethical Considerations

Ethical safeguards were rigorously observed throughout the conduct of this study to ensure the protection of the rights, dignity, and well-being of participants, particularly given the involvement of a medically vulnerable population undergoing hemodialysis. The study adhered to the core ethical principles of respect for persons, beneficence, and justice, consistent with internationally accepted research standards for human subjects.

Prior to data collection, ethical clearance was obtained from the Palawan State University Ethics Review Committee. Institutional permissions were subsequently secured from the Dean of the Graduate School, the medical director of the Palawan Medical Mission Group Multipurpose Cooperative (PMMGMPC), and the chief nurse of the hemodialysis unit. These approvals ensured that the study complied with institutional policies and clinical governance requirements for research involving patients within a healthcare setting.

Participation in the study was strictly voluntary. Eligible participants were identified based on predefined inclusion criteria and were approached individually by the researcher during their scheduled dialysis sessions in a manner that did not interfere with clinical care or treatment routines. To minimize any perception of coercion or undue influence, recruitment and data collection were conducted solely by the researcher, and dialysis staff were not involved in these processes. Participants were clearly informed that their decision to participate, decline, or withdraw at any stage would not affect the care they received or their relationship with healthcare providers.

Informed consent was obtained from all participants prior to their inclusion in the study. The consent process involved a clear and comprehensive explanation of the study's purpose, procedures, duration, potential risks, and anticipated benefits. Participants were also informed of their right to refuse to answer any question and to discontinue participation at any time without penalty. Written informed consent was documented before the administration of the questionnaire.

Given that the instrument included items related to emotional distress, anxiety, and depressive experiences, measures were implemented to mitigate potential psychological discomfort. Participants were informed in advance about the sensitive nature of certain questions and were encouraged to respond only to items they felt comfortable answering. Data collection was conducted in a manner that allowed participants sufficient time and privacy. In instances where participants exhibited signs of emotional discomfort, the process was paused or discontinued as appropriate, and information regarding available psychosocial support services within the facility was provided for referral when necessary.

Confidentiality and data privacy were strictly maintained throughout the study. No personally identifiable information was collected; instead, each questionnaire was assigned a unique code to ensure anonymity. Completed paper-based questionnaires were securely stored in a locked cabinet accessible only to the researcher, while electronic data were stored in password-protected files on a secured device. Access to the data was restricted to the researcher and the academic adviser for purposes of verification and analysis. All data handling procedures complied with the provisions of Republic Act No. 10173, or the Data Privacy Act of 2012.

Data were retained for a period of five years following the completion of the study to allow for academic verification and audit. After this period, all physical records were scheduled for secure disposal through shredding, and electronic files were permanently deleted from storage devices to ensure that no residual data could be retrieved.

Throughout the study, efforts were made to ensure that participants were treated with respect and sensitivity, particularly in consideration of their clinical condition. The overall conduct of the research maintained a balance between scientific rigor and ethical responsibility, ensuring that participation did not impose additional burden or risk on patients undergoing hemodialysis.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of data from the respondents. The findings are organized according to the study problems, covering the respondents' profile, psychosocial health issues, psychosocial distress, coping mechanisms, and relationships among variables.

Characteristic Profile of the Respondents

This section presents the characteristic profile of the respondents, providing a description of their demographic and clinical attributes.

Table 4.1 Characteristic Profile of the Respondents

Variables	Frequency (f)	Percentage (%)
Age		
26-33 years old	48	53.9
34-41	2	2.2
42-49	8	9.0
50-57	13	14.6
58-65	11	12.4
66-73	6	6.7
74-85	1	1.1
Gender		
Male	52	58.4
Female	37	41.6
Marital Status		
Married	57	64.0
Single	21	23.6
Widowed	10	11.2
Separated	1	1.1
Educational Attainment		
Elementary	9	10.1
High School	26	29.2
College	45	50.6
Post Graduate	9	10.
Monthly Income		
Below Php 5,000.00	51	57.3
Php 5,001.00-Php10,000.00	6	6.7
Php 10,001.00- Php 15,000.00	13	14.6
Php 15,001.00-Php 20,000.00	4	4.5

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Php 20,001.00-Php 25,000.00	2	2.2
Php 25,0001.00- Php 30,000.00	3	3.4
Php 30,001.00-Php 35,000.00	4	4.5
Php 35,001.00-Php 40,000.00	3	3.4
Php 40,001.00 and above	3	3.4
Living Status		
Living with Family	83	93.3
Living Alone	4	4.5
Living with Relatives	2	2.2
Employment Status		
Unemployed	52	58.4
Employed Full Time	12	13.5
Retired	11	12.4
Employed Part Time	14	15.8
Duration of Dialysis Treatment		
3-12 Months	25	28.1
13-36 Months	36	40.4
37 Months and above	28	31.5
Frequency of Dialysis Session per Week		
Once	1	1.1
Twice	55	61.8
Thrice	33	37.1

The characteristic profile of the respondents shows a clear concentration in the younger adult group, particularly 26–33 years old (53.9%), followed by decreasing proportions in older age categories. This numerical distribution indicates that more than half of the hemodialysis patients are relatively young adults, suggesting early onset of chronic kidney disease requiring renal replacement therapy. This finding is consistent with Luyckx et al. (2021)**,** who reported that chronic kidney disease is increasingly affecting younger populations due to metabolic disorders such as hypertension and diabetes mellitus. Similarly, Crews et al. (2022) emphasized the global shift in CKD burden toward younger age groups. The similarity of findings suggests that the local situation reflects the broader international trend of earlier disease onset, possibly due to lifestyle-related risk factors and delayed disease detection.

In terms of gender, males comprise the majority of respondents (58.4%), while females account for 41.6%. This numerical difference indicates a moderate male predominance among hemodialysis patients. This finding is similar to Crews et al. (2022)**,** who noted that males are more likely to experience faster progression of kidney disease due to higher exposure to behavioral risk factors such as smoking, alcohol use, and uncontrolled hypertension. The consistency of findings suggests that biological and behavioral risk patterns observed globally are also reflected in the local setting.

Regarding marital status, most respondents are married (64.0%), followed by single individuals (23.6%). This indicates that a large proportion of patients have established family structures, which may serve as a source of social support during chronic illness management. This finding aligns with Cukor et al. (2021)**,** who reported that married patients undergoing dialysis demonstrate better psychological adjustment and treatment adherence due to spousal and family support. The similarity of findings highlights the consistent role of marital and family relationships in supporting chronic disease management across different contexts.

In terms of educational attainment, half of the respondents reached college level (50.6%), while the remaining participants are distributed across high school (29.2%), elementary (10.1%), and post-graduate education (10.1%). This numerical distribution indicates moderate educational attainment among the majority of respondents. This finding is similar to Nguyen et al. (2023)**,** who emphasized that higher educational attainment is associated with improved health literacy and better self-management in chronic kidney disease patients. However, the presence of a substantial proportion of respondents with lower educational levels suggests persistent disparities in health literacy, which may affect disease understanding and treatment adherence.

The monthly income distribution reveals that more than half of the respondents (57.3%) earn below ₱5,000, indicating a high concentration in the lowest income bracket. This reflects significant financial vulnerability among hemodialysis patients. This finding is consistent with Kovesdy (2021)**,** who reported that CKD patients in low-income groups experience greater financial burden due to the high cost of long-term dialysis treatment. Similarly, Sukul et al. (2021) found that dialysis significantly reduces financial stability among patients due to treatment-related expenses and reduced work capacity. The similarity of findings highlights the persistent economic burden of chronic dialysis care, particularly in low-resource settings.

In terms of living arrangements, an overwhelming majority of respondents (93.3%) live with family members, while only a small proportion live alone (4.5%) or with relatives (2.2%). This indicates strong household-based support systems among patients. This finding is similar to Chan et al. (2022)**,** who reported that family cohabitation enhances emotional stability and improves adherence to treatment among chronic illness patients. The consistency of findings underscores the universal importance of family support in chronic disease management.

Regarding employment status, most respondents are unemployed (58.4%), while smaller proportions are employed full-time (13.5%), part-time (15.8%), or retired (12.4%). This numerical distribution indicates reduced workforce participation among hemodialysis patients. This finding aligns with Sukul et al. (2021)**,** who reported that dialysis patients often experience unemployment or reduced work capacity due to treatment schedules and physical limitations. The similarity of findings suggests that functional impairment associated with dialysis remains a major barrier to employment across different settings.

In terms of duration of dialysis treatment, the largest proportion of respondents have been undergoing dialysis for 13–36 months (40.4%), followed by 3–12 months (28.1%) and 37 months and above (31.5%). This distribution indicates that most patients are in the mid-stage of long-term dialysis management. This finding is consistent with Luyckx et al. (2021)**,** who noted that CKD patients often progress into long-term maintenance dialysis within the first few years of diagnosis due to irreversible renal damage. This similarity suggests that the progression pattern of CKD in the local setting mirrors global clinical trajectories.

Finally, in terms of dialysis frequency, the majority of respondents undergo dialysis twice per week (61.8%), followed by thrice per week (37.1%), and only a minimal proportion once per week (1.1%). This indicates adherence to standard hemodialysis schedules, with most patients receiving adequate treatment frequency. According to Kliger et al. (2022)**,** twice- to thrice-weekly dialysis remains the global standard for maintenance hemodialysis, depending on patient condition and resource availability. The similarity of findings suggests adherence to internationally recommended dialysis protocols in the study setting.

Level of Psychosocial Health Issues Experienced in terms of Economic Issues

Table 4.2.1 Level of Psychosocial Health Issues Experienced by Respondents in Terms of Economic Issues.

Indicators	Weighted Mean	Qualitative Interpretation
1. Dialysis places a financial burden on me or my family.	3.01	Moderately Evident
2. I struggle with transportation costs for dialysis.	2.47	Slightly Evident
3. I worry about my ability to afford medications.	2.90	Moderately Evident
4. Dialysis affects my ability to maintain employment or income.	3.22	Moderately Evident
5. I feel financially dependent on others because of my treatment.	2.89	Moderately Evident
Overall weighted mean score	**2.90**	**Moderately Evident**

Level was measured using a four-point scale: 3.26 – 4.00 – Highly Evident (Strongly Agree); 2.51 – 3.25 – Moderately Evident (Agree); 1.76 – 2.50 – Slightly Evident (Disagree); and 1.00 – 1.75 – Not Evident (Strongly Disagree).

Table 4.2.1 presents the level of psychosocial health issues experienced by the respondents in terms of economic concerns. The overall weighted mean score of 2.90, interpreted as *Moderately Evident*, indicates that financial difficulties are commonly experienced among hemodialysis patients. Numerically, this suggests that the respondents generally agree that dialysis treatment creates substantial economic strain affecting both personal and family resources. The findings imply that the financial burden associated with long-term hemodialysis remains a significant psychosocial issue among patients undergoing maintenance treatment.

Among the indicators, the statement *“Dialysis affects my ability to maintain employment or income”* obtained the highest weighted mean of 3.22, interpreted as *Moderately Evident*. This numerical value, being closest to the upper limit of the category, indicates that disruption of employment and reduction of income are the most pronounced economic concerns experienced by respondents. Hemodialysis treatment requires regular sessions several times a week, often lasting several hours per session, which can interfere with work schedules and physical capacity to sustain employment. This finding is similar to the study of Sukul, Nisha et al. (2021), who found that dialysis patients frequently experience unemployment, decreased productivity, and reduced earning capacity because of treatment-related fatigue and scheduling demands. Likewise, Chidiac, Cindy et al. (2022) emphasized that chronic dialysis treatment significantly affects occupational functioning and economic independence. The similarity of findings suggests that employment disruption remains a consistent global consequence of long-term dialysis therapy, particularly among economically vulnerable populations.

The indicator *“Dialysis places a financial burden on me or my family”* yielded a weighted mean of 3.01, also interpreted as *Moderately Evident*. This numerical value indicates that respondents generally perceive dialysis treatment as financially demanding not only for themselves but also for their households. Hemodialysis involves recurring expenses such as medications, laboratory procedures, dietary requirements, and transportation costs, which accumulate over time. This finding supports the study of Kovesdy, Csaba P. (2021), who reported that chronic kidney disease patients often experience financial hardship due to the continuous cost of renal replacement therapy. Similarly, Mestre, Maria L. et al. (2024) explained that chronic illnesses frequently redistribute financial strain across family systems because relatives often contribute to treatment expenses and caregiving responsibilities. The consistency of findings indicates that financial burden remains one of the central psychosocial challenges among dialysis patients regardless of setting.

The item *“I worry about my ability to afford medications”* obtained a weighted mean of 2.90, interpreted as *Moderately Evident*. This numerical result indicates that concerns regarding medication affordability are prevalent among respondents. Patients undergoing dialysis often require maintenance medications for hypertension, anemia, electrolyte imbalance, and other CKD-related complications, creating additional long-term expenses. This finding is similar to Lewis, Jonathan et al. (2022), who noted that medication affordability is a persistent concern among chronic illness patients, especially in low-resource healthcare settings. The similarity may be attributed to the continuing rise in healthcare expenditures and limited financial resources among patients requiring lifelong treatment.

Meanwhile, the statement *“I feel financially dependent on others because of my treatment”* yielded a weighted mean of 2.89, also interpreted as *Moderately Evident*. This suggests that respondents moderately experience reliance on family members or external support to sustain treatment needs. Financial dependence may emerge when patients lose employment opportunities or become physically unable to work regularly. According to Ito, Hiroshi et al. (2022), chronic illness frequently increases dependence on family support systems, particularly in collectivist cultures where caregiving responsibilities are shared within households. The findings are similar because Filipino family structures often emphasize interdependence and collective support during illness.

In contrast, the indicator *“I struggle with transportation costs for dialysis”* obtained the lowest weighted mean of 2.47, interpreted as *Slightly Evident*. Numerically, this value falls below the threshold for moderate concern, suggesting that transportation expenses are less problematic compared with other economic issues. This may indicate that many respondents reside relatively near the dialysis center, receive transportation support from family members, or

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benefit from available community assistance. This finding differs slightly from the study of Lewis, Jonathan et al. (2022), who identified transportation expenses as a major barrier to treatment adherence among dialysis patients in geographically isolated areas. The difference in findings may be explained by variations in geographic accessibility, transportation infrastructure, and proximity of healthcare facilities within the study setting.

The findings demonstrate that economic issues are moderately evident among hemodialysis patients, particularly in relation to employment disruption, financial burden, medication affordability, and financial dependence. The results imply that the long-term nature of dialysis treatment continues to exert substantial economic pressure on patients and their families. These findings further suggest the need for strengthened financial assistance programs, employment support initiatives, and accessible healthcare services to reduce the psychosocial burden associated with chronic kidney disease management.

Level of Psychosocial Health Issues Experienced in terms of Emotional Issues

Table 4.2.2 Level of Psychosocial Health Issues Experienced By The Respondents In Terms Of Emotional Issues.

Indicators	Weighted Mean	Qualitative Interpretation
1. I often feel sad or depressed because of my condition.	2.87	Moderately Evident
2. I experience anxiety about my future.	2.71	Moderately Evident
3. I feel emotionally stressed due to dialysis treatment.	2.75	Moderately Evident
4. I feel discouraged about my condition.	2.36	Slightly Evident
5. I rely heavily on others for emotional support.	2.47	Slightly Evident
Overall weighted mean score	**2.63**	**Moderately Evident**

Level was measured using a four-point scale: 3.26 – 4.00 – Highly Evident (Strongly Agree); 2.51 – 3.25 – Moderately Evident (Agree); 1.76 – 2.50 – Slightly Evident (Disagree); and 1.00 – 1.75 – Not Evident (Strongly Disagree).

Table 4.2.2 presents the level of psychosocial health issues experienced by the respondents in terms of emotional concerns. The overall weighted mean score of 2.63, interpreted as *Moderately Evident*, indicates that emotional difficulties are commonly experienced among hemodialysis patients. Numerically, this value suggests that respondents generally agree that their condition and treatment create emotional strain affecting their psychological well-being. The findings imply that the chronic and demanding nature of hemodialysis contributes to emotional distress, anxiety, and psychological burden among patients.

Among the indicators, the statement *"I often feel sad or depressed because of my condition"* obtained the highest weighted mean of 2.87, interpreted as *Moderately Evident*. This numerical value indicates that feelings of sadness and depressive symptoms are among the most prominent emotional concerns experienced by respondents. Chronic kidney disease and long-term dialysis often require major lifestyle adjustments, physical limitations, and ongoing dependence on treatment, which may negatively affect emotional well-being. This finding is similar to the study of Cukor, Daniel et al. (2021), who reported that depression is highly prevalent among hemodialysis patients because of the persistent physical and psychosocial demands of treatment. Similarly, Alibudbud, Rowalt (2022) emphasized that chronic illness patients commonly experience emotional exhaustion and depressive symptoms due to prolonged stress and uncertainty. The similarity of findings suggests that emotional distress is a common psychological consequence of chronic dialysis treatment across different populations.

The indicator *"I feel emotionally stressed due to dialysis treatment"* yielded a weighted mean of 2.75, also interpreted as *Moderately Evident*. Numerically, this suggests that respondents frequently experience emotional stress associated with the repetitive and restrictive nature of hemodialysis. Dialysis schedules, dietary restrictions, physical fatigue, and dependency on medical procedures can create continuous emotional pressure. This finding aligns with the study of Mollahadi, Mohammad et al. (2021), who found that hemodialysis patients commonly experience treatment-related stress because of lifestyle disruptions and long-term dependence on healthcare interventions. The consistency of findings may be attributed to the physically and emotionally demanding nature of maintenance dialysis regardless of geographic setting.

The statement *"I experience anxiety about my future"* obtained a weighted mean of 2.71, interpreted as *Moderately Evident*. This numerical value indicates that uncertainty regarding future health, finances, and quality of life remains a notable emotional concern among respondents. Patients with chronic kidney disease often face uncertainty about disease progression, long-term survival, and the sustainability of treatment. This finding is similar to Gerogianni, Georgia et al. (2022), who reported that anxiety among dialysis patients is strongly associated with fear of complications, dependency, and uncertainty about future functioning. The similarity of findings suggests that anticipatory anxiety is a universal psychosocial issue among individuals receiving long-term dialysis therapy.

In contrast, the statement *"I rely heavily on others for emotional support"* yielded a weighted mean of 2.47, interpreted as *Slightly Evident*. This suggests that although respondents experience emotional challenges, they do not strongly perceive themselves as highly dependent on others for emotional coping. This may indicate the presence of individual coping strategies, emotional resilience, or adaptive self-management among patients. This finding differs slightly from the study of Chan, Allan H. Y. et al. (2022), who emphasized that chronic illness patients often rely heavily on family and social networks for emotional support. The difference in findings may be explained by variations in coping styles, cultural perceptions of independence, or the respondents'

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preference to internalize emotional concerns rather than openly seek support.

Similarly, the indicator *"I feel discouraged about my condition"* obtained the lowest weighted mean of 2.36, interpreted as *Slightly Evident*. Numerically, this indicates that respondents generally do not strongly perceive hopelessness or discouragement regarding their illness. Although emotional stress and sadness are present, respondents may still maintain optimism and acceptance toward their condition. This finding contrasts slightly with the study of Bossola, Maurizio et al. (2021), who found higher levels of hopelessness and discouragement among long-term dialysis patients. The difference may be attributed to stronger family support systems, spiritual coping mechanisms, or cultural resilience among Filipino patients, which may buffer feelings of hopelessness despite ongoing illness.

The findings reveal that emotional issues are moderately evident among hemodialysis patients, particularly in terms of sadness, emotional stress, and anxiety about the future. The results suggest that the chronic and life-altering nature of dialysis treatment significantly affects the emotional well-being of patients. However, the relatively lower scores on discouragement and emotional dependence may indicate the presence of adaptive coping mechanisms and supportive social environments. These findings imply the importance of integrating psychological support, counseling services, and emotional wellness interventions within hemodialysis care programs to improve patients' overall quality of life.

Level of Psychosocial Health Issues Experienced in terms of Health-Related Issues

Table 4.2.3 Level of Psychosocial Health Issues Experienced By The Respondents In Terms Of Health-Related Issues.

Indicators	Weighted Mean	Qualitative Interpretation
1. I receive adequate emotional support from healthcare staff.	1.68	Not Evident
2. I feel comfortable asking questions to the dialysis team	1.75	Not Evident
3. I worry about complications during dialysis.	2.90	Moderately Evident
4. I feel uninformed about my illness and treatment.	2.43	Slightly Evident
5. I experience stress when interacting with healthcare providers.	1.69	Not Evident
Overall weighted mean score	**2.13**	**Slightly Evident**

Level was measured using a four-point scale: 3.26 – 4.00 – Highly Evident (Strongly Agree); 2.51 – 3.25 – Moderately Evident (Agree); 1.76 – 2.50 – Slightly Evident (Disagree); and 1.00 – 1.75 – Not Evident (Strongly Disagree).

Table 4.2.3 presents the level of psychosocial health issues experienced by the respondents in terms of healthcare-related issues. The overall weighted mean score of 2.13 indicates that healthcare-related psychosocial issues were slightly evident among hemodialysis patients. This numerical value suggests that, in general, respondents did not perceive major psychosocial difficulties in their interactions with healthcare providers and the dialysis team. However, certain concerns, particularly those related to fear of complications during dialysis, remained apparent among the respondents.

Among the indicators, the statement "I worry about complications during dialysis" obtained the highest weighted mean of 2.90, interpreted as moderately evident. This numerical result indicates that concerns regarding possible complications during dialysis sessions were commonly experienced by respondents. Hemodialysis is an invasive and complex treatment procedure associated with potential adverse events such as hypotension, vascular access complications, fatigue, infection, and cardiovascular instability. The relatively elevated mean score suggests that patients remain psychologically aware of these risks despite receiving regular treatment. This finding is similar to the study of Htay et al. (2021), which reported that fear of treatment complications is a persistent psychological concern among dialysis patients because of the chronic and unpredictable nature of kidney disease. Likewise, Abdel-Kader et al. (2021) found that anxiety related to dialysis complications contributes significantly to psychological distress among patients undergoing long-term renal replacement therapy. The similarity of findings may be attributed to the physically demanding nature of hemodialysis and the repeated exposure of patients to medical procedures, which consistently generate uncertainty and apprehension across different healthcare settings.

The indicator "I feel uninformed about my illness and treatment" obtained a weighted mean of 2.43, interpreted as slightly evident. This numerical value suggests that while some respondents experienced insufficient understanding regarding their illness and treatment, the issue was not strongly manifested among the majority of participants. The relatively lower score may indicate that healthcare professionals in the dialysis unit provide adequate patient education and treatment explanations. This finding is comparable to the study of Griva et al. (2022), who emphasized that structured patient education programs in dialysis centers improve treatment understanding and reduce uncertainty among patients. However, the persistence of a slightly evident level suggests that certain patients may still encounter difficulties comprehending medical information due to differences in educational background, health literacy, or emotional readiness to process complex health information. Unlike studies conducted in resource-limited dialysis settings where information deficits were highly evident, the present findings suggest relatively better communication between healthcare providers and patients.

Meanwhile, the indicators "I receive adequate emotional support from healthcare staff" (WM = 1.68), "I feel comfortable asking questions to the dialysis team" (WM = 1.75), and "I experience stress when interacting with healthcare providers" (WM = 1.69) were all interpreted as not evident. These numerical values indicate that respondents generally perceived positive relationships and communication with healthcare professionals. The low mean scores suggest that emotional support from healthcare staff was adequately experienced, respondents felt comfortable

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communicating with the dialysis team, and stressful interactions with healthcare providers were minimal. These findings imply that the dialysis unit may maintain a patient-centered and supportive care environment that fosters trust and therapeutic communication.

The findings are consistent with Chan et al. (2022), who reported that positive nurse–patient relationships and supportive communication significantly reduce psychosocial distress among hemodialysis patients. Similarly, Alshraifeen et al. (2021) found that emotional support from healthcare professionals improves treatment satisfaction and psychological adaptation among chronic kidney disease patients. The similarity of findings may be explained by the essential role of nurses and healthcare teams in dialysis care, where continuous interaction and long-term patient monitoring naturally encourage rapport-building and emotional reassurance. In contrast, studies conducted during the peak of the COVID-19 pandemic reported higher levels of stress in healthcare interactions due to infection-control restrictions and reduced patient engagement. The relatively lower psychosocial concerns observed in the present study may indicate improvements in healthcare delivery and patient-provider communication in the post-pandemic period.

The findings suggest that healthcare-related psychosocial issues among respondents were generally minimal, particularly in areas involving communication and support from healthcare providers. However, fear of dialysis-related complications remained a notable concern among patients. These findings imply that while the dialysis unit demonstrates strengths in patient support and communication, continuous health education and psychological reassurance regarding treatment safety remain important components of comprehensive hemodialysis care. Strengthening patient education programs, reinforcing emotional support systems, and maintaining effective therapeutic communication may further reduce healthcare-related psychosocial distress among hemodialysis patients.

Level of Psychosocial Health Issues Experienced in terms of Social Issues

Table 4.2.4 Level Of Psychosocial Health Issues Experienced By The Respondents In Terms Of Social Issues.

Indicators	Weighted Mean	Qualitative Interpretation
1. Dialysis limits my social activities.	3.47	Highly Evident
2. I feel socially isolated because of my treatment schedule.	2.42	Slightly Evident
3. I feel I am a burden to my family or friends.	2.42	Slightly Evident
4. I have difficulty maintaining relationships because of dialysis.	1.92	Slightly Evident
5. I feel that people around me do not fully understand my condition.	2.81	Moderately Evident
Overall weighted mean score	**2.61**	**Moderately Evident**

Level was measured using a four-point scale: 3.26 – 4.00 – Highly Evident (Strongly Agree); 2.51 – 3.25 – Moderately Evident (Agree); 1.76 – 2.50 – Slightly Evident (Disagree); and 1.00 – 1.75 – Not Evident (Strongly Disagree).

Table 4.2.4 presents the level of psychosocial health issues experienced by the respondents in terms of social issues. The overall weighted mean score of 2.61 indicates that social-related psychosocial issues were moderately evident among hemodialysis patients. This numerical value suggests that respondents experienced noticeable disruptions in their social functioning and interpersonal interactions as a consequence of their chronic condition and dialysis treatment. The findings imply that while patients generally maintain some degree of social connection, the demands of hemodialysis still create limitations that affect social participation and perceived social understanding.

Among the indicators, the statement “Dialysis limits my social activities” obtained the highest weighted mean of 3.47, interpreted as highly evident. This numerical result indicates that restriction of social participation was the most prominent social issue experienced by respondents. Hemodialysis requires strict treatment schedules, dietary restrictions, and regular clinic attendance, which significantly reduce opportunities for recreation, travel, community involvement, and social gatherings. The high weighted mean suggests that respondents strongly perceived dialysis as interfering with their normal social routines and lifestyle activities. This finding is similar to the study of Bossola et al. (2021), who reported that hemodialysis patients frequently experience limitations in leisure and social engagement because treatment consumes substantial time and physical energy. Similarly, Kalfoss et al. (2022) found that chronic dialysis schedules negatively affect patients’ social participation and overall quality of life. The similarity of findings may be attributed to the universal demands of maintenance hemodialysis, which commonly disrupt social functioning regardless of geographic or cultural context.

The indicator “I feel that people around me do not fully understand my condition” obtained a weighted mean of 2.81, interpreted as moderately evident. This numerical value indicates that respondents perceived a moderate degree of misunderstanding or lack of awareness from people within their social environment. Chronic kidney disease is often associated with invisible symptoms that may not be fully recognized by family members, friends, or the broader community. As a result, patients may feel emotionally misunderstood despite receiving physical support. This finding is consistent with the study of Arestedt et al. (2021), which found that dialysis patients commonly perceive insufficient understanding from others regarding the emotional and physical burden of treatment. Likewise, Gregory et al. (2023) emphasized that chronic illness patients often struggle with perceived social misunderstanding because the complexity of long-term treatment experiences is difficult for others to fully comprehend. The similarity of findings suggests that emotional validation and illness awareness remain important social concerns among dialysis patients across different healthcare settings.

On the other hand, the indicators “I feel socially isolated because of my treatment schedule” (WM = 2.42), “I feel I am a burden to my family or friends” (WM = 2.42), and “I have difficulty maintaining relationships because of dialysis” (WM = 1.92) were all interpreted as slightly evident. These numerical results indicate that although social limitations existed, severe interpersonal disruption and social isolation were not strongly experienced by the majority of respondents. The relatively lower weighted means may suggest the presence of supportive family relationships and strong household-based social networks among participants. In the Philippine setting, family-centered care and collectivist cultural values may contribute to stronger emotional and practical support for chronically ill family members.

This finding aligns with Chan et al. (2022), who reported that strong family cohesion significantly reduces feelings of social isolation among patients with chronic illnesses. Similarly, Cruz et al. (2024) found that Filipino patients undergoing long-term treatment often rely heavily on family support systems, which help preserve interpersonal relationships and reduce feelings of burden. The lower scores for relationship difficulties and social isolation may differ from studies conducted in Western countries where patients living independently reported greater social withdrawal and loneliness. The difference in findings may therefore be influenced by cultural variations in family structure, caregiving practices, and social connectedness.

Overall, the findings indicate that social issues among hemodialysis patients were moderately evident, with restriction of social activities emerging as the most significant concern. Although respondents generally maintained supportive relationships and did not strongly perceive themselves as socially isolated, they still experienced limitations in social participation and moderate feelings of being misunderstood by others. These findings imply that chronic dialysis treatment continues to affect patients' social functioning despite the presence of family support. Strengthening psychosocial interventions, peer support programs, and family-centered counseling may help improve social adaptation and reduce the social burden associated with long-term hemodialysis treatment.

Level of Psychosocial Health Issues Experienced in terms of Treatment-Related Issues

Table 4.2.5. Level Of Psychosocial Health Issues Experienced By The Respondents In Terms Of Treatment-Related Issues.

Indicators	Weighted Mean	Qualitative Interpretation
1. I find the dialysis schedule difficult to manage.	1.99	Slightly Evident
2. I worry about long-term treatment outcomes.	2.67	Moderately Evident
3. Dialysis limits my ability to perform daily activities.	3.21	Moderately Evident
4. I find dietary and fluid restrictions stressful.	2.81	Moderately Evident
5. I feel physically exhausted after dialysis sessions.	2.43	Slightly Evident
Overall weighted mean score	**2.62**	**Moderately Evident**

Table 4.2.5 presents the level of psychosocial health issues experienced by the respondents in terms of treatment-related issues. The overall weighted mean score of 2.62 indicates that treatment-related psychosocial issues were moderately evident among hemodialysis patients. This numerical value suggests that respondents experienced noticeable challenges associated with the long-term and demanding nature of dialysis treatment. The findings imply that while patients may have adapted to certain aspects of treatment, the physical, emotional, and lifestyle-related consequences of dialysis continue to affect their daily functioning and psychosocial well-being.

Among the indicators, the statement "Dialysis limits my ability to perform daily activities" obtained the highest weighted mean of 3.21, interpreted as moderately evident. This numerical result indicates that limitations in daily functioning were the most prominent treatment-related issue experienced by respondents. Hemodialysis often causes fatigue, physical weakness, mobility limitations, and schedule disruptions, which can interfere with routine household responsibilities, work-related tasks, and recreational activities. The relatively high mean score suggests that respondents perceived dialysis as having a substantial impact on their ability to maintain normal daily functioning. This finding is similar to the study of Jhamb et al. (2021), who reported that patients receiving long-term hemodialysis commonly experience reduced physical functioning and activity limitations due to treatment-related fatigue and symptom burden. Likewise, Bossola et al. (2022) found that the repetitive and physically demanding nature of dialysis significantly impairs patients' capacity to engage in normal daily activities. The similarity of findings may be attributed to the chronic physiological burden associated with kidney failure and the physically exhausting effects of repeated dialysis sessions.

The indicators "I find dietary and fluid restrictions stressful" (WM = 2.81) and "I worry about long-term treatment outcomes" (WM = 2.67) were both interpreted as moderately evident. These numerical values indicate that respondents experienced considerable concern regarding the long-term demands and uncertainties associated with hemodialysis treatment. Dietary and fluid restrictions are essential components of dialysis management; however, strict adherence may create emotional frustration, reduced enjoyment of food, and limitations in social eating activities. Similarly, uncertainty regarding long-term survival, treatment effectiveness, and possible complications may contribute to psychological stress among patients.

These findings are consistent with Al Nazly et al. (2021), who reported that dietary and fluid restrictions are among the most stressful components of hemodialysis treatment because they require continuous lifestyle modification and self-discipline. Similarly, Yu et al. (2023) found that uncertainty regarding long-term treatment outcomes contributes significantly to anxiety and psychological distress among chronic kidney disease patients. The similarity of findings suggests that treatment-related uncertainty and lifestyle restrictions remain universal concerns among dialysis patients regardless of cultural or healthcare setting differences.

On the other hand, the indicators “I feel physically exhausted after dialysis sessions” (WM = 2.43) and “I find the dialysis schedule difficult to manage” (WM = 1.99) were interpreted as slightly evident. These numerical values indicate that although fatigue and schedule management difficulties were experienced by some respondents, they were not strongly manifested across the majority of participants. The relatively lower mean score for schedule management may suggest that respondents have gradually adapted to the routine nature of dialysis treatment over time. Furthermore, the majority of respondents undergoing dialysis twice weekly may experience slightly less treatment disruption compared to patients receiving more frequent sessions.

The findings partially differ from the study of Van der Willik et al. (2022), who reported that dialysis schedules are a major source of treatment burden and lifestyle disruption among patients receiving maintenance hemodialysis. The difference in findings may be influenced by contextual factors such as proximity to dialysis centers, availability of family support, transportation accessibility, and adaptation to long-term treatment routines. In the local setting, strong family involvement and established treatment schedules may have helped reduce the perceived burden of dialysis scheduling. Likewise, the lower perceived physical exhaustion may reflect variability in individual tolerance, overall health condition, and duration of treatment exposure among respondents.

The findings indicate that treatment-related psychosocial issues were moderately evident among hemodialysis patients, particularly in areas involving limitations in daily activities, dietary restrictions, and concerns regarding long-term treatment outcomes. Although respondents appeared relatively adjusted to dialysis scheduling and post-treatment fatigue, the chronic demands of treatment continued to affect their physical functioning and emotional well-being. These findings imply the need for comprehensive psychosocial interventions that address not only the clinical aspects of dialysis care but also patients’ lifestyle adaptation, emotional coping, and quality of life. Strengthening patient education, rehabilitation support, nutritional counseling, and psychosocial assistance may help reduce treatment-related burden and improve overall patient adjustment to long-term hemodialysis therapy.

Level of Psychosocial Distress Experienced in terms of Psychological Well-being

Table 4.3.1 Level Of Psychosocial Distress Experienced By The Respondents In Terms Of Psychological Well-Being.

Indicators	Weighted Mean	Qualitative Interpretation
1. I feel emotionally distressed most of the time.	2.62	Moderately Evident
2. worry frequently about my future health.	2.54	Moderately Evident
3. My mental health has been negatively affected by dialysis.	2.28	Slightly Evident
4. I experience persistent feelings of sadness.	2.70	Moderately Evident
5. I feel anxious about my treatment.	2.20	Slightly Evident
Overall weighted mean score	**2.47**	**Slightly Evident**

Level was measured using a four-point scale: 3.26 – 4.00 – Highly Evident (Strongly Agree); 2.51 – 3.25 – Moderately Evident (Agree); 1.76 – 2.50 – Slightly Evident (Disagree); and 1.00 – 1.75 – Not Evident (Strongly Disagree).

Table 4.3.1 presents the level of psychosocial distress experienced by the respondents in terms of psychological well-being. The overall weighted mean score of 2.47 indicates that psychological distress among the respondents was slightly evident. Numerically, this suggests that although respondents experienced certain emotional and psychological difficulties related to hemodialysis treatment, these concerns were not consistently severe across the sample. The findings imply that respondents generally maintained a moderate level of emotional adjustment despite the chronic and demanding nature of dialysis therapy.

Among the indicators, the highest weighted mean was obtained by the statement “I experience persistent feelings of sadness” (WM = 2.70), followed closely by “I feel emotionally distressed most of the time” (WM = 2.62) and “I worry frequently about my future health” (WM = 2.54), all interpreted as moderately evident. These numerical values indicate that emotional burden, uncertainty regarding health outcomes, and persistent sadness were the most commonly experienced aspects of psychological distress among the respondents. The findings suggest that the chronic nature of kidney disease and the lifelong dependence on dialysis contribute to emotional strain and concern about future physical functioning and survival.

This finding is similar to the study of Chilcot et al. (2021), who found that hemodialysis patients commonly experience depressive symptoms, uncertainty, and emotional exhaustion due to the repetitive and restrictive nature of treatment. Similarly, Bossola et al. (2022) reported that patients undergoing long-term dialysis frequently demonstrate moderate levels of sadness and emotional distress because of treatment dependency, physical limitations, and reduced quality of life. The similarity of findings may be attributed to the chronic and invasive nature of hemodialysis, which creates continuous emotional and psychological adjustments regardless of geographical or cultural context.

The indicator “My mental health has been negatively affected by dialysis” yielded a weighted mean of 2.28, while “I feel anxious about my treatment” obtained the lowest weighted mean of 2.20, both interpreted as slightly evident. Numerically, these values indicate that although some respondents acknowledged mental health effects and treatment-related anxiety, these concerns were less pronounced compared to feelings of sadness and emotional distress. This may suggest that respondents have gradually adapted to the dialysis process over time, particularly since many participants had already undergone treatment for more than one year. Adaptation to chronic treatment regimens may reduce acute anxiety while emotional fatigue and uncertainty about the future persist.

The findings differ slightly from the study of Gerogianni et al. (2021), who found high levels of anxiety and severe psychological distress among dialysis patients in highly urbanized clinical settings. The difference in findings may be influenced by variations in social support systems, cultural coping mechanisms, and family involvement. In the present study, most respondents lived with family members, which may have provided emotional support that buffered severe psychological distress. This observation supports the findings of Yu et al. (2022), who emphasized that strong family support significantly reduces anxiety and emotional instability among patients with chronic illnesses.

Furthermore, the overall slightly evident level of psychological distress suggests that while emotional challenges are present, respondents may possess adaptive coping strategies that help them manage the psychological demands of treatment. This finding is consistent with Alnazly et al. (2023), who explained that patients who receive continuous social and emotional support demonstrate better psychological adjustment despite ongoing treatment burdens. The relatively lower overall weighted mean may therefore reflect resilience, adaptation, and the supportive role of family and healthcare providers in helping patients manage emotional difficulties associated with dialysis.

The findings imply that psychological well-being remains an important aspect of patient care among individuals undergoing maintenance hemodialysis. Although severe psychological distress was not highly evident, the moderate presence of sadness, emotional distress, and health-related worries indicates the need for continuous psychosocial interventions, emotional counseling, and mental health support within hemodialysis units. Addressing emotional concerns early may help improve treatment adherence, quality of life, and overall psychological adjustment among patients receiving long-term dialysis therapy.

Level of Psychosocial Distress Experienced in terms of Social Aspects

Table 4.3.2 Level Of Psychosocial Distress Experienced By The Respondents In Terms Of Social Aspects.

Indicators	Weighted Mean	Qualitative Interpretation
1. I feel supported by my family during treatment.	3.66	Highly Evident
2. I receive emotional support from peers or fellow patients.	3.07	Moderately Evident
3. I am able to participate in social activities despite dialysis.	2.42	Slightly Evident
4. I receive support from my community or social circle.	2.80	Moderately Evident
5. I feel that social support helps reduce my distress.	3.08	Moderately Evident
Overall weighted mean score	**3.00**	**Moderately Evident**

Level was measured using a four-point scale: 3.26 – 4.00 – Highly Evident (Strongly Agree); 2.51 – 3.25 – Moderately Evident (Agree); 1.76 – 2.50 – Slightly Evident (Disagree); and 1.00 – 1.75 – Not Evident (Strongly Disagree).

Table 4.3.2 presents the level of psychosocial distress experienced by the respondents in terms of social aspects. The overall weighted mean score of 3.00 indicates that social support and social-related experiences were moderately evident among the respondents. Numerically, this suggests that respondents generally perceived the presence of meaningful social support systems during their hemodialysis treatment, although certain limitations in social participation remained apparent. The findings imply that while dialysis treatment may create restrictions in social functioning, respondents still receive considerable emotional and interpersonal support from family members, peers, and their communities.

Among the indicators, the statement “I feel supported by my family during treatment” obtained the highest weighted mean of 3.66, interpreted as highly evident. This numerical value indicates a very strong perception of family support among the respondents. The finding suggests that family members play a central role in providing emotional, financial, and practical assistance throughout the treatment process. This result is similar to the findings of Yu et al. (2022), who emphasized that family involvement significantly improves emotional adjustment and psychological resilience among patients with chronic kidney disease. Similarly, Chan et al. (2022) reported that patients living with supportive family systems demonstrate better treatment adherence, lower emotional distress, and improved coping capacity. The similarity of findings may be attributed to the strong family-oriented culture commonly observed in many communities, where relatives actively participate in caregiving and emotional support during chronic illness.

The indicators “I feel that social support helps reduce my distress” (WM = 3.08) and “I receive emotional support from peers or fellow patients” (WM = 3.07) were both interpreted as moderately evident. Numerically, these values indicate that peer interactions and social relationships contribute positively to emotional well-being among respondents. These findings suggest that fellow dialysis patients and social connections serve as important sources of empathy, encouragement, and shared understanding. This finding is consistent with Alnazly et al. (2023), who found that social support networks and peer relationships significantly reduce feelings of emotional isolation and distress among dialysis patients. Likewise, Thomas et al. (2021) reported that peer support within dialysis units enhances emotional coping and promotes a sense of belonging among patients undergoing long-term treatment.

The indicator “I receive support from my community or social circle” yielded a weighted mean of 2.80, also interpreted as moderately evident. This numerical result suggests that respondents generally perceive moderate support from individuals outside their immediate family, such as friends, neighbors, or community groups. The finding may indicate that social support extends beyond the household level, although not as strongly as family support. This observation aligns with the study of Cukor et al. (2021), who noted that community-based support and social connectedness positively influence psychological adjustment and reduce emotional burden among individuals with chronic kidney disease.

In contrast, the statement “I am able to participate in social activities despite dialysis” obtained the lowest weighted mean of 2.42, interpreted as slightly evident. Numerically, this indicates that respondents experienced limitations in participating in social

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activities due to treatment schedules, physical exhaustion, and health-related restrictions. The finding suggests that although respondents receive substantial social support, dialysis treatment still interferes with their ability to engage fully in recreational and social interactions. This finding is similar to Bossola et al. (2022), who explained that the demanding nature of dialysis often limits patients' mobility, social participation, and involvement in community activities. The similarity of findings may be due to the time-intensive nature of hemodialysis treatment, which commonly requires multiple weekly sessions and recovery periods that reduce opportunities for social engagement.

The findings indicate that social support plays a significant protective role in reducing psychosocial distress among hemodialysis patients. Strong family support, peer encouragement, and community assistance appear to help respondents cope with the emotional and social demands of chronic illness. However, despite the presence of support systems, limitations in social participation remain evident due to the restrictive and physically demanding nature of dialysis treatment. The findings imply that healthcare providers should continue strengthening family-centered care approaches, peer support programs, and community-based psychosocial interventions to further improve the social well-being and quality of life of hemodialysis patients.

Level of Coping Mechanisms Utilized in terms of Adaptive Strategies

Table 4.4.1 Level Of Coping Mechanisms Utilized By The Respondents To Address Psychosocial Health Issues In Terms Of Adaptive Strategies.

Indicators	Weighted Mean	Qualitative Interpretation
1. I seek emotional or practical support when I feel stressed.	2.83	Moderate
2. I use positive thinking, spirituality, or optimism to cope.	3.28	High
3. I follow medical advice and self-care instructions to manage my condition.	3.44	High
4. I engage in activities or hobbies that reduce my stress.	2.78	Moderate
5. I express my feelings or talk about my concerns to relieve stress.	2.79	Moderate
Overall weighted mean score	**3.02**	**Moderate**

Level of coping mechanisms utilized was measured using a four-point scale: 3.26 – 4.00 – High (Strongly Agree); 2.51 – 3.25 – Moderate (Agree); 1.76 – 2.50 – Low (Disagree); and 1.00 – 1.75 – Very Low (Strongly Disagree). *Higher scores indicate more frequent use of maladaptive (ineffective or potentially harmful) coping strategies.*

Table 4.4.1 presents the level of coping mechanisms utilized by respondents in addressing psychosocial health issues in terms of adaptive strategies. The overall weighted mean of 3.02 indicates that adaptive coping strategies are moderately utilized by the respondents. Numerically, this suggests that hemodialysis patients frequently engage in positive coping behaviors, although the intensity and consistency of these strategies vary across different domains. The findings imply that respondents generally demonstrate functional coping capacity in managing stress related to chronic dialysis treatment.

Among the indicators, the highest weighted mean was obtained by "I follow medical advice and self-care instructions to manage my condition" (WM = 3.44), interpreted as high. This indicates strong adherence to medical regimens and self-management behaviors among respondents. The result suggests that patients are actively involved in managing their condition by complying with treatment protocols, dietary guidelines, and clinical recommendations. This finding is consistent with the study of Alnazly et al. (2023), who reported that patients undergoing hemodialysis who demonstrate high treatment adherence tend to exhibit better psychological adjustment and lower distress levels. Similarly, Cukor et al. (2021) emphasized that adherence to medical instructions is a key adaptive coping strategy that improves both physical outcomes and emotional stability among dialysis patients. The similarity of findings may be attributed to increased patient education and continuous reinforcement of treatment adherence within dialysis units.

The second highest indicator, "I use positive thinking, spirituality, or optimism to cope" (WM = 3.28), also falls under the high category. This numerical value suggests that many respondents rely on internal psychological and spiritual resources to manage stress. The result indicates that cognitive reframing and spiritual coping are important mechanisms for dealing with uncertainty and emotional strain. This finding aligns with Yu et al. (2022), who noted that spiritual and positive coping strategies significantly enhance emotional resilience among patients with chronic kidney disease. The authors explained that optimism and spirituality provide meaning, hope, and psychological stability in the face of long-term illness, which may explain the relatively high use of this coping strategy in the present study.

The indicators "I seek emotional or practical support when I feel stressed" (WM = 2.83), "I engage in activities or hobbies that reduce my stress" (WM = 2.78), and "I express my feelings or talk about my concerns to relieve stress" (WM = 2.79) were all interpreted as moderate. These results indicate that respondents occasionally utilize external and behavioral coping strategies, such as social interaction, leisure activities, and emotional expression. Numerically, these moderate scores suggest that while such strategies are present, they are not consistently or strongly practiced across all respondents. This finding is similar to Thomas et al. (2021), who found that while patients benefit from peer interaction and emotional sharing, not all individuals actively engage in open communication or recreational coping activities due to fatigue, time constraints, or emotional withdrawal. The moderate level may reflect variability in personality, access to support systems, and physical limitations associated with dialysis treatment.

The findings suggest that adaptive coping mechanisms are moderately to highly utilized among hemodialysis patients, with strongest reliance on treatment adherence and cognitive-spiritual

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coping. However, interpersonal and expressive coping strategies appear less consistently practiced. This pattern may indicate that while patients are capable of managing their condition effectively through compliance and internal coping resources, there is still room to strengthen emotional expression and social engagement strategies.

The findings also differ slightly from the study of Bossola et al. (2022), who reported lower levels of adaptive coping in patients experiencing severe emotional distress. The difference may be explained by variations in social support availability and patient education in different clinical settings. In the present study, the relatively higher coping scores may be attributed to stronger family support systems and improved access to dialysis care, which enhance patients' ability to adopt adaptive coping strategies.

The results imply that adaptive coping is an essential mechanism for managing psychosocial challenges among hemodialysis patients. Strengthening emotional expression, stress-relief activities, and social support utilization may further enhance psychological resilience and overall well-being in this population.

Level of Coping Mechanisms Utilized in terms of Maladaptive Strategies

Table 4.4.2 Level Of Coping Mechanisms Utilized By The Respondents To Address Psychosocial Health Issues In Terms Of Maladaptive Strategies.

Indicators	Weighted Mean	Qualitative Interpretation
1. I avoid thinking about my condition.	3.42	High
2. I isolate myself from others.	3.43	High
3. I feel unable to cope with my situation.	2.94	Moderate
4. I ignore medical advice.	3.13	Moderate
5. I rely on unhealthy habits to manage stress.	3.16	Moderate
Overall weighted mean score	**3.22**	**Moderate**

The results in Table 4.4.2 show that the respondents demonstrate an overall moderate level of utilization of maladaptive coping mechanisms (M = 3.22). This indicates that while patients are not consistently engaging in harmful coping behaviors, there is still a noticeable tendency toward avoidance-based and emotionally disengaging strategies when dealing with psychosocial stressors associated with hemodialysis.

Among the indicators, the highest mean scores were observed in "I isolate myself from others" (M = 3.43) **and** "I avoid thinking about my condition" (M = 3.42)**,** both interpreted as high. These findings suggest that social withdrawal and cognitive avoidance are the most frequently used maladaptive strategies among respondents. This implies that some patients cope with chronic illness stress by distancing themselves socially and psychologically, potentially as a short-term emotional relief mechanism.

In contrast, "I feel unable to cope with my situation" (M = 2.94)**,** "I ignore medical advice" (M = 3.13), and "I rely on unhealthy habits to manage stress" (M = 3.16) were all interpreted as moderate. These results indicate that while maladaptive tendencies exist, they are not consistently dominant across all behavioral domains, suggesting partial coping awareness and intermittent engagement in ineffective coping behaviors.

The moderate overall level suggests a coexistence of adaptive awareness and psychological vulnerability**.** While respondents show some degree of control, the presence of social isolation and avoidance behaviors is concerning because these strategies are associated with poorer psychological outcomes, reduced treatment adherence, and lower quality of life among chronic illness patients.

The high rating for isolation and avoidance may reflect emotional fatigue, treatment burden, and limited psychosocial support, which are common among long-term hemodialysis patients. These behaviors may function as temporary coping mechanisms but can become detrimental when sustained over time.

The findings are consistent with Goh et al. (2022)**,** who found that patients undergoing long-term hemodialysis often resort to avoidance coping and social withdrawal due to emotional exhaustion and treatment fatigue. Similarly, Kim and Park (2023) emphasized that chronic kidney disease patients frequently engage in disengagement coping strategies, particularly avoidance and emotional distancing, as a response to repeated stress exposure.

The moderate level of maladaptive coping aligns with the findings of Liu et al. (2022)**,** who reported that while maladaptive coping exists among dialysis patients, it is often accompanied by adaptive strategies, resulting in a mixed coping profile rather than purely dysfunctional behavior.

However, the relatively moderate levels of ignoring medical advice and unhealthy habits differ from the findings of Wang et al. (2024)**,** who reported higher levels of treatment non-adherence and risk behaviors among dialysis patients in low-resource settings. This difference may be attributed to stronger healthcare supervision and patient education in the current study setting, which may help reduce severe maladaptive behaviors.

Furthermore, Alshammari et al. (2021) highlighted that maladaptive coping such as avoidance and isolation is strongly linked to psychological distress and reduced social support, which supports the current finding that social withdrawal is a dominant maladaptive response.

The findings suggest that while maladaptive coping is present, it is not extreme, and may coexist with adaptive coping mechanisms, indicating a transitional coping pattern influenced by both psychological resilience and treatment burden.

Table 4.6 Relationship Between the Characteristic Profile and Psychosocial Health Issues of the Respondents

Characteristic Profile	Psychosocial Health Issues	Spearman's rho	p-value	Qualitative Interpretation
Age	Economic Issues	0.121	0.259	Not Significant

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	Emotional Issues	0.002	0.983	Not Significant
	Health-related Issues	0.119	0.265	Not Significant
	Social Issues	0.134	0.210	Not Significant
	Treatment-related Issues	0.119	0.268	Not Significant
Gender	Economic Issues	0.115	0.285	Not Significant
	Emotional Issues	-0.006	0.954	Not Significant
	Health-related Issues	-0.028	0.794	Not Significant
	Social Issues	-0.063	0.556	Not Significant
	Treatment-related Issues	-0.030	0.781	Not Significant
Marital Status	Economic Issues	-0.019	0.858	Not Significant
	Emotional Issues	0.202	0.058	Not Significant
	Health-related Issues	0.045	0.672	Not Significant
	Social Issues	0.119	0.265	Not Significant
	Treatment-related Issues	0.091	0.397	Not Significant
Educational Attainment	Economic Issues	0.060	0.575	Not Significant
	Emotional Issues	0.080	0.455	Not Significant
	Health-related Issues	0.025	0.820	Not Significant
	Social Issues	-0.109	0.310	Not Significant
	Treatment-related Issues	-0.068	0.528	Not Significant
Monthly Income	Economic Issues	-0.244	0.021*	**Significant**
	Emotional Issues	-0.134	0.210	Not Significant
	Health-related Issues	-0.041	0.703	Not Significant
	Social Issues	-0.031	0.770	Not Significant
	Treatment-related Issues	0.020	0.851	Not Significant
Living Situation	Economic Issues	-0.048	0.653	Not Significant
	Emotional Issues	-0.084	0.434	Not Significant
	Health-related Issues	-0.100	0.352	Not Significant
	Social Issues	-0.044	0.684	Not Significant
	Treatment-related Issues	0.032	0.769	Not Significant
Employment Status	Economic Issues	0.175	0.100	Not Significant
	Emotional Issues	0.035	0.748	Not Significant
	Health-related Issues	0.149	0.164	Not Significant
	Social Issues	0.160	0.134	Not Significant
	Treatment-related Issues	-0.105	0.326	Not Significant
Duration of Dialysis Treatment	Economic Issues	-0.072	0.503	Not Significant
	Emotional Issues	0.007	0.948	Not Significant
	Health-related Issues	0.000	0.997	Not Significant

	Social Issues	0.030	0.780	Not Significant
	Treatment-related Issues	0.049	0.646	Not Significant
Frequency of Dialysis per Week	Economic Issues	0.085	0.428	Not Significant
	Emotional Issues	0.052	0.626	Not Significant
	Health-related Issues	0.087	0.417	Not Significant
	Social Issues	-0.036	0.740	Not Significant
	Treatment-related Issues	-0.053	0.620	Not Significant

Legend: ***Significant at 0.05, *Significant at 0.01*

Table 4.6 presents the relationship between the characteristic profile and psychosocial health issues of the respondents using Spearman's rho correlation analysis tested at the 0.05 level of significance. The findings generally reveal that most demographic and clinical variables did not demonstrate statistically significant relationships with psychosocial health issues, indicating that these concerns were experienced relatively similarly across respondent groups regardless of age, gender, marital status, educational attainment, living situation, employment status, duration of dialysis treatment, and frequency of dialysis sessions. However, monthly income showed a significant relationship with economic issues, suggesting that financial capacity remains a critical factor influencing the economic burden experienced by hemodialysis patients.

In terms of age, all psychosocial health issue domains yielded weak positive correlations with p-values greater than 0.05, indicating no significant relationships. Specifically, economic issues ($\rho = 0.121$, $p = 0.259$), emotional issues ($\rho = 0.002$, $p = 0.983$), health-related issues ($\rho = 0.119$, $p = 0.265$), social issues ($\rho = 0.134$, $p = 0.210$), and treatment-related issues ($\rho = 0.119$, $p = 0.268$) were all not significant. These findings indicate that psychosocial health issues were experienced across all age groups regardless of age differences. This finding is similar to the study of Cruz et al. (2022), who found that psychosocial distress among dialysis patients was more strongly influenced by treatment burden and chronic illness demands rather than chronological age. The similarity may be explained by the universal physical and emotional demands associated with long-term hemodialysis, which affect patients across age groups in relatively similar ways.

With regard to gender, all relationships with psychosocial health issues were likewise not significant, including economic issues ($\rho = 0.115$, $p = 0.285$), emotional issues ($\rho = -0.006$, $p = 0.954$), health-related issues ($\rho = -0.028$, $p = 0.794$), social issues ($\rho = -0.063$, $p = 0.556$), and treatment-related issues ($\rho = -0.030$, $p = 0.781$). These weak correlations suggest that male and female respondents experienced comparable psychosocial challenges during dialysis treatment. This finding aligns with Alshammari et al. (2021), who reported that chronic kidney disease patients experience psychosocial distress similarly regardless of sex, particularly when exposed to prolonged treatment dependency and lifestyle disruptions. The consistency of findings may indicate that the burden of hemodialysis transcends gender differences due to the equally demanding nature of the treatment process.

Similarly, marital status did not show significant relationships with psychosocial health issues. Emotional issues demonstrated the highest correlation ($\rho = 0.202$, $p = 0.058$), although still statistically insignificant. This indicates that marital status may exert minimal influence on emotional concerns, but not enough to establish a significant relationship. This finding differs slightly from Cukor et al. (2021), who found that married dialysis patients tend to experience lower emotional distress due to stronger family and spousal support. The difference in findings may be attributed to variations in cultural context and support dynamics, wherein even unmarried respondents in the present study may still receive strong support from extended family systems common in Filipino households.

Educational attainment also demonstrated no significant relationships across all psychosocial domains, including economic issues ($\rho = 0.060$, $p = 0.575$), emotional issues ($\rho = 0.080$, $p = 0.455$), health-related issues ($\rho = 0.025$, $p = 0.820$), social issues ($\rho = -0.109$, $p = 0.310$), and treatment-related issues ($\rho = -0.068$, $p = 0.528$). These findings suggest that psychosocial difficulties were experienced regardless of educational background. This result contrasts with Nguyen et al. (2023), who reported that higher educational attainment improves health literacy and psychosocial adjustment among CKD patients. The difference may be explained by the overwhelming physical and economic demands of dialysis, which may overshadow the protective influence of education in this study population.

Among all variables, monthly income was the only characteristic profile variable that demonstrated a statistically significant relationship with psychosocial health issues, specifically economic issues ($\rho = -0.244$, $p = 0.021$). The negative correlation indicates that respondents with lower monthly income experienced greater economic difficulties associated with dialysis treatment. This finding clearly demonstrates that financial limitations significantly intensify the economic burden of chronic dialysis care. This result is consistent with Kovesdy (2021) and Sukul et al. (2021), who emphasized that low-income dialysis patients are more vulnerable to financial strain due to treatment costs, medication expenses, transportation needs, and reduced employment capacity. The similarity of findings reflects the persistent economic challenges faced by dialysis patients, particularly in low-resource settings where healthcare-related expenses substantially affect household finances.

Living situation, employment status, duration of dialysis treatment, and frequency of dialysis per week also showed no statistically significant relationships with psychosocial health issues. These findings imply that psychosocial concerns were experienced relatively consistently regardless of household arrangement, work status, treatment duration, or dialysis frequency. This finding supports the study of Chan et al. (2022), who noted that while social support and treatment characteristics may influence patient experiences, psychosocial burden among dialysis patients remains multifactorial and highly individualized.

Overall, the findings suggest that psychosocial health issues among hemodialysis patients are broadly experienced across demographic and clinical groups, with economic vulnerability emerging as the most influential factor affecting psychosocial burden. The results highlight the importance of strengthening financial assistance programs, social protection mechanisms, and psychosocial support services for economically disadvantaged dialysis patients.

Table 4.7 Relationship Between the Characteristic Profile and Psychosocial Distress Experienced by the Respondents

Demographic & Clinical Profile	Coping Mechanisms	Spearman's rho	p-value	Qualitative Interpretation
Age	Psychological Well-being	-0.059	0.586	Not Significant
	Social Aspects	-0.157	0.142	Not Significant
Gender	Psychological Well-being	-0.010	0.927	Not Significant
	Social Aspects	0.041	0.704	Not Significant
Marital Status	Psychological Well-being	0.279	0.008**	**Significant**
	Social Aspects	-0.203	0.057	Not Significant
Educational Attainment	Psychological Well-being	-0.022	0.839	Not Significant
	Social Aspects	0.170	0.112	Not Significant
Monthly Income	Psychological Well-being	-0.082	0.442	Not Significant
	Social Aspects	0.002	0.986	Not Significant
Living Situation	Psychological Well-being	-0.076	0.479	Not Significant
	Social Aspects	0.164	0.126	Not Significant
Employment Status	Psychological Well-being	0.011	0.921	Not Significant
	Social Aspects	-0.067	0.531	Not Significant
Duration of Dialysis Treatment	Psychological Well-being	0.046	0.670	Not Significant
	Social Aspects	-0.003	0.980	Not Significant
Frequency of Dialysis per Week	Psychological Well-being	-0.083	0.439	Not Significant
	Social Aspects	-0.765	0.538	Not Significant

Legend: ***Significant at 0.05, *Significant at 0.01*

Table 4.7 presents the relationship between the characteristic profile and psychosocial distress experienced by the respondents in terms of psychological well-being and social aspects. The findings generally reveal that most demographic and clinical variables were not significantly related to psychosocial distress, as evidenced by p-values greater than the 0.05 level of significance. This suggests that psychosocial distress among hemodialysis patients may be influenced more by the overall burden of chronic illness and treatment demands rather than by demographic characteristics alone. However, marital status demonstrated a statistically significant relationship with psychological well-being ($\rho = 0.279$, $p = 0.008$), indicating that marital status may play an important role in the psychological condition of patients undergoing maintenance hemodialysis.

In terms of age, the relationship with psychological well-being ($\rho = -0.059$, $p = 0.586$) and social aspects ($\rho = -0.157$, $p = 0.142$) was found to be not significant. The negative correlation coefficients indicate a very weak inverse relationship, suggesting that increasing age was not associated with substantial changes in psychosocial distress among the respondents. This finding implies that psychosocial distress may be experienced across all age groups regardless of age differences. The result is similar to the study of Huang Li et al. (2022), who reported that psychological distress among hemodialysis patients was more strongly influenced by disease burden and quality of social support than by chronological age. Similarly, Bossola Maurizio et al. (2021) found no significant association between age and emotional distress among dialysis patients. The similarity of findings may be attributed to the shared experience of chronic illness, treatment dependency, and lifestyle limitations experienced by patients regardless of age category.

Gender also showed no significant relationship with psychological well-being ($\rho = -0.010$, $p = 0.927$) and social aspects ($\rho = 0.041$, $p = 0.704$). These very weak correlation values indicate that male and female respondents experienced relatively similar levels of psychosocial distress. This finding is consistent with Chen Chien et al. (2023), who observed that gender differences in emotional distress among dialysis patients were minimal once patients were exposed to similar treatment conditions and chronic disease demands. Likewise, Yu Ling et al. (2022) reported that both male and female dialysis patients experienced comparable emotional and social adjustment difficulties. The similarity of findings may be explained by the fact that the physical, emotional, and social burdens of dialysis treatment are universally experienced regardless of gender.

Marital status, however, showed a statistically significant relationship with psychological well-being ($\rho = 0.279$, $p = 0.008$).

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The positive correlation coefficient indicates that respondents with more stable marital relationships tended to demonstrate better psychological well-being and lower psychosocial distress. Numerically, the correlation suggests a weak but meaningful positive association. This finding implies that marital relationships may provide emotional security, companionship, and practical support that help patients cope with chronic illness. This result is similar to the findings of Cukor Daniel et al. (2021), who emphasized that married dialysis patients tend to report lower emotional distress and better psychological adaptation due to stronger family support systems. Similarly, Chan Raymond et al. (2022) reported that family cohesion and partner support significantly improve emotional stability among patients with chronic illnesses. The similarity of findings may be attributed to the collectivist family culture commonly observed in many societies, where spouses and family members serve as major sources of emotional and social support. However, marital status did not significantly relate to social aspects (ρ = -0.203, p = 0.057), although the p-value approached significance. This may suggest that while marriage contributes to emotional stability, broader social support systems may still vary independently of marital condition.

Educational attainment demonstrated no significant relationship with psychological well-being (ρ = -0.022, p = 0.839) and social aspects (ρ = 0.170, p = 0.112). These findings indicate that psychosocial distress levels were relatively similar regardless of educational background. This result differs slightly from the findings of Nguyen Thanh et al. (2023), who found that patients with higher educational attainment often demonstrate better coping skills and psychological adjustment due to improved health literacy. The difference in findings may be explained by the relatively homogeneous treatment experience among respondents, where the emotional and physical demands of dialysis may overshadow the influence of educational background.

Monthly income also showed no significant relationship with psychological well-being (ρ = -0.082, p = 0.442) and social aspects (ρ = 0.002, p = 0.986). Although financial strain is often associated with chronic illness, the findings suggest that psychosocial distress in this study was not significantly determined by income level alone. This finding differs from Kovesdy Csaba (2021), who reported that low-income dialysis patients often experience greater psychological distress due to financial insecurity. The difference may be attributed to the presence of family support systems, government assistance, or healthcare subsidies that may have reduced the psychological impact of financial limitations among respondents.

Living situation likewise showed no significant relationship with psychological well-being (ρ = -0.076, p = 0.479) and social aspects (ρ = 0.164, p = 0.126). This finding indicates that whether patients lived with family, relatives, or alone did not substantially alter their psychosocial distress levels. This result contrasts slightly with Chan Raymond et al. (2022), who emphasized the protective role of family cohabitation in reducing emotional distress. The difference may be due to the overwhelming majority of respondents living with family, thereby limiting variability within the sample.

Employment status also did not significantly correlate with psychological well-being (ρ = 0.011, p = 0.921) and social aspects (ρ = -0.067, p = 0.531). These findings indicate that employment conditions did not substantially influence psychosocial distress among respondents. This differs from Sukul Ngan et al. (2021), who found that unemployment among dialysis patients contributed to lower self-esteem and higher emotional distress. The difference may suggest that emotional adaptation among respondents may have been influenced more by social support and treatment acceptance than by occupational status alone.

Duration of dialysis treatment showed no significant relationship with psychological well-being (ρ = 0.046, p = 0.670) and social aspects (ρ = -0.003, p = 0.980). These negligible correlation values indicate that psychosocial distress remained relatively stable regardless of the length of time patients had been undergoing dialysis. This finding is similar to Luyckx Valerie et al. (2021), who explained that long-term dialysis patients often develop psychological adaptation mechanisms over time, reducing the direct impact of treatment duration on emotional distress.

Lastly, frequency of dialysis per week showed no significant relationship with psychological well-being (ρ = -0.083, p = 0.439) and social aspects (ρ = -0.765, p = 0.538). Despite the negative coefficient for social aspects, the relationship remained statistically insignificant. This suggests that dialysis frequency alone did not substantially influence psychosocial distress levels. This finding is similar to Kliger Alan et al. (2022), who noted that psychosocial adaptation among dialysis patients is multifactorial and not solely dependent on treatment frequency. The similarity of findings indicates that emotional resilience, social support, and coping mechanisms may exert stronger influence on psychosocial distress than clinical treatment schedules alone.

The findings demonstrate that marital status was the only characteristic profile variable significantly associated with psychosocial distress, particularly psychological well-being. The results highlight the critical role of emotional and familial support systems in helping hemodialysis patients cope with the psychological burden of chronic illness. The predominance of non-significant relationships further suggests that psychosocial distress among dialysis patients is a complex phenomenon influenced by multiple interacting psychosocial and environmental factors rather than demographic characteristics alone.

Table 4.8 Relationship Between The Characteristic Profile And Coping Mechanisms Utilized By The Respondents

Demographic & Clinical Profile	Coping Mechanisms	Spearman's rho	p-value	Qualitative Interpretation
Age	Adaptive Coping	0.043	0.691	Not Significant
	Maladaptive Coping	-0.122	0.257	Not Significant
Gender	Adaptive Coping	-0.125	0.242	Not Significant
	Maladaptive Coping	-0.104	0.334	Not Significant

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Marital Status	Adaptive Coping	-0.117	0.277	Not Significant
	Maladaptive Coping	-0.129	0.228	Not Significant
Educational Attainment	Adaptive Coping	0.127	0.235	Not Significant
	Maladaptive Coping	0.226	0.033*	**Significant**
Monthly Income	Adaptive Coping	0.049	0.646	Not Significant
	Maladaptive Coping	-0.039	0.717	Not Significant
Living Situation	Adaptive Coping	0.026	0.807	Not Significant
	Maladaptive Coping	0.123	0.249	Not Significant
Employment Status	Adaptive Coping	-0.024	0.823	Not Significant
	Maladaptive Coping	-0.031	0.772	Not Significant
Duration of Dialysis Treatment	Adaptive Coping	0.074	0.493	Not Significant
	Maladaptive Coping	0.071	0.508	Not Significant
Frequency of Dialysis per Week	Adaptive Coping	-0.037	0.729	Not Significant
	Maladaptive Coping	-0.051	0.633	Not Significant

Legend: ***Significant at 0.05, *Significant at 0.01*

Table 4.8 presents the relationship between the characteristic profile and coping mechanisms utilized by the respondents in terms of adaptive and maladaptive coping strategies. The findings generally reveal that most demographic and clinical variables were not significantly associated with coping mechanisms, as reflected by p-values greater than the 0.05 level of significance. This suggests that coping behaviors among hemodialysis patients may be shaped more by individual psychological adaptation, emotional resilience, social support, and illness experience rather than by demographic or clinical characteristics alone. However, educational attainment demonstrated a statistically significant relationship with maladaptive coping mechanisms (ρ = 0.226, p = 0.033), indicating that educational level may influence the tendency of patients to utilize ineffective or harmful coping responses.

In terms of age, the relationship with adaptive coping (ρ = 0.043, p = 0.691) and maladaptive coping (ρ = -0.122, p = 0.257) was found to be not significant. The correlation coefficients indicate very weak relationships, suggesting that age was not substantially associated with the coping strategies utilized by the respondents. Numerically, the findings imply that younger and older hemodialysis patients employed relatively similar coping behaviors despite differences in age. This finding is similar to the study of Huang Li et al. (2022), who reported that coping behaviors among dialysis patients were influenced more by emotional support and illness burden than by age differences. Similarly, Bossola Maurizio et al. (2021) explained that chronic dialysis patients often develop individualized coping patterns over time regardless of age category. The similarity of findings may be attributed to the shared physical and emotional challenges associated with long-term dialysis treatment.

Gender also showed no significant relationship with adaptive coping (ρ = -0.125, p = 0.242) and maladaptive coping (ρ = -0.104, p = 0.334). These weak negative correlations indicate that male and female respondents demonstrated relatively comparable coping strategies. This finding is consistent with Chen Chien et al. (2023), who observed minimal gender differences in coping responses among hemodialysis patients once both groups experienced similar treatment-related stressors. Likewise, Yu Ling et al. (2022) found that both male and female dialysis patients commonly relied on emotional adjustment, social support, and avoidance strategies to cope with treatment burden. The similarity of findings suggests that the chronic and restrictive nature of dialysis creates comparable psychosocial demands across genders.

Marital status likewise revealed no significant relationship with adaptive coping (ρ = -0.117, p = 0.277) and maladaptive coping (ρ = -0.129, p = 0.228). Although married individuals are often expected to receive stronger emotional support, the findings suggest that marital condition alone did not significantly determine coping behaviors among respondents. This differs slightly from the findings of Cukor Daniel et al. (2021), who reported that married dialysis patients tend to exhibit more positive coping behaviors due to stronger family and spousal support. The difference in findings may be explained by variations in family dynamics, quality of relationships, and the extent of available emotional support, which were not directly measured in the present study.

Educational attainment demonstrated no significant relationship with adaptive coping (ρ = 0.127, p = 0.235), but it showed a statistically significant positive relationship with maladaptive coping (ρ = 0.226, p = 0.033). Numerically, the positive correlation indicates that respondents with higher educational attainment were slightly more likely to report maladaptive coping behaviors. Although the relationship was weak, it was statistically meaningful. This finding differs from the study of Nguyen Thanh et al. (2023), who emphasized that higher educational attainment is generally associated with better health literacy and more effective coping strategies among chronic kidney disease patients. The difference may be attributed to the possibility that more educated respondents may possess greater awareness of disease severity, long-term complications, and treatment limitations, potentially contributing to emotional overthinking, stress, or avoidance behaviors. It is also possible that educational attainment alone does not guarantee psychological resilience when individuals are confronted with chronic illness and prolonged treatment dependency.

Monthly income showed no significant relationship with adaptive coping (ρ = 0.049, p = 0.646) and maladaptive coping (ρ = -0.039, p = 0.717). These negligible correlations suggest that coping mechanisms were relatively independent of respondents' income levels. This finding differs from Kovesdy Csaba (2021), who found that financial hardship among dialysis patients often contributes to emotional stress and ineffective coping behaviors. The difference may be explained by the strong family support systems observed among respondents, which may have buffered the emotional effects of financial limitations.

Living situation also demonstrated no significant relationship with adaptive coping (ρ = 0.026, p = 0.807) and maladaptive coping (ρ = 0.123, p = 0.249). The findings indicate that whether patients lived with family, relatives, or alone did not significantly affect the coping strategies they utilized. This contrasts slightly with Chan Raymond et al. (2022), who emphasized that strong family cohabitation and household support contribute to more positive coping behaviors among chronically ill patients. The difference may be due to the limited variability in living arrangements among respondents, as the majority lived with family members.

Employment status likewise showed no significant relationship with adaptive coping (ρ = -0.024, p = 0.823) and maladaptive coping (ρ = -0.031, p = 0.772). These findings indicate that employment condition did not substantially influence coping behaviors among respondents. This result differs from Sukul Ngan et al. (2021), who found that unemployment among dialysis patients often contributes to lower self-esteem and emotional withdrawal. The difference may indicate that coping responses in the present study were more strongly influenced by psychosocial support and treatment adaptation rather than occupational status.

Duration of dialysis treatment showed no significant relationship with adaptive coping (ρ = 0.074, p = 0.493) and maladaptive coping (ρ = 0.071, p = 0.508). These weak positive relationships suggest that the length of time undergoing dialysis did not substantially affect coping patterns. This finding is similar to Luyckx Valerie et al. (2021), who noted that long-term dialysis patients gradually develop individualized coping and adjustment mechanisms over time. The similarity of findings suggests that coping strategies may stabilize regardless of treatment duration once patients become accustomed to the dialysis routine.

Lastly, frequency of dialysis per week demonstrated no significant relationship with adaptive coping (ρ = -0.037, p = 0.729) and maladaptive coping (ρ = -0.051, p = 0.633). The very weak negative correlations indicate that treatment frequency was not associated with meaningful differences in coping behaviors. This finding is similar to Kliger Alan et al. (2022), who emphasized that psychosocial adaptation among hemodialysis patients is multifactorial and not solely determined by treatment schedules or dialysis frequency. Emotional resilience, social support, and psychological adjustment were identified as more important influences on coping capacity.

The findings demonstrate that educational attainment was the only characteristic profile variable significantly associated with coping mechanisms, specifically maladaptive coping strategies. The predominance of non-significant relationships suggests that coping behaviors among hemodialysis patients are complex and individualized processes shaped by emotional, psychological, and social experiences rather than by demographic or clinical characteristics alone. The results further highlight the importance of psychosocial support interventions, emotional counseling, and patient-centered coping enhancement programs in improving adaptation among patients undergoing long-term hemodialysis treatment.

Table 4.9 Relationship Between The Psychosocial Health Issues And Coping Mechanisms Of The Respondents

Demographic & Clinical Profile	Coping Mechanisms	Spearman's rho	p-value	Qualitative Interpretation
Economic Issues	Adaptive Coping	0.094	0.380	Not Significant
	Maladaptive Coping	0.100	0.349	Not Significant
Emotional Issues	Adaptive Coping	0.035	0.743	Not Significant
	Maladaptive Coping	0.006	0.958	Not Significant
Health-related Issues	Adaptive Coping	-0.040	0.707	Not Significant
	Maladaptive Coping	0.008	0.942	Not Significant
Social Issues	Adaptive Coping	-0.145	0.149	Not Significant
	Maladaptive Coping	-0.205	0.054	Not Significant
Treatment-related Issues	Adaptive Coping	0.094	0.382	Not Significant
	Maladaptive Coping	-0.017	0.871	Not Significant

Legend: ***Significant at 0.05, *Significant at 0.01*

Table 4.9 presents the relationship between psychosocial health issues and coping mechanisms utilized by the respondents. The findings reveal that all computed p-values were greater than the 0.05 level of significance, indicating that no statistically significant relationship existed between the psychosocial health issues experienced by the respondents and their coping mechanisms, whether adaptive or maladaptive. This suggests that the respondents' coping behaviors were not significantly influenced by the extent of their psychosocial health issues in terms of economic, emotional, health-related, social, and treatment-related concerns.

In terms of economic issues, the relationship with adaptive coping yielded a Spearman's rho of 0.094 and a p-value of 0.380, while maladaptive coping obtained a rho value of 0.100 and a p-value of 0.349. Both relationships were interpreted as not significant. The weak positive correlation coefficients indicate that although

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respondents experiencing economic difficulties may slightly engage in both adaptive and maladaptive coping behaviors, the relationship was too weak to establish statistical significance. This finding suggests that financial burden alone may not directly determine how patients cope with their condition. Some respondents may rely on family support, spirituality, or established routines regardless of their economic status. This finding differs from the study of Alshraifeen et al. (2022), which reported that financial stress significantly influenced emotional coping and psychological adjustment among hemodialysis patients. The difference may be attributed to variations in socioeconomic context, family support systems, and healthcare assistance available to respondents in the present study.

For emotional issues, adaptive coping showed a rho value of 0.035 with a p-value of 0.743, while maladaptive coping yielded a rho of 0.006 and a p-value of 0.958. These extremely weak correlation coefficients indicate almost no relationship between emotional issues and coping mechanisms. The findings imply that respondents may experience emotional concerns such as sadness, anxiety, or stress independently from the coping strategies they employ. This result contrasts with the findings of Ghaffari et al. (2021), who found that emotional distress among hemodialysis patients was significantly associated with coping behaviors, particularly emotion-focused coping strategies. The difference in findings may be related to differences in cultural coping patterns, psychological resilience, and social support systems among respondents.

In relation to health-related issues, adaptive coping demonstrated a rho value of -0.040 and a p-value of 0.707, while maladaptive coping obtained a rho value of 0.008 and a p-value of 0.942. These results indicate no significant relationship between health-related concerns and coping mechanisms. The very weak correlation values suggest that respondents' concerns regarding healthcare communication, treatment information, and complications did not substantially influence their coping responses. This finding may indicate that patients have already adapted to the healthcare environment through repeated dialysis exposure, making coping behaviors relatively stable regardless of health-related stressors. This finding differs from Schick-Makaroff et al. (2021), who reported that gaps in healthcare support significantly affected psychological coping among dialysis patients. The discrepancy may reflect differences in healthcare delivery systems and patient-provider relationships.

With regard to social issues, adaptive coping revealed a rho value of -0.145 and a p-value of 0.149, while maladaptive coping showed a rho value of -0.205 and a p-value of 0.054. Although the relationship between social issues and maladaptive coping approached significance, it still remained above the 0.05 threshold and was therefore interpreted as not significant. The negative correlation coefficients indicate that higher social issues were slightly associated with lower coping scores. This may suggest that respondents who experienced social limitations or feelings of isolation were somewhat less likely to engage in coping behaviors. However, the relationship remained statistically insufficient to establish significance. This finding partially differs from Gong et al. (2026), who emphasized that social support significantly improves coping and psychological adaptation among hemodialysis patients. The absence of significance in the current study may be explained by the strong family support system observed among respondents, which could have minimized variations in social distress and coping responses.

In terms of treatment-related issues, adaptive coping obtained a rho value of 0.094 with a p-value of 0.382, while maladaptive coping yielded a rho value of -0.017 and a p-value of 0.871. These findings indicate no significant relationship between treatment-related concerns and coping mechanisms. The weak correlation coefficients suggest that worries regarding dialysis schedules, dietary restrictions, and long-term treatment outcomes did not significantly influence the coping patterns of respondents. This finding may indicate that respondents have already incorporated dialysis-related demands into their daily routines, thereby reducing the influence of treatment burden on coping behaviors. This finding differs from Barello et al. (2022), who found that treatment burden and dialysis-related stress significantly affected psychological coping and quality of life among patients receiving hemodialysis. Differences in treatment accessibility, psychosocial support, and adaptation over time may account for the variation in findings.

The findings suggest that psychosocial health issues were not significant predictors of coping mechanisms among the respondents. This may imply that coping behaviors among hemodialysis patients are influenced more strongly by other factors not examined in the study, such as personality traits, spirituality, resilience, family cohesion, or cultural beliefs. The findings further suggest that respondents may have already developed relatively stable coping patterns regardless of the psychosocial difficulties they encounter. The absence of significant relationships also indicates that psychosocial distress and coping among hemodialysis patients are complex and multidimensional phenomena that cannot be explained solely by psychosocial health issues.

Table 4.10 Relationship Between The Level Of Psychosocial Distress Experienced And The Coping Mechanisms Of The Respondents

Demographic & Clinical Profile	Coping Mechanisms	Spearman's rho	p-value	Qualitative Interpretation
Psychological Well-being	Adaptive Coping	0.021	0.842	Not Significant
	Maladaptive Coping	-0.034	0.752	Not Significant
Social Aspects	Adaptive Coping	0.485	<0.001**	Significant
	Maladaptive Coping	0.463	<0.001**	Significant

Legend: ***Significant at 0.05, *Significant at 0.01*

Table 4.10 presents the relationship between the level of psychosocial distress experienced by the respondents and their coping mechanisms. The findings reveal that psychological well-being was not significantly related to either adaptive coping ($\rho = 0.021$, $p = 0.842$) or maladaptive coping ($\rho = -0.034$, $p = 0.752$). These numerical values indicate extremely weak correlations with

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p-values greater than the 0.05 level of significance, suggesting that the psychological distress experienced by respondents did not significantly influence the type of coping mechanisms they utilized. This implies that despite experiencing emotional distress, sadness, or anxiety associated with dialysis treatment, respondents may have varied coping responses that are influenced by factors beyond psychological well-being alone.

The absence of a significant relationship between psychological well-being and coping mechanisms differs from several previous studies that identified emotional distress as a strong predictor of coping behavior among patients with chronic kidney disease. For instance, Farjamfar et al. found that higher psychological distress among dialysis patients was associated with increased maladaptive coping behaviors such as withdrawal, denial, and emotional avoidance. Similarly, Yu et al. reported that anxiety and depressive symptoms significantly influenced the use of both adaptive and maladaptive coping strategies. The difference in findings may be explained by the strong family-oriented support system observed among respondents in the present study, which may buffer the negative effects of psychological distress and reduce its direct influence on coping behavior. Cultural factors may also contribute to this variation, particularly in collectivist societies where emotional burdens are often shared within family networks.

In contrast, the findings demonstrate a statistically significant relationship between social aspects of psychosocial distress and both adaptive coping ($\rho = 0.485$, $p < 0.001$) and maladaptive coping ($\rho = 0.463$, $p < 0.001$). These correlation coefficients indicate moderate positive relationships, suggesting that as social support and social interactions increase, respondents tend to utilize both adaptive and maladaptive coping strategies more frequently. The p-values below 0.001 confirm that these relationships are highly significant statistically. Numerically, the stronger correlation observed in adaptive coping suggests that social support may encourage healthier coping responses, although the concurrent association with maladaptive coping indicates that patients may still experience emotional struggles despite receiving social support.

The significant relationship between social aspects and adaptive coping is consistent with the findings of Cukor et al., who emphasized that family support, peer encouragement, and interpersonal relationships improve coping capacity and psychological adjustment among hemodialysis patients. Likewise, Chan et al. reported that patients with stronger social networks were more likely to engage in adaptive coping behaviors such as treatment adherence, emotional expression, and positive reframing. The similarity of findings suggests that social connectedness remains a critical protective factor in chronic illness management across different healthcare settings.

However, the positive association between social aspects and maladaptive coping also supports the findings of Alshraifeen et al., who explained that social interactions do not always eliminate distress and may coexist with maladaptive responses such as social withdrawal, emotional suppression, or avoidance behaviors. Patients undergoing long-term dialysis may continue to experience uncertainty, dependence, and physical exhaustion despite receiving adequate social support. This explains why respondents in the present study demonstrated simultaneous utilization of both adaptive and maladaptive coping mechanisms.

The findings imply that psychosocial interventions in hemodialysis units should not only focus on reducing emotional distress but should also strengthen social support systems that encourage healthier coping responses. Since social aspects significantly influence coping behaviors, healthcare providers may benefit from implementing family-centered counseling, peer support programs, and psychosocial education sessions within dialysis care settings. The coexistence of adaptive and maladaptive coping further suggests the need for continuous psychological monitoring to identify patients who may outwardly appear socially supported yet still struggle with ineffective coping behaviors. These findings reinforce the importance of integrating psychosocial support frameworks into hemodialysis care to enhance emotional resilience, treatment adjustment, and overall quality of life among patients undergoing long-term dialysis treatment.

Proposed Evidence-Informed Psychosocial Support Framework for Hemodialysis Units

The revised psychosocial support guideline was refined to focus specifically on the most significant findings identified in the study, ensuring that all proposed components are directly anchored to statistically and practically relevant results rather than generalized patterns.

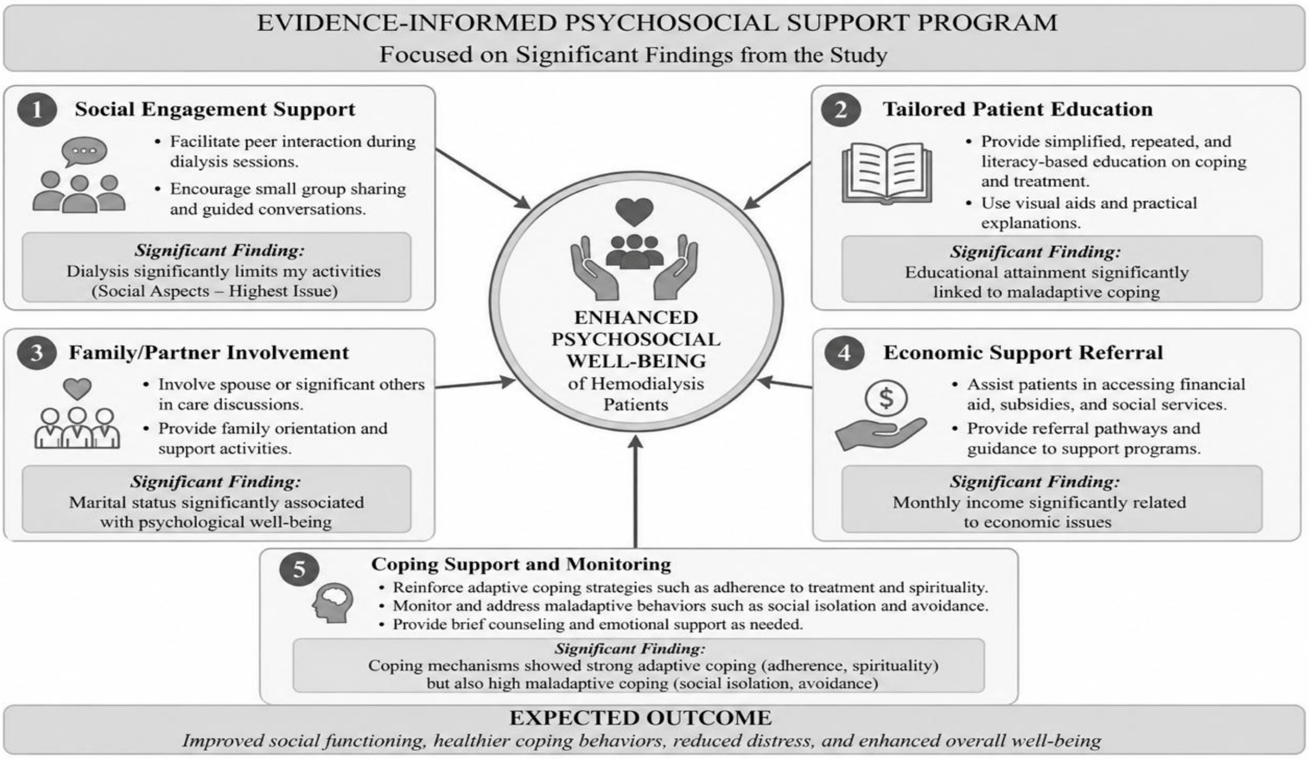
A primary component of the guideline is the enhancement of social engagement support, reflecting the finding that dialysis significantly limits patients' participation in social activities. Given the structured and time-intensive nature of hemodialysis treatment, patients experience restrictions in maintaining normal social functioning. To address this, the guideline emphasizes integrating structured yet low-burden social interaction opportunities within the dialysis setting, such as peer conversations and small group engagement during treatment sessions. These strategies aim to reduce perceived social restriction without requiring additional resources or major changes in clinical workflow.

Another key component focuses on tailored patient education, grounded in the significant relationship between educational attainment and maladaptive coping. Differences in health literacy influence how patients interpret their condition and respond to stress. As such, the guideline prioritizes simplified, repeated, and patient-centered education approaches that are adapted to varying levels of understanding. This ensures that patients are better equipped to adopt adaptive coping strategies while minimizing ineffective behaviors.

The guideline also emphasizes family and partner involvement, based on the significant association between marital status and psychological well-being. The presence of a spouse or partner plays a meaningful role in emotional adjustment to long-term treatment. Integrating family members into care discussions, education, and support processes strengthens relational support systems and enhances patients' psychological stability.

Economic support referral is included as a targeted component, reflecting the significant relationship between monthly income and economic-related psychosocial issues. Financial burden remains a critical factor influencing patient experience, particularly in long-term dialysis care. While dialysis units may not directly provide financial assistance, they serve as key access points for connecting patients to available resources. Strengthening referral pathways and guidance in accessing financial support mechanisms may help alleviate economic strain.

Finally, the guideline incorporates coping support and monitoring, addressing the dual presence of adaptive and maladaptive coping mechanisms. While patients demonstrate strong adherence to medical advice and reliance on spirituality, there is also a notable presence of avoidance and social isolation. The guideline therefore emphasizes reinforcing positive coping behaviors while enabling early identification and management of maladaptive patterns through routine interaction and support.



1 Social Engagement Support

- Facilitate peer interaction during dialysis sessions.
- Encourage small group sharing and guided conversations.

Significant Finding: Dialysis significantly limits my activities (Social Aspects – Highest Issue)

2 Tailored Patient Education

- Provide simplified, repeated, and literacy-based education on coping and treatment.
- Use visual aids and practical explanations.

Significant Finding: Educational attainment significantly linked to maladaptive coping

3 Family/Partner Involvement

- Involve spouse or significant others in care discussions.
- Provide family orientation and support activities.

Significant Finding: Marital status significantly associated with psychological well-being

4 Economic Support Referral

- Assist patients in accessing financial aid, subsidies, and social services.
- Provide referral pathways and guidance to support programs.

Significant Finding: Monthly income significantly related to economic issues

5 Coping Support and Monitoring

- Reinforce adaptive coping strategies such as adherence to treatment and spirituality.
- Monitor and address maladaptive behaviors such as social isolation and avoidance.
- Provide brief counseling and emotional support as needed.

Significant Finding: Coping mechanisms showed strong adaptive coping (adherence, spirituality) but also high maladaptive coping (social isolation, avoidance)

EXPECTED OUTCOME

Improved social functioning, healthier coping behaviors, reduced distress, and enhanced overall well-being

Figure 4.

Proposed Evidence-Informed Psychosocial Support Guideline For Hemodialysis Unit

Table 4.11 Proposed Evidence-Informed Psychosocial Support Framework for Hemodialysis Units

Program	Rationale	Description	Objectives	Approach	Budget	Respondents	Evaluation
1. Coping Mechanism Program	Findings revealed that patients experience emotional distress, anxiety, and challenges in adjusting to long-term dialysis treatment. Effective coping strategies are necessary to improve psychological well-being and treatment adherence.	This program focuses on strengthening adaptive coping skills and reducing maladaptive coping behaviors among hemodialysis patients.	• Enhance positive coping strategies. • Reduce emotional distress and anxiety. • Improve resilience and treatment compliance.	Individual counseling, coping skills workshops, relaxation exercises, spiritual support sessions.	PHP 15,000	All hemodialysis patients	Coping assessment tool, feedback forms, patient progress monitoring
2. Economic Support Referral Program	Results showed that financial burden related to medications, transportation, laboratory expenses, and family needs is a major psychosocial	This program assists patients in accessing financial resources, subsidies, and available community support	• Reduce financial stress. • Improve access to treatment resources. • Increase awareness of assistance	Referral system, social worker consultation, PhilHealth orientation, financial counseling.	PHP 10,000	Patients with financial concerns	Number of referrals completed, patient satisfaction survey

	concern among patient	services.	programs.				
3. Family Involvement Program	Family support plays an essential role in improving emotional stability, adherence to treatment, and coping with chronic illness.	This program promotes active participation of family members in patient care, emotional support, and decision-making.	• Strengthen family support system. • Improve communication between patient and family. • Encourage family participation in care.	Family counseling, caregiver orientation, family conferences, support meetings.	PHP 12,000	Hemodialysis patients and family members	Family support checklist, attendance records, feedback survey
4. Patient Education Program	Findings indicated that some patients require better understanding of dialysis care, medications, dietary restrictions, and self-management practices	This program provides structured and simplified education to empower patients in managing their condition effectively.	• Increase patient knowledge. • Promote adherence to treatment and diet. • Prevent complications through self-care.	Monthly health teaching, bedside education, printed materials, video-assisted learning.	PHP 15,000	All hemodialysis patients	Pre-test/post-test, compliance monitoring, patient feedback
5. Social Engagement Support Program	Patients reported limitations in social activities, reduced interaction, and feelings of isolation due to regular dialysis treatment.	This program encourages peer support, social interaction, and meaningful engagement activities to improve psychosocial well-being.	• Reduce loneliness and isolation. • Promote peer support. • Enhance social and emotional well-being.	Peer support groups, recreational activities, group discussions, celebration events.	PHP 18,000	All hemodialysis patients	Participation rate, satisfaction survey, psychosocial well-being checklist

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary of the major findings of the study, followed by the conclusions drawn from the results, and the corresponding recommendations based on the significant issues identified. It provides a concise synthesis of the data gathered and analyzed in relation to the research objectives, highlighting the key patterns, relationships, and implications of the study.

Summary of Findings

Characteristic Profile of the Respondents

The demographic profile of the respondents shows that more than half belonged to the 26–33-year age group (53.9%), with progressively fewer respondents in older age categories, and only a minimal proportion (1.1%) aged 74–85 years, indicating that the sample is largely composed of younger adults undergoing hemodialysis. In terms of gender, males slightly predominated (58.4%) over females (41.6%), suggesting a higher representation of male patients in the study population. Most respondents were married (64.0%), followed by single (23.6%), widowed (11.2%), and separated (1.1%), reflecting a predominance of individuals within family-based relationships. Educational attainment revealed that half of the respondents reached college level (50.6%), followed by high school graduates (29.2%), while both elementary and postgraduate levels each accounted for 10.1%, indicating a generally moderate educational background. In terms of monthly income, the majority reported earning below ₱5,000 (57.3%), with only a small fraction (3.4%) earning ₱40,001 and above, reflecting significant economic limitation among respondents. Most participants lived with their families (93.3%), while only a few lived alone (4.5%) or with relatives (2.2%), highlighting strong family cohabitation. Regarding employment status, more than half were unemployed (58.4%), with only a small proportion engaged in full-time employment (13.5%), indicating reduced workforce participation likely related to their health condition. In terms of dialysis duration, the largest group had been undergoing treatment for 13–36 months (40.4%), followed by those with 37 months and above (31.5%) and 3–12 months (28.1%), showing that many respondents were in long-term dialysis care. Finally, most respondents underwent dialysis twice per week (61.8%), followed by those receiving treatment three times weekly (37.1%), with only one respondent (1.1%) undergoing dialysis once per week, reflecting standard dialysis treatment patterns within the study population.

Psychosocial Health Issues.

The level of psychosocial health issues experienced by the respondents reveals a multidimensional pattern across economic, emotional, health-related, social, and treatment-related domains, with varying degrees of severity. In terms of economic issues, the overall weighted mean of 2.90 indicates a moderately evident level of concern, with the highest impact observed in the effect of dialysis on employment or income (WM = 3.22), followed by financial burden on families (WM = 3.01), medication affordability (WM = 2.90), and financial dependence on others (WM = 2.89), all of which reflect persistent economic strain, while transportation costs (WM = 2.47) were slightly evident. For emotional issues, the overall weighted mean of 2.63 also reflects a moderately evident level, with sadness or depression (WM = 2.87), emotional stress from dialysis (WM = 2.75), and anxiety about the future (WM = 2.71) being the most pronounced, whereas feelings of discouragement (WM = 2.36) and reliance on emotional support (WM = 2.47) were slightly evident. In contrast, health-related issues obtained an overall weighted mean of 2.13, interpreted as slightly evident, indicating generally stable perceptions of healthcare interaction, as emotional support from healthcare staff (WM = 1.68), comfort in asking questions (WM = 1.75), and stress in dealing with healthcare providers (WM = 1.69) were not evident; however, concern about complications (WM = 2.90) and feeling uninformed about one's condition (WM = 2.43) suggest ongoing health anxiety despite generally positive patient-provider relations. For **social issues**, the overall weighted mean of 2.61 indicates moderate psychosocial impact, with limitation of social activities (WM = 3.47) being highly evident, followed by feeling misunderstood (WM = 2.81), while social isolation (WM = 2.42), perceived burden on others (WM = 2.42), and difficulty maintaining relationships (WM = 1.92) were slightly evident. Lastly, treatment-related issues showed an overall weighted mean of 2.62, indicating moderate concern, with limitation in daily activities due to dialysis (WM = 3.21), dietary and fluid restrictions (WM = 2.81), and concern about long-term outcomes (WM = 2.67) being moderately evident, while physical exhaustion (WM = 2.43) and difficulty managing treatment schedules (WM = 1.99) were slightly evident, reflecting that while treatment imposes significant lifestyle constraints, some aspects are more manageable for the respondents.

Psychosocial Distress.

The level of psychosocial distress among the respondents in terms of psychological well-being was generally slightly evident, with an overall weighted mean of 2.47, indicating a relatively low to moderate level of psychological disturbance; however, certain indicators reflected moderate concern, particularly persistent sadness (WM = 2.70), emotional distress (WM = 2.62), and worry about future health (WM = 2.54), all of which were interpreted as moderately evident, suggesting that emotional challenges remain present among respondents, while perceptions that dialysis negatively affects mental health (WM = 2.28) and anxiety related to treatment (WM = 2.20) were slightly evident, indicating that psychological distress is not uniformly severe across all individuals. In terms of social aspects, the overall weighted mean of 3.00 indicates a moderately evident level of psychosocial impact, highlighting the importance of social factors in the lived experiences of the respondents; notably, family support was highly evident (WM = 3.66), underscoring the strong presence of familial involvement, while peer support (WM = 3.07), community support (WM = 2.80), and the perception that social support reduces distress (WM = 3.08) were moderately evident, reflecting the generally supportive social environment surrounding the patients, although participation in social activities was slightly evident (WM = 2.42), suggesting limitations in broader social engagement despite the availability of social support systems.

Coping Mechanisms.

The level of coping mechanisms among the respondents shows a distinct pattern in both adaptive and maladaptive strategies. In terms of adaptive coping, the overall weighted mean of 3.02 indicates a moderate level of utilization, with results showing that respondents most frequently adhere to medical advice (WM = 3.44), interpreted as high, reflecting strong compliance with prescribed treatment regimens; this was followed by the use of positive thinking and spirituality (WM = 3.28), also rated high, suggesting that internal belief systems and optimism play a significant role in coping with chronic illness. Meanwhile, seeking emotional or practical support (WM = 2.83), expressing feelings (WM = 2.79), and engaging in stress-reducing activities (WM = 2.78) were all interpreted as moderate, indicating that while these strategies are present, they are not as consistently practiced as treatment adherence and spiritual coping. In contrast, maladaptive coping mechanisms yielded an overall weighted mean of 3.22, interpreted as moderate, with social isolation (WM = 3.43) and avoidance of illness-related thoughts (WM = 3.42) both classified as high, signifying that withdrawal and emotional disengagement are prominent coping responses among respondents. Other maladaptive behaviors, including engaging in unhealthy habits (WM = 3.16), ignoring medical advice (WM = 3.13), and feelings of inability to cope (WM = 2.94), were interpreted as moderate, indicating that while maladaptive coping is evident, its intensity varies across behaviors, with avoidance and isolation being the most dominant patterns.

Relationship between Demographic and Clinical Profile and Psychosocial Health Issues

The analysis of the relationship between the respondents' demographic and clinical profile and their psychosocial health issues reveals that most variables demonstrated very weak and non-significant associations across all domains, indicating that psychosocial health problems were generally experienced regardless of demographic differences. Specifically, age showed negligible and non-significant correlations with psychosocial domains, such as emotional issues (rho = 0.002, p = 0.983) and social issues (rho = 0.134, p = 0.210), suggesting that psychosocial experiences were relatively uniform across age groups. Similarly, gender exhibited very weak and non-significant relationships with economic issues (rho = 0.115, p = 0.285) and emotional issues (rho = -0.006, p = 0.954), indicating that both male and female respondents experienced comparable levels of psychosocial health concerns. In terms of marital status, all associations were likewise non-significant, although emotional issues showed a weak correlation approaching significance (rho = 0.202, p = 0.058), implying a possible but inconclusive trend. Educational attainment also showed no significant relationships with psychosocial health issues, including social issues (rho = -0.109, p = 0.310), suggesting that educational background did not meaningfully influence psychosocial experiences. Likewise, living situation**,** employment status**,** duration of dialysis, and frequency of dialysis all demonstrated very weak and non-significant correlations (p > 0.05), indicating that these factors did not significantly affect psychosocial health outcomes among respondents. Notably, monthly income was the only variable that showed a statistically significant relationship, with a weak negative correlation with economic issues (rho = -0.244, p = 0.021), indicating that higher income levels were associated with lower economic-related

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psychosocial distress. Overall, these findings suggest that psychosocial health issues among respondents are largely independent of most demographic and clinical characteristics, with the exception of income, which remains a critical determinant of economic strain.

Relationship between Demographic and Clinical Profile and Psychosocial Distress

The analysis of the relationship between the respondents' demographic and clinical profile and their psychosocial distress shows that most variables exhibited very weak and statistically non-significant associations across both psychological well-being and social aspects, indicating that psychosocial distress is generally experienced irrespective of demographic differences. Specifically, age demonstrated negligible and non-significant correlations with psychological well-being (rho = -0.059, p = 0.586) and social aspects (rho = -0.157, p = 0.142), suggesting that age does not significantly influence psychosocial distress levels. Similarly, gender showed minimal and non-significant relationships with psychological well-being (rho = -0.010, p = 0.927) and social aspects (rho = 0.041, p = 0.704), indicating comparable psychosocial experiences among male and female respondents. In contrast, marital status was found to have a statistically significant relationship with psychological well-being (rho = 0.279, p = 0.008), suggesting that being married or having a marital partner may influence psychological aspects of distress, while its relationship with social aspects approached but did not reach significance (rho = -0.203, p = 0.057). Meanwhile, educational attainment**,** monthly income**,** living situation**,** employment status**,** and duration of dialysis all demonstrated very weak and non-significant relationships with psychosocial distress (p > 0.05), indicating that these variables do not meaningfully affect psychological or social distress levels among respondents. Regarding frequency of dialysis, a strong but statistically non-significant negative correlation was observed with social aspects (rho = -0.765, p = 0.538), suggesting that although a numerical relationship appears substantial, it lacks statistical validity. Overall, these findings imply that psychosocial distress among respondents is largely independent of most demographic and clinical characteristics, with marital status emerging as the only variable showing a statistically significant influence on psychological well-being.

Relationship between Demographic and Clinical Profile and Coping Mechanisms

Across the demographic and clinical variables examined, age, gender, marital status, monthly income, living situation, employment status, duration of dialysis, and frequency of dialysis consistently showed very weak and statistically non-significant relationships with both adaptive and maladaptive coping mechanisms (p > 0.05), indicating that coping behaviors among respondents were generally not determined by these fixed sociodemographic characteristics. This finding suggests that coping among hemodialysis patients is more likely shaped by psychological resources, illness perception, and contextual support systems rather than by inherent demographic factors. However, educational attainment emerged as a notable exception, demonstrating a statistically significant but weak positive relationship with maladaptive coping (rho = 0.226, p = 0.033), implying that variations in educational level may influence the tendency to engage in less effective coping strategies, possibly due to differences in health literacy, interpretation of illness-related stress, or access to appropriate coping resources. Overall, the pattern of results indicates that coping mechanisms in this population are relatively stable across demographic profiles, with only limited influence from educational background, reinforcing the idea that coping is a multidimensional and psychologically driven process rather than purely socially determined.

Relationship between Psychosocial Health Issues and Coping Mechanisms

The findings reveal that psychosocial health issues, including economic, emotional, health-related, social, and treatment-related concerns, showed very weak and statistically non-significant relationships with both adaptive and maladaptive coping mechanisms (p > 0.05). Specifically, adaptive coping demonstrated negligible associations with emotional issues (rho = 0.035, p = 0.743) and social issues (rho = -0.145, p = 0.149), indicating that the use of positive coping strategies such as adherence, spirituality, and help-seeking was not significantly influenced by the level of psychosocial difficulties experienced by respondents. Likewise, maladaptive coping also showed no significant relationships across all psychosocial domains, including emotional issues (rho = 0.006, p = 0.958) and treatment-related issues (rho = -0.017, p = 0.871), suggesting that avoidance, withdrawal, and other ineffective coping responses were not strongly determined by the severity of psychosocial stressors. Although social issues showed a weak negative correlation with maladaptive coping (rho = -0.205, p = 0.054), this relationship did not reach statistical significance, implying only a marginal trend rather than a meaningful predictive association. Overall, these results indicate that coping mechanisms among respondents appear relatively stable and not directly driven by the level of psychosocial health problems, suggesting that other factors such as personal resilience, personality traits, and social support systems may play a more central role in shaping coping behavior than the presence or intensity of psychosocial stressors alone.

Relationship between Psychosocial Distress and Coping Mechanisms

The results show a clear distinction between psychological well-being and social aspects in their relationship with coping mechanisms among respondents. In terms of psychological well-being, the findings indicate very weak and non-significant relationships with both adaptive coping (rho = 0.021, p = 0.842) and maladaptive coping (rho = -0.034, p = 0.752), suggesting that emotional states such as sadness, anxiety, and concern about future health do not significantly influence how respondents engage in coping strategies. This implies that psychological distress, as experienced in this study, may not directly translate into observable changes in coping behavior, possibly due to the presence of stable internal coping resources or external support systems that buffer emotional strain.

In contrast, social aspects of psychosocial distress demonstrated statistically significant and moderate positive relationships with both adaptive coping (rho = 0.485, p < 0.001) and maladaptive coping (rho = 0.463, p < 0.001). This indicates that as social challenges and social support-related experiences intensify, respondents are more likely to engage in both positive and negative coping strategies simultaneously. The positive association with adaptive coping suggests that increased social involvement, family support, and peer interaction may encourage help-seeking, emotional expression, and adherence to treatment. At the same

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time, the significant relationship with maladaptive coping implies that heightened social strain or disrupted social functioning may also trigger withdrawal, avoidance, or other ineffective coping responses.

These findings suggest that social dimensions of psychosocial distress play a more influential role in shaping coping behaviors compared to psychological well-being. This supports the idea that coping among hemodialysis patients is strongly embedded in their social environment, where both supportive and stressful social interactions significantly influence how they manage illness-related challenges.

Conclusions

The demographic and clinical profile of the respondents indicates that the hemodialysis population in this study is predominantly composed of young adults aged 26–33 years, with a higher proportion of males, most of whom are married and residing with their families. A considerable number of respondents were unemployed and reported a monthly income below ₱5,000, reflecting a generally low socioeconomic status and heightened economic vulnerability. Clinically, most patients had been undergoing hemodialysis for 13–36 months and were receiving treatment twice weekly, indicating sustained engagement with long-term renal replacement therapy despite socioeconomic and lifestyle constraints.

In terms of psychosocial health issues, the findings reveal that economic, emotional, social, and treatment-related concerns were moderately evident, suggesting that patients experience persistent and multidimensional challenges related to their condition. Conversely, health-related or healthcare interaction concerns were slightly evident, with several indicators rated as not evident, indicating generally stable and satisfactory patient–provider relationships. Among all domains, limitations in social participation and restrictions in daily activities emerged as the most prominent concerns, underscoring the significant functional and social impact of hemodialysis on patients' lives.

With regard to psychosocial distress, the overall level was slightly evident, indicating that distress is present but not uniformly severe across respondents. Nevertheless, specific dimensions such as emotional distress and persistent sadness reached moderately evident levels, highlighting important psychological concerns that warrant attention. In contrast, social support, particularly from family, was highly evident, demonstrating the strong presence and central role of familial networks in providing emotional and practical support to patients undergoing long-term dialysis.

Regarding coping mechanisms, adaptive strategies were moderately utilized, with strong reliance on adherence to medical advice and the use of spirituality or positive thinking, reflecting constructive and resilience-oriented approaches to illness management. However, maladaptive coping mechanisms were also moderately present, with social isolation and avoidance behaviors emerging at high levels, indicating that while patients employ functional coping strategies, a significant proportion also resort to less effective or withdrawal-based responses under psychosocial strain.

The analysis of relationships between demographic and clinical profile and psychosocial health issues reveals that most variables were not significantly associated with psychosocial outcomes, suggesting that psychosocial challenges are generally experienced across demographic groups. The only exception was monthly income, which showed a statistically significant but weak relationship with economic issues, indicating that financial capacity plays a meaningful role in shaping economic-related psychosocial concerns.

Similarly, psychosocial distress was largely independent of demographic and clinical variables, with most relationships not reaching statistical significance. However, marital status showed a significant relationship with psychological well-being, suggesting that relational and spousal support systems may influence emotional adjustment among patients.

In relation to coping mechanisms, demographic and clinical variables generally did not show significant influence, except for educational attainment, which demonstrated a weak but statistically significant relationship with maladaptive coping. This suggests that differences in educational background may modestly influence the tendency to engage in less effective coping strategies, potentially through variations in health literacy and understanding of illness management.

The study further found that psychosocial health issues were not significantly associated with either adaptive or maladaptive coping mechanisms, indicating that coping behaviors may not be directly determined by the severity or type of psychosocial problems experienced. Instead, coping may be influenced by more stable psychological or contextual factors beyond immediate psychosocial stressors.

In contrast, psychosocial distress showed a differentiated pattern of relationships with coping mechanisms. Psychological well-being was not significantly associated with coping, whereas social aspects of distress demonstrated moderate and statistically significant relationships with both adaptive and maladaptive coping. This highlights the central role of social experiences and social support dynamics in shaping how patients respond to the challenges of hemodialysis.

Finally, the evidence-informed psychosocial support guideline developed in this study represents a feasible, integrated, and multidimensional framework designed to address the psychosocial needs of hemodialysis patients. It is grounded in the empirical findings of the study and aligns with the observed patterns of psychosocial issues, distress, and coping mechanisms. The guideline emphasizes routine integration within dialysis care settings and utilizes existing healthcare resources to strengthen psychosocial support, enhance adaptive coping, and reduce maladaptive responses among patients.

Recommendations

Based on the significant findings of the study, several targeted recommendations are proposed to enhance psychosocial care among patients undergoing hemodialysis.

To the Department of Health (DOH) and other relevant government health agencies, it is recommended to strengthen and expand financial assistance programs specifically designed for hemodialysis patients. Given the significant relationship between monthly income and economic issues, policies should prioritize subsidies for dialysis treatment, essential medications, laboratory examinations, and transportation support. The establishment of a more accessible and streamlined referral system linking patients to social welfare services, such as medical assistance programs and charitable foundations, is also strongly encouraged to reduce the long-term financial burden of treatment.

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To hospital administrators, nephrology units, and dialysis center managers, the integration of family-centered care approaches is recommended in response to the significant association between marital status and psychological well-being. This may include structured involvement of spouses and family members in patient education sessions, care planning, and counseling activities. Strengthening family participation in the treatment process is essential in enhancing emotional stability, improving psychological adjustment, and fostering a more supportive care environment for patients undergoing long-term dialysis.

To nursing staff, nephrologists, and allied health professionals, the implementation of individualized and health literacy–appropriate patient education programs is strongly recommended, considering the significant relationship between educational attainment and maladaptive coping. Educational interventions should be simplified, repetitive, and culturally sensitive to ensure comprehension across varying educational backgrounds. These programs should emphasize disease understanding, treatment adherence, and effective coping strategies in order to reduce maladaptive responses such as avoidance and social withdrawal.

To dialysis unit coordinators and psychosocial care teams, it is recommended to strengthen social support systems within hemodialysis settings in light of the significant relationship between social aspects of psychosocial distress and both adaptive and maladaptive coping mechanisms. The establishment of peer support groups, structured patient interaction activities during dialysis sessions, and collaboration with community-based support organizations are encouraged. These interventions may enhance social connectedness, promote adaptive coping, and reduce the likelihood of maladaptive coping behaviors.

Finally, to future researchers, it is recommended to further explore the underlying psychological and contextual factors that may influence coping mechanisms among hemodialysis patients, particularly those beyond demographic and clinical characteristics. Longitudinal and intervention-based studies are also encouraged to evaluate the effectiveness of psychosocial support programs and to further validate the proposed evidence-informed psychosocial support guideline developed in this study.

References

1. Abu Bonsra, E., Atsrim, P. Y., Korankye, A., & Komesuor, J. (2025). Experiences and coping strategies among patients with chronic renal failure (CRF) in Ghana: A phenomenological study. *PLOS Mental Health*, *2*(9), e0000279. https://doi.org/10.1371/journal.pmen.0000279
2. Acoba, E. F. (2024). Social support and mental health: The mediating role of perceived stress. *Frontiers in Psychology*, *15*, 1330720. https://doi.org/10.3389/fpsyg.2024.1330720
3. Agarwal, A., & Anjum, F. (2026). Hemodialysis. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK563296/
4. Al Nazly, E., Ahmad, M., Musil, C., & Nabolsi, M. (2021). Hemodialysis stressors and coping strategies among patients. *Journal of Renal Care, 47*(2), 103–112.
5. Alampay, L. P. (2024). Cultural values, parenting and child adjustment in the Philippines. *International Journal of Psychology*, *59*(4), 568–577. https://doi.org/10.1002/ijop.13117
6. Alatawi, A. A., Alaamri, M., & Almutary, H. (2024). Social support and adherence to treatment regimens among patients undergoing hemodialysis. *Healthcare*, *12*(19), 1958. https://doi.org/10.3390/healthcare12191958
7. Alexopoulou, M., Giannakopoulou, N., Komna, E., Alikari, V., Toulia, G., & Polikandrioti, M. (2016). The effect of perceived social support on hemodialysis patients' quality of life. *Materia Socio-Medica, 28*(5), 338–342.
8. Algorani, E. B., & Gupta, V. (2023). Coping mechanisms. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK559031/
9. Allas, Z. (2023). Coping strategies of family members living with hemodialysis patients. *Puissant, 4*, 1039–1062.
10. Almutary, H., & Tayyib, N. (2020). Psychosocial burden among patients undergoing hemodialysis: A cross-sectional study. *Journal of Psychosocial Nursing and Mental Health Services*, *58*(8), 38–47. https://doi.org/10.3928/02793695-20200714-03
11. Alshammari, B., et al. (2024). Factors influencing fatigue among patients undergoing hemodialysis: A multi-center cross-sectional study. *Libyan Journal of Medicine, 19*(1), 2301142. https://doi.org/10.1080/19932820.2023.2301142
12. Alshraifeen, A., Al-Rawashdeh, S., Alnuaimi, K., Ismail, S., & Alzoubi, K. (2020). Predictors of depression and quality of life among hemodialysis patients. *Perspectives in Psychiatric Care, 56*(2), 392–399.
13. Amin, S. M., Khedr, M. A., Tawfik, A. F., Malek, M. G. N., & El-Ashry, A. M. (2025). The mediating and moderating role of social support on psychological well-being among elderly with chronic illness. *BMC Nursing*, *24*(1), 156.
14. Aremu, T. O., Oluwole, O. E., Adeyinka, K. O., & Schommer, J. C. (2022). Medication adherence and compliance: Recipe for improving patient outcomes. *Pharmacy*, *10*(5), 106.
15. Arrieta Valero, I. (2019). Autonomies in interaction: Dimensions of patient autonomy and non-adherence to treatment. *Frontiers in Psychology, 10*, 1857.
16. Aruta, J. J. B. R. (2023). Mental health of hemodialysis patients in the Philippines amid COVID-19 crisis: A call for action. *Chronic Illness*, *19*(4), 689–691.
17. Ayşin, N., Kurt Can, E., Koltaş, S., & Yilmaz, M. (2026). Experiences of stigmatisation and spiritual coping among women with cervical cancer. *BMC Women's Health, 26*(1), 138.
18. Bakhsh, A. M., & Mahallawi, W. H. (2025). Psychological effects of hemodialysis on patients with renal failure: A cross-sectional study. *Journal of Clinical*

DOI: 10.5281/zenodo.20279839

Medicine, 14(20), 7136. https://doi.org/10.3390/jcm14207136

19. Benjamin, D. J., et al. (2018). Redefine statistical significance. *Nature Human Behaviour, 2*(1), 6–10. https://doi.org/10.1038/s41562-017-0189-z
20. Bossola, M., Di Stasio, E., Antocicco, M., Pepe, G., & Vulpio, C. (2021). Anxiety and depression in chronic hemodialysis patients: A systematic review. *Journal of Nephrology, 34*, 1451–1464. https://doi.org/10.1007/s40620-021-01071-z
21. Bovey, M., Hosny, N., Dutray, F., & Heim, E. (2025). Trauma-related cultural concepts of distress: A systematic review. *SSM - Mental Health, 7*, 100402. https://doi.org/10.1016/j.ssmmh.2025.100402
22. Brown, L., Smith, L., & Jones, J. (2022). Psychological distress and coping strategies among people receiving hemodialysis. *BMC Nephrology, 23*(1), 456. https://doi.org/10.1186/s12882-022-03006-4
23. Bulathwatta, D. T., et al. (2025). Contrasting cultures, shared struggles: Experiences of end-stage kidney disease patients. *SAGE Open Nursing, 11*.
24. Butt, M. N., et al. (2025). Economic burden and clinical epidemiology of dialysis. *Cureus, 17*(9), e93372.
25. Casaux-Huertas, A., et al. (2025). Hemodialysis patients' emotional profiles and associated symptomatology. *Nursing Reports, 15*(5), 152. https://doi.org/10.3390/nursrep15050152
26. Chan, C. T., Wallace, E., & Golper, T. A. (2020). A comprehensive care framework for dialysis patients. *Peritoneal Dialysis International, 40*(1), 24–36. https://doi.org/10.1177/0896860819884852
27. Chidiac, C., et al. (2022). Routine laboratory testing in hemodialysis. *BMC Nephrology, 23*(1), 344. https://doi.org/10.1186/s12882-022-02971-9
28. Chironda, G., Bhengu, B., & Chiyangwa, K. C. (2021). Hemodialysis patients' psychosocial experiences. *International Journal of Africa Nursing Sciences, 15*, 100343.
29. Conduah, A. K., Essiaw, M. N., & Ofoe, S. H. (2025). Coping with chronic illness. *Public Health Challenges, 4*(4), e70129.
30. Cormier, H., Kergoat, M.-J., & Morin, S. (2020). Psychosocial needs of chronic kidney disease patients. *Nephrology Nursing Journal, 47*(5), 491–500.
31. Creswell, J. W., & Creswell, J. D. (2018). *Research design* (5th ed.). SAGE Publications.
32. Derasin, L. M., & Canque, M. (2023). Long-term dialysis patients in Philippine context. *Acta Biomedica*.
33. Diao, K., Wang, J., Huang, Y., et al. (2025). Social isolation in dialysis patients. *BMC Psychology, 13*(1), 947.
34. Doan, V., Shoker, A., & Abdelrasoul, A. (2024). Quality of life of dialysis patients. *Journal of Composites Science, 8*(5), 172.
35. Drageset, J. (2021). Social support. In *Health promotion in health care*. Springer.
36. Duarte, P. S., Miyazaki, M. C. O. S., Blay, S. L., & Sesso, R. (2020). Cognitive-behavioral therapy for dialysis patients. *Psychology, Health & Medicine, 25*(8), 1001–1014.
37. Ebadi, A., Sajadi, S. A., Moradian, S. T., & Akbari, R. (2021). Psychological consequences for caregivers. *BMC Psychology, 9*(1), 154.
38. El Kirat, H., van Belle, S., Khattabi, A., & Belrhiti, Z. (2024). Behavioral change interventions. *BMC Public Health, 24*(1), 2099.
39. Farzi, S., Farzi, S., Moladoost, A., et al. (2019). Caring burden and quality of life. *International Journal of Community Based Nursing and Midwifery, 7*(2), 88–96.
40. Felipe-Dimog, E. B., et al. (2024). Caring behavior of Filipinos. *Acta Medica Philippina, 58*(15), 6–10.
41. Finnegan-John, J., & Thomas, V. J. (2013). Psychosocial experience of ESRD patients. *ISRN Nephrology, 2013*, 308986.
42. Fisher, R. A. (1925). *Statistical methods for research workers*. Oliver & Boyd.
43. Flythe, J. E., et al. (2018). Symptom experiences. *Nephrology Dialysis Transplantation, 33*(10), 1842–1852.
44. Gao, J., Han, M., & Ban, B. (2025). Patient satisfaction with hemodialysis. *Scientific Reports, 15*(1), 34960.
45. Ghaffari, M., et al. (2019). Coping with stress. *International Journal of Community Based Nursing and Midwifery, 7*(4), 309–318.
46. Goh, Z. S., Griva, K., & McBain, H. (2021). Illness perceptions and coping. *Journal of Health Psychology, 26*(10), 1567–1580.
47. Gröble, S., et al. (2024). Socioeconomic impact of transport costs. *Healthcare, 12*(24), 2513.
48. Harpe, S. E. (2015). Likert scale analysis. *Currents in Pharmacy Teaching and Learning, 7*(6), 836–850.
49. Ito, T., Kounnavong, S., & Miyoshi, C. (2022). Financial burden and health-seeking behavior. *International Journal for Equity in Health, 21*(1), 180.
50. Jimmy, B., & Jose, J. (2011). Patient medication adherence. *Oman Medical Journal, 26*(3), 155–159.
51. Kalantar-Zadeh, K., et al. (2014). Incremental hemodialysis. *American Journal of Kidney Diseases, 64*(2), 181–186.
52. Karami, H., Rahmati, M., & Abbasi, P. (2025). Social support and resilience. *BMC Nephrology, 26*(1), 278.
53. Kang, E., Park, J., & Kim, S. (2022). Psychological support needs. *Journal of Clinical Nursing, 31*(7–8), 979–992.

54. Kang, S.-H., Do, J. Y., Kim, J., & Lee, S. Y. (2020). Social support and quality of life. *BMC Nephrology, 21*, 416.

55. Kassa, D. A., Mekonnen, S., Kebede, A., & Haile, T. G. (2020). Cost of hemodialysis. *ClinicoEconomics and Outcomes Research, 12*, 399–409.

56. Kim, M. G. (2023). Dialysis specialists. *Kidney Research and Clinical Practice, 42*(6), 667–669.

57. Kim, S., Jang, Y. S., & Park, E. C. (2025). Social isolation and depression. *BMC Psychiatry, 25*(1), 327.

58. Kliger, A. S. (2021). Patient-centered care in dialysis. *Clinical Journal of the American Society of Nephrology, 16*(10), 1628–1635.

59. Kloss, K., et al. (2019). Access to transplantation. *BMJ Open, 9*(9), e032694.

60. Kosar Sahin, C., et al. (2025). Care management in hemodialysis. *BMC Health Services Research, 25*(1), 843.

61. Kurt, G., et al. (2025). Coping resources and mental health. *Global Mental Health, 12*, e100.

62. Lambert, K., et al. (2022). Physical activity in dialysis patients. *PLOS ONE, 17*(4), e0267290.

63. Lewis, R. A., et al. (2022). Transportation burden in hemodialysis. *Kidney Medicine, 5*(2), 100571.

64. Liyanage, T., Agarwal, R., & Thomas, B. (2021). Global dialysis burden. *The Lancet Regional Health – Western Pacific, 10*, 100150.

65. Madhavan, P., et al. (2022). Psychosocial challenges in dialysis. *PLOS ONE, 17*(4), e0266762.

66. Massey, C. C., Conway, J., & Webster, E. (2025). Bereavement in dialysis units. *BMJ Open, 15*(10), e104382.

67. Matchanova, A., et al. (2023). Health literacy and adherence. *Psychology & Health, 38*(3), 348–368.

68. Mestre, T. D., et al. (2024). Family self-care in chronic disease. *SAGE Open Nursing, 10*.

69. Milders, J., et al. (2025). Living with chronic kidney disease. *BMC Nephrology, 26*(1), 301.

70. Mugi, E. W. (2021). Stressors and coping strategies among hemodialysis patients. Unpublished master's thesis, Kenyatta University.

71. Murtagh, F. E., Burns, A., & Morton, R. L. (2020). Palliative care in kidney disease. *Nature Reviews Nephrology, 16*(12), 795–810.

72. Nagy, D. S., et al. (2024). Spirituality and coping mechanisms. *Healthcare, 12*(23), 2349.

73. Norman, G. (2010). Likert scales and statistics. *Advances in Health Sciences Education, 15*(5), 625–632.

74. Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). McGraw-Hill.

75. Ogwang, A. J., et al. (2023). Lived experiences of hemodialysis patients. *Patient Related Outcome Measures, 14*, 393–408.

76. Pan, W. J., & Wang, S. F. (2025). Emotional needs in patients. *World Journal of Psychiatry, 15*(3), 103093.

77. Polit, D. F., & Beck, C. T. (2017). *Nursing research* (10th ed.). Wolters Kluwer.

78. Rañola, S. F., & Lanuzo, H. L. (2025). Financial toxicity in hemodialysis. *United International Journal for Research & Technology, 6*(5).

79. Rao, H., et al. (2025). Coping strategies in young hemodialysis patients. *BMC Nephrology, 26*(1), 378.

80. Ralston, M., Jennings, E., & Schatz, E. (2022). Social support and illness. *Sociological Inquiry, 92*(3), 1053–1082.

81. Rayner, H. C., et al. (2014). Quality of life in hemodialysis patients. *American Journal of Kidney Diseases, 64*(1), 86–94.

82. Roohafza, H. R., et al. (2014). Social support and coping styles. *Journal of Research in Medical Sciences, 19*(10), 944–949.

83. Sajjadi, S. L., et al. (2024). Uncertainty and hope in dialysis patients. *BMJ Open, 14*(12), e091492.

84. Schober, P., Boer, C., & Schwarte, L. A. (2018). Correlation coefficients interpretation. *Anesthesia & Analgesia, 126*(5), 1763–1768.

85. Sette, S., et al. (2023). Social withdrawal and well-being. *Behavioral Sciences, 13*(12), 977.

86. Shensa, A., et al. (2016). Social media and emotional support. *Journal of Community Health, 41*(3), 541–549.

87. Siu, A. M. H., et al. (2024). Psychosocial adaptation in chronic illness. *Rehabilitation Counseling Bulletin, 67*(2), 147–158.

88. Spinale, J., et al. (2008). Spirituality and survival in dialysis patients. *Clinical Journal of the American Society of Nephrology, 3*(6), 1620–1627.

89. Springer. (2021). *Stress and coping theory in health psychology*. Springer Publishing.

90. Subramanian, L., & Hamilton, A. (2022). Mental health in CKD management. *Kidney Medicine, 4*(8), 100512.

91. Sumawang, E. (2025). Cost management in dialysis care. *Journal of Interdisciplinary Perspectives, 3*(7), 71–82.

92. Sułkowski, L., et al. (2024). Social support and quality of life. *Medicina, 60*(11), 1732.

93. Talson, M. D., et al. (2025). Provider-patient interactions in dialysis. *Canadian Journal of Kidney Health and Disease, 12*.

94. Tangco-Siason, A. (2025). Coping behaviors of students. *Frontiers in Education, 10*, 1676887.

95. Tavakol, M., & Dennick, R. (2011). Cronbach's alpha. *International Journal of Medical Education, 2*, 53–55.

96. Theodoritsi, A., et al. (2016). Social support in hemodialysis patients. *Iranian Journal of Public Health, 45*(10), 1261–1269.

97. Tong, A., et al. (2021). Supportive care in kidney disease. *American Journal of Kidney Diseases, 77*(4), 628–643.

98. Turner, J., & Kelly, B. (2000). Emotional dimensions of chronic disease. *Western Journal of Medicine, 172*(2), 124–128.

99. Usta, D., et al. (2025). Patient engagement and adherence. *Journal of Behavioral Medicine, 48*(5), 848–859.

100. Vadakedath, S., & Kandi, V. (2017). Dialysis complications. *Cureus, 9*(8), e1603.

101. Whaley-Connell, A., et al. (2011). Early CKD identification. *Missouri Medicine, 108*(1), 25–28.

102. Wilk, A. S., & Lea, J. P. (2019). Extended hemodialysis and quality of life. *Clinical Journal of the American Society of Nephrology, 14*(12), 1687–1689.

103. Win, K. C. M., et al. (2025). Non-adherence in dialysis patients. *Nursing Reports, 15*(9), 314.

104. Wittenberg-Lyles, E., et al. (2014). Caregiver social support burden. *Health Communication, 29*(9), 901–910.

105. Wolfe, R. M., & Redford, L. (2023). Psychosocial assessment tools. *Journal of Chronic Illness Care, 11*(3), 45–59.

106. Yang, C., et al. (2022). Family support and mental health. *Frontiers in Psychology, 13*, 1064898.

107. Yasin, F., et al. (2024). Self-care management in dialysis patients. *Qatar Medical Journal, 2024*(1), 12.

108. Zar, J. H. (2010). *Biostatistical analysis* (5th ed.). Prentice Hall.

109. Zhao, S., Wang, Y., & Wu, J. (2023). Psychosocial adaptation in hemodialysis patients. *BMC Psychology, 11*(1), 221.

APPENDIX A

LETTER OF APPROVAL FROM THE DEAN

Republic of the Philippines
PALAWAN STATE UNIVERSITY
Puerto Princesa City

GRADUATE SCHOOL

____________2026

TERESITA D. TAJOLOSA Ph.D
Dean, Graduate School
Palawan State University
Manalo Campus, Puerto Princesa City

Dear Dean Tajolosa,

Good Day!

The undersigned is a graduate student of Master of Science in Nursing and is presently working on his graduate thesis entitled **"The Psychosocial Health Issues and Coping Strategies of Hemodialysis Patients."** This research aims to examine the psychosocial health support needs of dialysis patients to provide healthcare institutions with essential insights that may inform the creation and implementation of targeted clinical practice guidelines.

The researcher would like to request permission from your office to allow him to conduct the study. Rest assured that the concerned research committees have reviewed the study. Your kind approval for the above-stated request is highly appreciated.

Thank you very much for your support and cooperation.

Respectfully yours,

ALLAN DINO PANES, RN

Researcher

Noted by:

ROY ALBERT N. ACOSTA, Ph.D

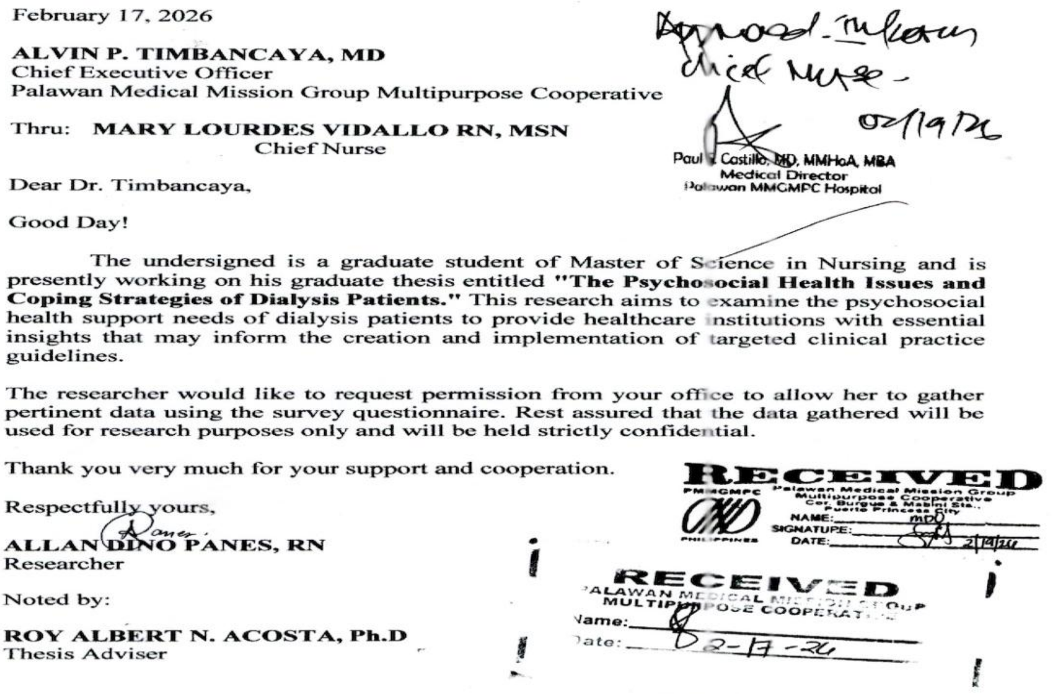
Thesis Adviser

DOI: 10.5281/zenodo.20279839

APPENDIX B
LETTER TO THE HOSPITAL DIRECTORS

Republic of the Philippines
PALAWAN STATE UNIVERSITY
Puerto Princesa City

GRADUATE SCHOOL



February 17, 2026

ALVIN P. TIMBANCAYA, MD
Chief Executive Officer
Palawan Medical Mission Group Multipurpose Cooperative

Thru: **MARY LOURDES VIDALLO RN, MSN**
Chief Nurse

Approved - In favor
Chief Nurse -
02/19/26

Paul Castillo, MD, MMHoA, MBA
Medical Director
Palawan MMGMPC Hospital

Dear Dr. Timbancaya,

Good Day!

The undersigned is a graduate student of Master of Science in Nursing and is presently working on his graduate thesis entitled **"The Psychosocial Health Issues and Coping Strategies of Dialysis Patients."** This research aims to examine the psychosocial health support needs of dialysis patients to provide healthcare institutions with essential insights that may inform the creation and implementation of targeted clinical practice guidelines.

The researcher would like to request permission from your office to allow her to gather pertinent data using the survey questionnaire. Rest assured that the data gathered will be used for research purposes only and will be held strictly confidential.

Thank you very much for your support and cooperation.

Respectfully yours,

ALLAN DINO PANES, RN
Researcher

Noted by:

ROY ALBERT N. ACOSTA, Ph.D
Thesis Adviser

RECEIVED
PMMGMPC
Palawan Medical Mission Group
Multipurpose Cooperative
Cor. Burgos & Mabini Sts.,
Puerto Princesa City
PHILIPPINES
NAME: mpO
SIGNATURE:
DATE: 2/19/26

RECEIVED
PALAWAN MEDICAL MISSION GROUP
MULTIPURPOSE COOPERATIVE
Name:
Date: 2-17-26

APPENDIX C

LETTER TO THE VALIDATORS

DOI: 10.5281/zenodo.20279839

APPENDIX D

LETTER TO THE PARTICPANTS FOR PILOT TESTING

APPENDIX E

CERTIFICATE OF VALIDATION

DOI: 10.5281/zenodo.20279839

APPENDIX F

LETTER TO THE RESPONDENTS

APPENDIX G

INFORMED CONSENT

Republic of the Philippines
PALAWAN STATE UNIVERSITY
Puerto Princesa City

GRADUATE SCHOOL

Researcher:	ALLAN DINO PANES
School:	Palawan State University Graduate School
Name of Study:	**The Psychosocial Health Issues and Coping Strategies of Hemodialysis Patients**

Introduction

The role of psychosocial health issue interventions among dialysis patients can hinder their overall well-being and adjustment to treatment. Understanding the factors that impact the behavior of hemodialysis patients in seeking and engaging with psychosocial support can help healthcare providers implement effective strategies to encourage adherence. Such insights are essential for enhancing the quality of care and support services provided by hemodialysis units, benefiting both patients and the wider healthcare community.

Purpose of the Study

This study aims to generate empirical data on the psychosocial health issues, level of psychological and social distress, and coping mechanisms of patients undergoing hemodialysis, which will serve as the basis for formulating a proposed psychosocial support guideline. The development of this guideline is intended solely as a research-based output and recommendation designed to inform and support clinical practice. It does not constitute an immediate institutional policy or standard of care. Any future adoption or implementation of the proposed guideline shall be subject to further clinical validation, expert review, and formal administrative approval by the appropriate healthcare authorities and institutions.

Type of Research Intervention

The study uses a self-administered survey questionnaire.

Participant Selection

The selection of respondents will include hemodialysis patients aged 18 years and above who are currently receiving treatment in the hemodialysis unit of PMMGMPC. Participation in the study will be entirely voluntary.

Procedures

Hemodialysis Patients will receive a survey questionnaire consisting of two sections: demographic information and a questionnaire assessing their level of engagement with psychosocial health support.

Duration

Participating in this study may take a total of 30 minutes.

Risk

Although the study poses minimal physical risk, it includes items that address potentially sensitive topics such as emotional distress, depression, and anxiety related to illness and treatment. As such, appropriate safeguards are incorporated into the research instrument to minimize the risk of psychological discomfort. At the beginning of the questionnaire, a participant advisory statement is provided to inform respondents about the nature of the questions, including the presence of items that may evoke emotional responses. Participants are explicitly assured that their participation is entirely voluntary and that they have the right to skip any question they find uncomfortable without any negative consequences. The instrument is likewise designed using a non-forcing response format to ensure that no item requires a mandatory answer.

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Benefits	Answering the survey contributes to the data needed for the conclusion and recommendations of this study and for the output for improvement as well.
Sharing the Results	Information given will be collected and presented. The individual answers of each respondent will not be discussed.
Right to Refuse or Withdraw	The participant may withdraw or refuse to participate at any moment without penalty. The hemodialysis patients decision will not affect their treatment, care or relationship with healthcare providers in the hemodialysis unit.
Who to Contact?	This study is being conducted by Allan Dino Panes, RN. Her phone number is 09369521840. If I have any questions or concerns about the study, I can call her and ask her about them.

CERTIFICATE OF CONSENT

I have read all the information discussed above. I had the time to ask for clarification about this study, and I am satisfied with the answers given by the researcher. When I sign my name, this means that I agree to participate in the study voluntarily.

Name of Participant: ___________________________________

Signature of Participant: _______________________________

Date (MM/DD/YY): ___________________________________

APPENDIX H

CERTIFICATE OF ANTI-PLAGIARISM

Republic of the Philippines
PALAWAN STATE UNIVERSITY
Office of the University Library

Vision
An internationally recognized university that provides relevant and innovative education and research for lifelong learning and sustainable development.

Mission
The Palawan State University is committed to upgrade the people's quality of life by providing education opportunities through excellent instruction, research and innovation, extension, production services, and transnational collaborations.

CERTIFICATE OF ANTI-PLAGIARISM

I certify that the research paper entitled, **"The Psychosocial Health Issues and Coping Strategies of Hemodialysis Patients"** conducted by **PANES, ALLAN DINO D.** of **MASTERS OF SCIENCE IN NURSING MAJOR IN MEDICAL SURGICAL** has been checked against plagiarism using Turnitin with **9%** result based on the analysis of the report produced by the system.

CHRISTIAN ROBERT B. NALICA
Director, Library Services

Date: April 8, 2026

Attachment: Turnitin Plagiarism report

Control No. 2026-0268

Palawan State University, Brgy. Tiniguiban, Puerto Princesa City, Palawan, 5300, Philippines
library@psu.palawan.edu.ph

DOI: 10.5281/zenodo.20279839

APPENDIX I

RESEARCH INSTRUMENTS

Part I: Respondents Characteristic Profile

Direction: Please put a check (√) mark on the option that best represents your experience or perspective related to the following aspects of psychosocial health support for dialysis patients.

a. Age:

☐18-25 years old ☐26-33 years old ☐34-41 years old ☐42-49 years old

☐50-57 years old ☐58-65 years old ☐66-73 years old ☐74-81 years old

b. Gender:

☐Male ☐Female

c. Marital Status:

☐Single ☐Married ☐Widowed ☐Separated

d. Education Attainment:

☐Elementary ☐High School ☐College ☐Post-Graduate

e. Monthly Income:

☐ Below Php 5,000 ☐ Php 5,001 to Php 10,000 ☐ Php 10,001 to Php 15,000

☐ Php 15,001 to Php 20,000 ☐ Php 20,001 to Php 25,000 ☐ Php25,001 to Php 30,000

☐ Php30,001 to Php 35,000 ☐ Php35,001 to Php 40,000 ☐ Php 40,001 and above

f. Living Situation:

☐Live alone ☐Live with family ☐Live with relatives ☐Other:___________

g. Employment Status:

☐Employed full-time ☐Employed part-time ☐Unemployed ☐Retired

☐Other:___________

h. Duration of Dialysis Treatment:

☐3 month – 1 year ☐1 year to 3 years ☐ 3 years and above

i. Frequency of Dialysis Sessions per Week:

☐One ☐Two ☐Three

Part II: Psychosocial Health Issues:

Direction: Please check (√) the option that best reflects your experience or level of agreement regarding psychosocial health support needs and satisfaction. Please be guided by the following scale:

4	Strongly Agree	This indicates the action or event happens consistently, without exception.
3	Agree	This signifies the action or event happens frequently but not always.
2	Disagree	This suggests the action or event happens infrequently, perhaps only a few times in a given period.
1	Strongly Disagree	This indicates the action or event never happens or has never happened.

No.	Economic Issues	4	3	2	1
1	Dialysis places a financial burden on me or my family.				
2	I struggle with transportation costs for dialysis.				
3	I worry about my ability to afford medications.				
4	Dialysis affects my ability to maintain employment or income.				
5	I feel financially dependent on others because of my treatment.				
	Emotional Issues				

1	I often feel sad or depressed because of my condition.				
2	I experience anxiety about my future.				
3	I feel emotionally stressed due to dialysis treatment.				
4	I feel discouraged about my condition.				
5	I rely heavily on others for emotional support.				
	Healthcare-Related Issues				
1	I receive adequate emotional support from healthcare staff				
2	I feel comfortable asking questions to the dialysis team.				
3	I worry about complications during dialysis.				
4	I feel uninformed about my illness and treatment.				
5	I experience stress when interacting with healthcare providers.				

	Social Issues	**4**	**3**	**2**	**1**
1	Dialysis limits my social activities.				
2	I feel socially isolated because of my treatment schedule.				
3	I feel I am a burden to my family or friends.				
4	I have difficulty maintaining relationships because of dialysis.				
5	I feel that people around me do not fully understand my condition.				
	Treatment-Related Issues				
1	I find the dialysis schedule difficult to manage.				
2	I worry about long-term treatment outcomes.				
3	Dialysis limits my ability to perform daily activities.				
4	I find dietary and fluid restrictions stressful.				
5	I feel physically exhausted after dialysis sessions.				

Part III: Level of Psychosocial Distress

No.	**Psychological Well-Being**	**4**	**3**	**2**	**1**
1	I feel emotionally distressed most of the time.				
2	I worry frequently about my future health.				
3	Dialysis negatively affects my mental well-being.				
4	I experience persistent feelings of sadness.				
5	I feel anxious about my treatment.				
	Social Aspects				
1	I feel supported by my family during treatment.				
2	I receive emotional support from peers or fellow patients.				
3	I am able to participate in social activities despite dialysis.				
4	I receive support from my community or social circle.				
5	I feel that social support helps reduce my distress.				

Part IV: Coping Mechanisms

Direction: Please check (√) the option that best reflects your experience regarding psychosocial health support needs and satisfaction. Please be guided by the following scale:

4	**Always**	This indicates the action or event happens consistently or regularly.
3	**Sometimes**	This signifies the action or event happens occasionally or at certain times.
2	**Seldom**	This suggests the action or event happens rarely or infrequently.
1	**Never**	This indicates the action or event does not happen at all.

No.	Adaptive Coping	4	3	2	1
1	I seek emotional or practical support when I feel stressed.				
2	I use positive thinking to cope with stress.				
3	I follow medical advice and self-care instructions to manage my condition.				
4	I engage in activities or hobbies that reduce my stress.				
5	I express my feelings or talk about my concerns to relieve stress.				
	Maladaptive Coping				
1	I avoid thinking about my condition.				
2	I isolate myself from others.				
3	I feel unable to cope with my situation.				
4	I ignore medical advice.				
5	I rely on unhealthy habits to manage stress.				

APPENDIX J

SAMPLE OF VALIDATED FORMS WITH THE VALIDATOR'S FEEDBACK AND COMMENTS

APPENDIX K

CERTIFICATION OF READINESS FOR DEFENSE

Republic of the Philippines
PALAWAN STATE UNIVERSITY
Puerto Princesa City

GRADUATE SCHOOL

April 29, 2026

TERESITA D, TAJOLOSA, Ph.D

Dean, Graduate School

This University

Manalo Campus, Puerto Princesa City

Dear Dean Tajolosa,

This certifies that we have seen Mr. Allan Dino Panes thesis proposal, titled **"The Psychosocial Health Issues and Coping Strategies of Hemodialysis Patients."** The thesis proposal is, therefore, considered ready for defense. It requested that a proposal defense be scheduled.

Yours sincerely, Attested by:

Roy Albert N. Acosta, Ph.D **Teresita Tajolosa, Ph.D**

Adviser English / Language Editor

APPENDIX L

RELIABILITY TEST RESULTS

APPENDIX M

PHOTO DOCUMENTATION

CURRICULUM VITAE

Republic of the Philippines

PALAWAN STATE UNIVERSITY

Puerto Princesa City

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Brgy San Manuel Puerto
Princesa City Palawan
Philippines 5300

EDUCATION

Bachelor of Science in Nursing
Holy Trinity University
Puerto Princesa City Palawan Philippines
2007 - 2012

Masters Degree in Nursing
Palawan State University
Puerto Princesa City Palawan Philippines
2024 - present

LICENSES & CERTIFICATIONS

NY Board of Nursing: 939008
Philippines Board of Nursing: 0971414

Registered Nurse (RN) NYS ACLS
Advanced
Cardiac Life Support
Basic Life Support

SKILLS

Hemodialysis patient care, Patient assessment and monitoring, Patient education and counseling, infection control and safety practices, medication administration, Electronic Medical Record, Team collaboration and leadership

ALLAN DINO PANES

REGISTERED NURSE

A highly dedicated and detail-oriented Registered Nurse RN) with 3 years of clinical experience in a Hemodialysis Unit and 8 years of expertise as a Medical Virtual Assistant. Recognized for strong interpersonal skills, compassion, and commitment to delivering patient-centered care through collaborative treatment planning. Holds a Bachelor of Science in Nursing from Holy Trinity University and currently pursuing a Master's Degree in Nursing, major in Medical-Surgical Nursing, at Palawan State University to further enhance clinical knowledge and expand professional opportunities.

Staff Nurse – Hemodialysis Unit
Palawan Medical Mission Group Multipurpose Cooperative (PMMGMPC)
Puerto Princesa City, Palawan, Philipppines
June 2024 – Present
Part Time

- The unit has a 14-bed capacity with 3 to 4 shifts per day.
- Each nurse typically cares for 6-8 patients per shift.
- The hospital has 120 beds, with 110 patients in the hemodialysis unit.
- Nurses are responsible for adherence to infection control protocols, medication reconciliation, and documentation standards, adheres to data privacy, head to toe assessment, assessing and properly carrying out of Doctor's orders, blood transfusion, blood sugar monitory, IJ & fistula care, patient transfer and transport, health teaching, coordination with team members and hospital information system management.

Medical Virtual Assistant
Integrated Gastroenterology Consultants
North Chelmsford, Massachusetts, USA
May 2024 – Present
Full Time

- My responsibilities in this clinic are preparing patients' charts, updating the medication list of the patient, calling the primary care provider to get the latest progress notes, and uploading the latest laboratory and imaging reports to the EHR.

Staff Nurse – Hemodialysis Unit
Palawan Medical Mission Group Multipurpose Cooperative (PMMGMPC)
Puerto Princesa City, Palawan, Philippines
September 2023 – January 2024: 4 months
Full Time

- The unit has a 14-bed capacity with 3 to 4 shifts per day.
- Each nurse typically cares for 6-8 patients per shift.
- The hospital has 120 beds, with 110 patients in the hemodialysis unit.
- Nurses are responsible for adherence to infection control protocols, medication reconciliation, and documentation standards, adheres to data privacy, head to toe assessment, assessing and properly carrying out of Doctor's orders, blood transfusion, blood sugar monitory, IJ & fistula care, patient transfer and transport, health teaching, coordination with team members and hospital information system management.

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