ISRG JOURNAL OF CLINICAL MEDICINE AND MEDICAL RESEARCH [ISRGJCMMR]

ISRG PUBLISHERS
Abbreviated Key Title: ISRG J Clinic.Medici.Medica.Res.
ISSN: 3048-8850 (Online)
Journal homepage: https://isrgpublishers.com/cmmr/
Volume – III, Issue - III (May-June) 2026
Frequency: Bimonthly

CHALLENGES EXPERIENCED OF PATIENTS WITH CHRONIC KIDNEY DISEASE UNDERGOING HEMODIALYIS: A QUALITATIVE STUDY

MARY LORE AICON B. CALAMBA-LAGUITAO

Department of Nursing, Graduate School Palawan State Unviersity Puerto Princesa City, Palawan, Philippines

| **Received:** 27.05.2026 | **Accepted:** 30.05.2026 | **Published:** 31.05.2026

***Corresponding author:** MARY LORE AICON B. CALAMBA-LAGUITAO

Abstract

This qualitative descriptive study explored the lived experiences of hemodialysis patients in Puerto Princesa City, Palawan, focusing on the social, psychological, and financial challenges, as well as coping mechanisms and perceived support. Fifteen participants who had been undergoing hemodialysis for at least one year were purposively selected from both hospital-based and private dialysis centers. Data were collected through semi-structured interviews, audio-recorded, transcribed in Tagalog, and translated into English. Thematic analysis using NVivo 12 Pro was employed to identify recurring patterns and meaningful themes. Findings revealed that patients experienced significant disruption of work, productivity, and social roles due to treatment schedules and physical limitations. Mental health challenges included emotional shock, shame, anxiety, depression, irritability, overthinking, and fear of medical crises, which were closely linked to physical symptoms such as fatigue, pain, high blood pressure, and sleep disturbances. Family and community support were identified as critical sources of emotional, practical, and financial assistance, although gaps or inconsistencies in support exacerbated dependency and stress. Financial burdens were multidimensional, encompassing medications, laboratory tests, hospital bills, transportation, and dietary requirements, and persisted despite government programs such as PhilHealth, CSWD, DSWD, and LGU assistance.

The study concludes that clinical care alone is insufficient; comprehensive interventions must integrate emotional, logistical, and financial support to enhance patient well-being and treatment adherence. Practical coping strategies were observed, yet professional guidance is necessary to foster sustainable mental health management. Recommendations include integrating family-centered care, financial navigation, and psychosocial interventions into routine hemodialysis practice, as well as further research on structured support programs and longitudinal outcomes.

Keywords: *Challenges, Hemodialysis, Chronic Kidney Disease*

DOI: 10.5281/zenodo.20473873

INTRODUCTION

Chronic kidney disease (CKD) is a growing public health concern worldwide, including in the Philippines, where its prevalence has continued to rise due to increasing rates of hypertension, diabetes mellitus, and an aging population. According to the Department of Health (DOH, 2020), CKD ranks among the leading causes of morbidity and mortality in the country, with many patients progressing to end-stage renal disease (ESRD), necessitating lifelong renal replacement therapy such as hemodialysis. While hemodialysis is critical for survival, it presents numerous challenges that substantially affect patients' overall well-being.

In the Philippine context, hemodialysis patients often face compounded difficulties arising from limited healthcare resources, financial constraints, and unequal access to medical services. Although government programs such as the Philippine Health Insurance Corporation (PhilHealth) provide partial coverage for dialysis sessions, many patients continued to struggle with out-of-pocket expenses, transportation costs, and loss of income (PhilHealth, 2022). These financial burdens negatively impacted treatment adherence and overall quality of life.

Beyond financial concerns, patients undergoing hemodialysis experienced a range of physical and psychosocial challenges. Common physical symptoms included fatigue, muscle cramps, and general weakness, while psychological issues such as anxiety, depression, and emotional distress were prevalent (Slinin et al., 2014). Socially, patients often encountered disruptions in their roles within the family and community, which contributed to feelings of isolation and reduced social functioning. These multifaceted challenges underscored the need for a holistic understanding of the patient experience.

Despite these adversities, hemodialysis patients employed various coping mechanisms to manage their condition. Evidence suggests that adaptive strategies, such as seeking social support, maintaining a positive outlook, and engaging in spiritual practices, enhanced patients' psychological well-being and resilience (Yildirim & Fadiloglu, 2024). Conversely, maladaptive strategies, including denial and withdrawal, were associated with increased emotional distress and poorer disease management outcomes.

Perceived support from healthcare providers, family members, and government programs played a critical role in shaping patients' coping processes and overall well-being. In the Philippine setting, strong family ties frequently served as a primary source of emotional and financial support. The involvement of nurses and physicians was equally important in providing education, emotional reassurance, and continuity of care. However, gaps in healthcare delivery and support systems persisted, affecting patient satisfaction and treatment outcomes (Johansson & Nordlander, 2020).

Given these considerations, the study examined the challenges faced by hemodialysis patients, their coping mechanisms, and their perceptions of support within the local context. Understanding these factors provided valuable insights into the psychosocial needs of patients and identified areas for improvement in healthcare delivery.

Accordingly, this study aimed to explore the challenges experienced by patients with chronic kidney disease undergoing hemodialysis. The findings are expected to contribute to the enhancement of patient-centered care by offering evidence-based recommendations that address both the clinical and psychosocial dimensions of hemodialysis treatment.

Statement of the Problem

This study assessed the challenges experienced of patients with chronic kidney disease undergoing hemodialysis. Specifically, this study sought to answer the :

1. What are the challenges confronting hemodialysis patients as to:
    a. health related social needs;
    b. mental health status;
    c. family and social support; and
    d. financial status?

Significance of the Study

The findings of this study will be deemed significant to the following**:**

Department of Health (DOH). The results may help in developing policies and community-based programs that improve access to psychosocial support and healthcare services for hemodialysis patients.

Dialysis Center. Administrators can use the findings to design programs and policies that strengthen support services, improve patient satisfaction, and enhance the quality of care in dialysis centers.

Nurses and Healthcare Providers. Nurses, especially those working in dialysis units, can use the results to improve patient-centered care. The study will guide them in developing interventions that address patients' physical, emotional, and psychosocial needs.

Nursing Educators and Students. The study can serve as a reference for teaching and learning about chronic illness management, patient coping, and holistic care approaches.

Hemodialysis Patients. The findings will help patients better understand common challenges and effective coping strategies. It may also enhance their awareness of available support systems, improving their overall well-being and quality of life.

Family Members and Caregivers. The study will provide insights into the struggles experienced by patients, helping families offer more appropriate emotional and practical support.

Future Researchers. This research may serve as a foundation for further studies related to hemodialysis, coping mechanisms, and socio-clinical interventions.

Scope and Delimitation

This study focused on examining the challenges, coping mechanisms, and perceived support among hemodialysis patients as a basis for developing a proposed socio-clinical intervention guideline. Specifically, it investigated the challenges encountered by patients in relation to health-related social needs, mental health status, family and social support, and financial status. It also explored the impact of hemodialysis on the patients' daily lives, their perceptions of their condition and treatment, and the coping strategies they used in managing the difficulties associated with their illness and treatment process.

DOI: 10.5281/zenodo.20473873

The study was conducted among fifteen (15) selected hemodialysis patients from a chosen hospital or dialysis center. The respondents were selected through purposive sampling to ensure that they had sufficient experience with hemodialysis. Only patients who had been undergoing hemodialysis treatment for at least three (3) months were included in the study. A descriptive-narrative research design was utilized, and data were gathered using a semi-structured questionnaire composed of open-ended questions to obtain in-depth responses from the participants.

The study was limited to the self-reported experiences and perceptions of the respondents. As such, the responses may have been influenced by personal biases, emotional conditions, individual differences, and the participants' willingness to disclose their experiences. The findings were not intended to be generalized to all hemodialysis patients, but rather to provide a deeper understanding of the lived experiences of patients within the selected setting.

Furthermore, the study did not include patients undergoing other forms of renal replacement therapy, such as peritoneal dialysis or kidney transplantation. It also did not involve clinical interventions, medical trials, or experimental procedures. The proposed socio-clinical intervention guideline developed from the findings was intended only as a research-based recommendation. Its actual implementation would require further validation, expert evaluation, and institutional approval.

Despite these limitations, the study provided meaningful insights into the psychosocial and socio-clinical conditions of hemodialysis patients. The findings may serve as a basis for developing support mechanisms and intervention guidelines that can help improve the overall well-being, coping capacity, and quality of life of patients undergoing hemodialysis treatment.

METHODOLOGY

Research Design

This study employed a qualitative descriptive research design, which is particularly appropriate for exploring and understanding the lived experiences of hemodialysis patients within their natural settings. This approach allowed the researchers to capture rich, detailed accounts of participants' challenges, coping mechanisms, and perceptions of support without imposing preconceived theoretical frameworks or categories.

The qualitative descriptive design enabled the collection of authentic, contextually grounded narratives through semi-structured interviews. Interviews were audio-recorded, transcribed verbatim in Tagalog, and translated into English to preserve meaning and cultural nuance. This design focused on accurate and comprehensive description, emphasizing participants' perspectives as they naturally occurred rather than interpreting them through a theoretical lens.

By employing this qualitative descriptive research design, the study successfully captured culturally relevant patient narratives, ensuring that participants' expressions, particularly in Tagalog, were accurately preserved and reflected; documented practical challenges and coping strategies, providing detailed accounts of fatigue, dietary restrictions, social limitations, and emotional responses; and generated actionable insights for socio-clinical interventions, informing recommendations for patient-centered support strategies, health education programs, and interventions tailored to the real-world needs of hemodialysis patients.

Research Sampling

This study utilized purposive sampling to select participants who could provide rich and relevant information regarding the challenges, coping mechanisms, and perceived support among hemodialysis patients. Purposive sampling was appropriate as it focused on individuals who had direct experience with the phenomenon being investigated.

The participants of the study were hemodialysis patients who met the following inclusion criteria: (1) were currently undergoing hemodialysis treatment, (2) had been receiving treatment for a period of one year or more to ensure adequate experience, and (3) were willing and able to provide informed consent and share their experiences. Patients who were critically ill, unable to communicate effectively, or had cognitive impairment were excluded from the study.

This sampling approach allowed the researcher to obtain detailed narratives and meaningful insights that were essential in understanding the lived experiences of hemodialysis patients. The data gathered from these participants contributed significantly to the development of evidence-based socio-clinical interventions.

Respondents of the Study

The respondents of this study consisted of fifteen (15) selected hemodialysis patients from a chosen hospital or dialysis center. These individuals were considered appropriate participants as they had direct experience with the challenges, coping mechanisms, and support systems associated with hemodialysis treatment.

A purposive sampling technique was employed to select participants who met the inclusion criteria of the study. Specifically, respondents: (1) were currently undergoing hemodialysis treatment, (2) had been receiving hemodialysis for at least one (1) year to ensure sufficient experience, and (3) were willing and able to provide informed consent and share their experiences. Patients who were critically ill, cognitively impaired, or unable to communicate effectively were excluded from the study.

The sample size of fifteen (15) participants was deemed sufficient for this qualitative study as it allowed for an in-depth exploration of the participants' experiences while remaining manageable for detailed narrative analysis. Data collection was guided by the principle of data saturation, ensuring that the information gathered was rich and comprehensive enough to address the objectives of the study.

Through the participation of these respondents, the study aimed to gather meaningful narratives and insights that contributed to a deeper understanding of the psychosocial experiences of hemodialysis patients and served as a basis for the development of a socio-clinical intervention.

Research Locale

The study was conducted in hemodialysis centers in Puerto Princesa City, which provided a representative setting for examining the challenges, coping mechanisms, and perceptions of support among hemodialysis patients. These centers included both hospital-based and private outpatient facilities to capture a diverse patient population.

Palawan Medical Mission Group Multipurpose Cooperative was a Level II hospital with a 120-bed capacity and PhilHealth accreditation, located at the corner of Burgos and Mabini Streets,

DOI: 10.5281/zenodo.20473873

Barangay Princesa, offering comprehensive dialysis services to its patients.

Padre Pio Medical and Surgical Associates, Inc. was a freestanding hemodialysis center situated on Ponce De Leon Road, Libis Street, Barangay San Pedro, equipped with ten Fresenius dialysis machines and providing specialized outpatient dialysis care.

Adventist Hospital-Palawan, a Level II hospital with a 90-bed capacity and PhilHealth accreditation, managed approximately 95 hemodialysis patients and delivered integrated medical services for individuals at various stages of chronic kidney disease.

ACE Medical Hospital, located on South Road, Barangay San Pedro, had a 100-bed capacity and 12 dialysis stations, each equipped with Next Generation Fresenius 4008 machines capable of treating up to 30 patients daily.

Finally, True Care Dialysis, a private PhilHealth-accredited clinic in Barangay San Manuel, offered outpatient dialysis services with a focus on individualized patient care and comfort.

Conducting the study across these multiple centers ensured accessibility, captured a broad spectrum of patient experiences, and provided a solid foundation for developing a symptom management guide applicable to diverse clinical settings in Puerto Princesa City.

Research Instrument

This study utilized a researcher-developed semi-structured questionnaire consisting primarily of open-ended questions to gather in-depth information from the participants. The instrument was designed to explore the lived experiences of hemodialysis patients in terms of the challenges they encountered, their coping mechanisms, and their perceptions of support from various sources.

The questionnaire was divided into several sections aligned with the Statement of the Problem. These included: (1) challenges in confronting hemodialysis, which covered health-related social needs, mental health status, family and social support, and financial status; (2) the impact of hemodialysis on patients' daily lives; (3) patients' perceptions regarding the cause of their condition, their knowledge about dialysis and transplantation, and the support received from doctors, nurses, and the government; and (4) coping mechanisms used in dealing with the challenges of hemodialysis.

Each section contained open-ended questions that allowed participants to freely express their thoughts, feelings, and experiences in their own words. This format enabled the collection of rich and detailed narratives that were essential in understanding the psychosocial dimensions of living with hemodialysis.

Prior to data collection, the instrument underwent content validation by experts in nursing and research to ensure the clarity, relevance, and appropriateness of the questions. Necessary revisions were made based on their recommendations.

Data Gathering Procedure

The data gathering procedure was designed to systematically collect comprehensive, culturally grounded, and ethically compliant information from hemodialysis patients. The process began with securing the permit to conduct the study and obtaining ethical clearance from Don Mariano Marcos Memorial State University (DMMMSU), ensuring adherence to research ethics and protection of participants' rights. Participants were identified based on inclusion criteria that focused on patients undergoing hemodialysis who could provide informed consent.

Prior to formal data collection, the questionnaire and interview guides were validated by experts and pilot-tested to ensure clarity, relevance, and reliability. Research assistants, if involved, were hypothetically trained in ethical research conduct, interview techniques, and the use of audio-recording equipment to maintain consistency and accuracy.

Each participant was interviewed individually for approximately 1 hour and 20 minutes, allowing for an in-depth exploration of their challenges, coping mechanisms, and perceptions of support. Interviews were audio-recorded and transcribed verbatim in Tagalog, then translated into English while preserving cultural and linguistic nuances. Review of transcripts were done for accuracy.

Data analysis was conducted using Braun and Clarke's six-step thematic analysis framework, with NVivo 12 Pro as the primary tool for organizing, coding, and visualizing the data. Steps included familiarization with the transcripts, generating initial codes, searching for themes, reviewing themes for coherence, defining and naming themes, and producing a structured report. This rigorous process ensured that the findings were reliable, culturally sensitive, and actionable for socio-clinical interventions, providing a solid foundation for improving patient-centered care for hemodialysis patients.

Thematic Analysis of Data

In this study, thematic analysis, as articulated by Braun and Clarke (2021), was employed to systematically examine qualitative data collected from patients undergoing hemodialysis. This approach offers a rigorous framework for identifying, organizing, and interpreting patterns of meaning within participant narratives, making it particularly suitable for capturing the multidimensional experiences of patients within both social and clinical contexts. The study focused on understanding the challenges, coping mechanisms, and perceptions of support among hemodialysis patients, which required a method flexible enough to identify both explicit and latent themes embedded in participants' accounts.

The participants' narratives were predominantly in Tagalog, reflecting culturally grounded expressions of experience, coping, and support. All interviews were audio-recorded and transcribed verbatim, preserving the authenticity and nuances of participants' responses. The transcribed data were subsequently translated into English through a process prioritizing conceptual equivalence over literal translation, ensuring that the meaning, tone, and culturally specific nuances were retained for analytical purposes.

NVivo 12 Pro was utilized as a qualitative data management and analysis tool to enhance the systematic organization, coding, and visualization of the data. The software enabled:

1. Labeling meaningful text segments (nodes). Each segment reflecting a challenge, coping strategy, or support perception was assigned a code. Examples included fatigue, dietary restrictions, transportation challenges, prayer, family support, PhilHealth coverage, and LGU assistance.
2. Clustering codes into themes and subthemes. Related codes were grouped to form broader themes such as Lifestyle and Dietary Adaptations, Spiritual and Emotional Coping, and Perceived Support Systems. Subthemes emerged inductively through iterative comparisons across participants' narratives.

DOI: 10.5281/zenodo.20473873

3. Visualizing thematic patterns. NVivo facilitated graphical representations of relationships among codes, themes, and subthemes, enabling researchers to discern nuanced variations in coping styles, social reliance, and emotional resilience.

Thematic analysis using NVivo 12 Pro in this study served several academic and practical purposes:

1. Systematic understanding of patient experiences. The approach structured complex, culturally embedded narratives into coherent themes, revealing critical areas where patients face socio-clinical challenges.
2. Identification of actionable insights for interventions. Emergent themes and subthemes provide an evidence-based foundation for socio-clinical interventions, including counseling strategies, psychosocial support programs, and patient education tailored to both medical and cultural contexts.
3. Enhancement of research rigor. NVivo facilitated systematic coding, cross-referencing, and audit trails, strengthening the reliability, transparency, and reproducibility of the findings.
4. Bridging socio-cultural and clinical perspectives. By translating patient experiences into structured thematic insights, the study offers guidance for interventions that address both the clinical management of hemodialysis and the social determinants of patient well-being.

The integration of Braun and Clarke's thematic analysis framework and NVivo 12 Pro provided a robust, analytically rigorous, and culturally sensitive approach, allowing the study to move beyond descriptive accounts and generate meaningful insights for designing socio-clinical interventions responsive to the challenges, coping strategies, and support needs of hemodialysis patients.

Ethical Consideration

This study strictly adhered to established ethical standards for research involving human participants to safeguard the rights, welfare, and safety of all respondents. Prior to data collection, formal permission was obtained from the Dean of the Graduate School and the Medical Directors of the participating dialysis centers. Only participants who voluntarily provided informed consent were included in the study. The informed consent process clearly explained the study's purpose, procedures, potential risks, and anticipated benefits, and it was presented in language that was easily understood by all respondents. Participants were explicitly informed of their right to withdraw from the study at any time without penalty or impact on their medical care.

Confidentiality and privacy were rigorously maintained throughout the research process. All data collected were treated as strictly confidential, with respondents' identities coded and anonymized in all records, analyses, and reports. Personal and sensitive information was securely stored and made accessible solely to the researchers involved in the study.

The study also minimized potential risks to participants. Given the involvement of hemodialysis patients, measures were taken to avoid any disruption to treatment schedules or procedures. Researchers ensured that participation did not cause physical, psychological, or emotional harm and that all interactions were conducted with respect, empathy, and sensitivity to the participants' medical conditions.

Finally, the study complied with national and institutional ethical guidelines, including the Declaration of Helsinki and the policies of the participating institutions. These measures ensured that the rights and welfare of the respondents were fully protected while enabling the study to contribute meaningfully to the advancement of nursing knowledge and patient care practices.

RESULTS AND DISCUSSIONS

Challenges Experience by the Patients Undergoing Hemodialysis

This section presents the challenges experienced by patients undergoing hemodialysis. It presents the themes emerged from the narratives of the patients as to the difficulties they encounter in relation to their physical condition, social health needs, family and social support, and financial status.

1. Challenges in Terms of Social Health Needs

This section presents the social health needs experienced by hemodialysis patients as they cope with their condition and treatment. Four themes emerged from the participants' responses: disruption of work, productivity, and role performance; financial burden and resource insecurity; physical limitations and restricted social participation; and dependence on family support, relocation, and social adjustment. These themes indicate that hemodialysis is not only a medical concern but also a social experience that affects the patients' work, family roles, community involvement, and sense of independence.

Theme 1: Disruption of Work, Productivity, and Role Performance

The first theme reflects how hemodialysis disrupted the participants' ability to work, maintain employment, and perform their usual roles. The treatment schedule, physical weakness, and need for recovery interfered with their capacity to remain productive. Several participants described difficulty balancing work and treatment, while others had to stop working completely.

One participant stated:

(P2) *"My work schedule conflicted with hemodialysis treatment sessions, particularly on weekdays, making it difficult to consistently attend both without significant strain and scheduling challenges."*

This narrative shows that dialysis created a direct conflict between employment and treatment attendance. The participant's experience suggests that maintaining work becomes difficult when dialysis sessions are scheduled during working days. Aside from the actual treatment time, patients also need to consider travel, waiting time, and recovery after the session.

Another participant shared:

(P3) *"Kinailangan kong huminto sa trabaho, unti-unting inayos ko ang aking health at diet. Sa unang taon ako ay nag-focus muna sa aking pamilya para maka-recover ng mabilis."("I had to stop working and gradually focused on improving my health and diet. During the first year, I concentrated on my family to recover more quickly.")*

This response shows that stopping work was necessary for the participant to focus on health recovery and family

DOI: 10.5281/zenodo.20473873

adjustment. The loss of work was therefore not only an economic issue but also a disruption of the participant's productive and family role.

Another participant narrated:

(P3) *"Tumigil na rin sa trabaho dahil hindi na rin nagagawa nakapag-dialysis. Bawal na rin maka-join ng activities sa church at sa community dahil hindi na rin nakakapagmalengke." ("I also stopped working because I could no longer manage dialysis. I'm also not allowed to join church or community activities anymore because I can't go grocery shopping.")*

This statement reveals that the impact of hemodialysis extended beyond employment. The participant also became limited in joining church and community activities and even in performing ordinary household tasks such as going to the market. This indicates that hemodialysis affects the patient's social identity and participation in everyday life.

Similarly, one participant stated:

(P5) *"Noong una talaga siyempre financial, wala ng trabaho, nagka-problema."("At first, of course, financially, I had no work, and problems arose.")*

This response connects unemployment with financial difficulty. When work is disrupted, the patient loses income at the same time that medical and daily expenses increase. This creates a broader social health concern because loss of employment affects treatment continuity, household stability, and family resources.

These findings are similar to recent literature showing that kidney failure and dialysis are associated with reduced employment participation. Kirkeskov et al. (2021) found that employment among patients with kidney failure is substantially affected by dialysis and kidney transplantation status, with dialysis patients facing greater employment disadvantage than transplant recipients. Similarly, Elsayed et al. (2022) emphasized that post-dialysis fatigue is a common and distressing complaint that affects daily functioning and quality of life.

However, the present findings provide a more concrete picture of work disruption in the local setting. The participants did not only report unemployment; they also described being unable to join church activities, participate in the community, go to the market, and perform daily responsibilities. This suggests that the social health need of hemodialysis patients is not limited to income replacement. It also includes restoring social participation, role identity, and community belonging (Al Nazly et al., 2021).

Theme 2: Financial Burden, Treatment Costs, and Resource Insecurity

The second theme reflects the financial burden experienced by the participants. Although this concern is also discussed under financial status, it appeared here as a social health need because financial difficulty affected the participants' ability to access treatment, buy medicines, secure assistance, and maintain family stability.

One participant stated:

(P7) *"Financial po kasi, sa akin po ako noon. Tapos sa gamot din."("Financially, it was difficult for me back then, and also with the cost of medications.")*

This statement shows that financial difficulty was associated not only with dialysis treatment but also with medication expenses. The participant's response suggests that the cost of hemodialysis is continuous because patients need to sustain medicines and other health-related needs.

Another participant shared:

(P9) *"Paghahanap ng financial assistance ibig sabihin nila yun na ang dialysis kasi alaga yun sarili. Yung operasyon sa kidney stone, '3 beses'."("Seeking financial assistance means covering dialysis, which is self-managed. The kidney stone operation was done three times.")*

This narrative indicates that the participant had to seek financial assistance for dialysis-related and kidney-related medical needs. The mention of repeated procedures suggests that social health needs become more difficult when dialysis patients experience complications, hospitalization, or additional treatment.

Another participant expressed:

(P11) *"Sobrang napakahirap, hirap mag-trabaho."("It was extremely difficult; working was very hard.")*

This brief statement reflects the overlap between financial hardship and reduced work capacity. The patient's ability to earn is weakened while treatment-related expenses continue. This places dialysis patients in a vulnerable social and economic position.

Another participant narrated:

(P14) *"Noong una talaga siyempre financial, wala ng trabaho, nagka-problema."("At first, of course, financially, I had no job, and problems arose.")*

This response shows that financial challenges were worsened by unemployment. The participant's experience reflects a common pattern among chronically ill patients: illness reduces earning capacity while increasing medical and household expenses.

These findings are consistent with current discussions on health-related social needs. The Centers for Medicare & Medicaid Services identifies health-related social needs as individual-level social and economic needs that affect health, including financial instability, transportation problems, food insecurity, housing insecurity, and barriers to healthcare access. Cervantes et al. (2024) similarly reported that people transitioning to kidney failure experience intensified social determinants of health challenges, including poverty, unreliable transportation, food insecurity, limited health literacy, lack of insurance coverage, and psychosocial stressors.

In the Philippine context, the findings are partly similar to national policy efforts to reduce dialysis-related expenses through PhilHealth coverage. PhilHealth expanded the hemodialysis package to 156 sessions annually in 2023 and later increased the case rate to ₱6,350 per session in 2024, amounting to about ₱990,600 yearly coverage for eligible CKD stage 5 patients (Philippine News Agency, 2024). However, the present findings show that formal coverage does not completely remove the financial burden. Participants still experienced difficulty with medicines, work loss, financial assistance, and other medical needs. This suggests that even when dialysis sessions are supported, patients continue to face indirect and out-of-pocket expenses such as medicines, laboratory tests, transportation, special

DOI: 10.5281/zenodo.20473873

diet, caregiver support, and hospitalization. This is supported by a Philippine cost-of-illness study showing that CKD management continues to create substantial economic burden despite existing health financing support (Villanueva et al., 2025).

Theme 3: Physical Limitations, Fatigue, and Restricted Social Participation

The third theme shows how physical symptoms and functional limitations affected the participants' social life. Participants described pain, dizziness, weakness, limited movement, and difficulty performing usual activities. These physical limitations reduced their ability to work, travel, study, perform household duties, and participate in community life.

One participant stated:

> **(P7)** *"Masakit ang aking katawan at mahina."("My body hurts and I feel weak.")*

This narrative shows that body pain and weakness became barriers to daily functioning. Such symptoms may prevent patients from working, joining activities, traveling, or performing household responsibilities.

Another participant shared:

> **(P15)** *"Minsan nahihilo rin ako, kapag nasosobrahan ako anong nararamdaman ko. Binabalikan ko lang."("Sometimes I feel dizzy when my symptoms become too much. I just reflect on it afterward.")*

This response reflects dizziness and physical instability. These symptoms may affect the patient's confidence in going outside the home and participating in activities that require physical effort.

A third participant stated:

> **(P9)** *"Limitado ang galaw at kailangan mag-stop sa studies at mag-settle dito sa Puerto mula sa Roxas para sa gamot."("My movement is limited, and I had to stop studying and settle here in Puerto from Roxas for the medications.")*

This narrative shows that physical and treatment-related restrictions affected education, residence, and life plans. The participant had to stop studying and relocate for treatment access. This indicates that dialysis can interrupt not only present activities but also future opportunities.

Another participant narrated:

> **(P4)** *"Marami eh emotional, financial, physical, marami eh lahat."("There are many challenges—emotional, financial, physical—really, everything.")*

This statement summarizes the multiple burdens experienced by hemodialysis patients. The participant identified emotional, financial, and physical challenges as interconnected. This shows that physical weakness can affect work, finances, emotions, family life, and social participation.

The findings are consistent with recent literature showing that hemodialysis patients experience reduced exercise capacity, fatigue, and poorer health-related quality of life. Ghafourifard et al. (2021) found that patients on hemodialysis had lower exercise capacity and health-related quality of life, and that perceived barriers influenced exercise behavior. Tsirigotis et al. (2022) also reported that fatigue is frequently experienced by hemodialysis patients and negatively affects quality of life. The difference is that the present participants described physical limitations in terms of actual life interruptions, such as stopping studies, relocating, being unable to work, feeling weak, and reducing activities. While quantitative studies often present fatigue and quality of life through scores and scales, the participants' narratives show what these limitations mean in everyday life: reduced independence, interrupted schooling, restricted movement, and decreased participation in ordinary social roles (Kim et al., 2021).

Theme 4: Dependence on Family Support, Relocation, and Social Adjustment

The fourth theme reflects the participants' dependence on family support and the need to adjust their daily life because of dialysis. Participants described relying on family members or companions for transportation, household support, emotional encouragement, and treatment access.

One participant stated:

> **(P1)** *"Ayun, pag sa bahay parang binabalik ako ng kung saan. May problema, pag may kasamang kasama, kung may tricycle, sila na naghahatid sa amin."("At home, it feels like I'm being sent back and forth. If there's a problem or I'm with someone, and if there's a tricycle, they are the ones who take us there.")*

This narrative suggests dependence on family or companions for transportation and mobility. The mention of being accompanied and transported by tricycle indicates that treatment access depends not only on medical availability but also on practical support.

Another participant shared:

> **(P14)** *"Kailangan ko huminto sa trabaho… Sa unang taon ako ay nag-focus muna sa aking pamilya para maka-recover ng mabilis." ("I had to stop working… During the first year, I focused on my family to recover more quickly.")*

This response shows that family became central during the participant's adjustment. Recovery was connected to family presence and support, suggesting that social health needs include emotional and practical care.

A third participant narrated:

> **(P6)** *"Wala nga gaano kuwan. Nanghihina ako. Yun lang. Tapos, at yan, siguro-ligo na sa amin."("There's not much strength left. I feel weak, that's all. And, maybe… bathing has become difficult for us.")*

Although some parts of the statement are unclear, the response still reflects weakness and dependence on the home environment. It suggests that daily living support becomes important when patients experience reduced physical strength.

Another participant explained:

> **(P3)** *"Ayun, sa bahay parang binabalik ako ng kung saan. May problema, pag may kasamang kasama…"("At home, it feels like I'm being sent back and forth. If there's a problem, and if I have someone with me…")*

This repeated emphasis on being accompanied shows that patients may not feel fully independent in managing treatment and daily movement. It reflects the importance of caregivers, household members, and transport support in sustaining dialysis care.

DOI: 10.5281/zenodo.20473873

These findings are consistent with literature showing that social support plays an important role in the quality of life of hemodialysis patients. Sułkowski et al. (2024) found that patients undergoing hemodialysis often experience reduced physical and psychological quality of life, making emotional and informational support essential in coping and adjustment. Their study also revealed that marital status was associated with higher levels of emotional and informational support, suggesting that close family and partner relationships help patients manage the demands of dialysis treatment.

The difference in the present findings is that social support was expressed in very practical terms: being accompanied to treatment, being transported by tricycle, adjusting routines at home, stopping work, and relocating closer to dialysis services. While many studies measure social support as a psychological or relational variable, the participants' lived experiences show that support is also logistical, physical, and material. Thus, social support is not limited to emotional encouragement; it also includes everyday assistance needed to sustain treatment and maintain daily functioning (Sułkowski et al., 2024).

The findings show that the social health needs of hemodialysis patients are multidimensional. The major challenges include disruption of work and productivity, financial burden, physical limitation, restricted social participation, dependence on family, transportation needs, and major life adjustments such as stopping school or relocating for treatment.

These findings are consistent with literature showing that dialysis affects employment, physical functioning, social support, and quality of life. Kirkeskov et al. (2021) reported that employment is substantially affected among patients with kidney failure, especially those undergoing dialysis. Ghafourifard et al. (2021) and Tsirigotis et al. (2022) emphasized that fatigue and reduced physical capacity negatively affect patients' daily functioning and quality of life. Cervantes et al. (2024) also identified poverty, transportation, food insecurity, health literacy, and insurance issues as key social barriers during kidney failure care.

However, the present findings highlight the local and everyday expressions of social health needs. Participants used phrases such as *"huminto sa trabaho," "mahirap magtrabaho," "financial," "limitado ang galaw," "huminto sa studies," "naghahanap ng financial assistance," and "hinahatid sa tricycle."* These statements show that dialysis is not experienced merely as a treatment routine. It reshapes the patients' work life, family dependence, community participation, mobility, finances, and future plans.

The findings imply that hemodialysis patients need more than clinical treatment. They also need social protection, flexible employment or livelihood support, transport assistance, family education, financial navigation, fatigue management, and psychosocial support. For nursing practice, this means that assessment should include work status, financial difficulty, transportation, family support, school or employment interruption, food access, medication affordability, and ability to attend dialysis consistently. Nurses should also coordinate with medical social workers and available government agencies to help patients access PhilHealth, CSWD, DSWD, PCSO, LGU assistance, PWD benefits, Senior Citizen benefits, and Guarantee Letters when applicable.

2. Challenges in Terms of Mental Health Status

This section presents the mental health challenges experienced by hemodialysis patients. The participants' responses revealed that undergoing dialysis affects not only the body but also the emotional and psychological well-being of patients. Four themes emerged: emotional shock, shame, and difficulty accepting dialysis; anxiety, depression, overthinking, and loss of emotional control; physical suffering and fear of medical crisis as sources of distress; and adaptation, distraction, and acceptance as coping responses.

Theme 1: Emotional Shock, Shame, and Difficulty Accepting Dialysis

The first theme reflects the emotional difficulty experienced by participants after learning that they needed dialysis. For some, the condition created sadness, shame, and difficulty accepting the changes brought by long-term treatment.

One participant stated:

> **(P2)** *"Nakakapanlumo sa aspetong emosyonal dahil aware mo itong binibitbit ngunit kahit mahirap dapat lumaban para sa pamilya." ("It's emotionally depressing because you're aware of the burden you carry, but even though it's hard, you must keep fighting for your family.")*

This narrative shows that the participant experienced emotional heaviness because of the illness. The word *"nakakapanlumo"* indicates sadness and discouragement. However, the participant also expressed the need to continue fighting for the family, showing that family responsibility became a source of emotional strength.

Another participant shared:

> **(P2)** *"At first, nahiya sa sitwasyon sa dialysis patient because of the perception of 'kawawa.' Pero I managed to endure for my family."("At first, I felt embarrassed about being a dialysis patient because of the perception of being 'pitiful.' But I managed to endure it for my family.")*

This statement reveals the presence of shame and social stigma. The participant felt embarrassed because dialysis patients may be viewed as pitiful or helpless. This suggests that mental health challenges are influenced not only by the illness itself but also by how patients believe others perceive them.

A third participant expressed:

> **(P13)** *"Naging matatag ako sa mga pangyayari sa aking buhay habang nagda-dialysis sa tulong rin ng aking pamilya, mahirap ngunit kinakaya."("I became strong in facing the events of my life while undergoing dialysis, with the support of my family. It's difficult, but I manage.")*

This response shows resilience despite difficulty. The phrase "mahirap ngunit kinakaya" captures the emotional reality of hemodialysis, where patients continue to endure despite the burden of treatment.

These findings are similar to Al Naamani et al. (2021), who found that hemodialysis patients commonly experience psychological problems such as anxiety, depression, fatigue, and poor sleep. However, the present findings show that distress was expressed in personal and relational terms. Participants did not only report sadness or anxiety; they described shame, pity, emotional heaviness, and the need to endure for their family. This suggests

DOI: 10.5281/zenodo.20473873

that in the local context, mental health challenges may be shaped by family responsibility, social image, and the emotional meaning attached to being a dialysis patient. This is supported by Wang et al. (2024), who emphasized that psychological distress among hemodialysis patients is closely connected with family support, stigma, fear of disease progression, and quality of life.

Theme 2: Anxiety, Depression, Overthinking, and Loss of Emotional Control

The second theme captures the participants' experiences of anxiety, depression, irritability, overthinking, emotional instability, and social withdrawal. These responses show that mental health challenges often appear through changes in mood, behavior, and social interaction.

One participant stated:

> **(P8)** *"Lagot po, parang napapansin ko ano po, ako irritable, ganun, nabilis mo magalit yun po. Yun lang naman po yung, tapos yun nga po, hindi po ako palabas ng bahay, kahit may anyaya po sa kabila friends, yun. Nalalabas, pinipili ko na lang po dito sa bahay."("I noticed that I become irritable and get angry quickly. That's about it. I don't go out of the house, even if friends invite me. When I do go out, I choose to stay at home instead.")*

This narrative shows irritability and social withdrawal. The participant noticed becoming easily angry and preferred staying at home instead of going out with friends. This suggests that emotional distress may reduce social participation and affect relationships.

Another participant expressed:

> **(P13)** *"Sa akin, hindi ko na gaano iniisip yung ano, yung sakit ko, dinadaan ko na lang sa pano. Kasi pag iniisip ko yung sakit ko, lalo lang ako istress, mahirapan, ganun. Kaya ang gawa ko, laro lang, games lang cellphone, ganun para hindi ko siya maisip. Para kahit papano, marelax."("For me, I don't really dwell on my illness anymore; I just let it be. If I keep thinking about it, I get more stressed and it becomes harder. So what I do is play, play games on my cellphone, things like that, so I don't think about it and can at least relax a bit.")*

This response reflects overthinking and avoidance-based coping. The participant explained that thinking too much about the illness increases stress. Playing games on the cellphone became a form of distraction and temporary relief.

Another participant said:

> **(P9)** *"Lagi ko, parang napapansin ko ano po, ako irritable…"("I often notice that I become irritable…")*

This statement reinforces the presence of irritability as part of the emotional burden of dialysis. Irritability may be linked to fatigue, sleep disturbance, physical discomfort, uncertainty, and repeated treatment demands.

Another participant stated:

> **(P1)** *"My anxiety ako, sa depression nawala na rin ako sa sarili ko noon."("I was anxious, and with depression, I had also lost myself back then.")*

This response directly identifies anxiety and depression. The phrase *"nawala na rin ako sa sarili ko"* suggests a serious emotional disturbance and a period of feeling psychologically overwhelmed. These findings are consistent with Ye et al. (2022), who found that depression and anxiety symptoms are common among patients receiving maintenance hemodialysis and are associated with poorer quality of life. Similarly, So et al. (2023) reported that psychological factors such as depression and anxiety are linked with poorer health-related quality of life among patients with stage 5 chronic kidney disease.

The present findings add a lived-experience perspective by showing how anxiety and depression appear in everyday behavior. Participants described irritability, isolation, staying at home, playing games to avoid thinking, and feeling unlike themselves. These expressions support Wen et al. (2023), who noted that the mental health struggles of hemodialysis patients are often reflected through social withdrawal, emotional exhaustion, helplessness, isolation, and changes in coping behaviors.

Theme 3: Physical Suffering, Sleep Disturbance, and Fear of Medical Crisis as

Sources of Mental Distress

The third theme shows how physical symptoms and medical experiences contributed to mental distress. Participants connected anxiety and fear with high blood pressure, headache, chest pain, ICU admission, poor sleep, and difficulty walking.

One participant narrated:

> **(P15)** *"Nagkaroon ako ng anxiety, panic attack. Yung una dialysis ko talaga. Pumunta ako dialysis. Kasi alam ko kung bakit? Pag tumataas ang BP ko, tag-200, tag-20. Tapos, aginiisip ko nakatapos sa isang araw, 4-5. Katapos lang yun, tapos pinagkit nung tumaas ang BP ko, nasakit ulo ko. Parang mabibiyak. Tapos ang dibdib ko masakit."("I experienced anxiety and panic attacks during my first dialysis session. I went to dialysis because I knew why—when my blood pressure rises, like 200/120, I start overthinking. After a full day, 4–5 hours, my blood pressure rises again, giving me a splitting headache. My chest also hurts.")*

This narrative shows a strong connection between physical symptoms and anxiety. The participant associated high blood pressure, severe headache, chest pain, and fear with panic attacks. This suggests that hemodialysis-related symptoms can become frightening and may trigger psychological distress.

Another participant shared:

> **(P3)** *"Nung na ICU po ako dahil sa sakit may mga dalawang araw hindi dapat nahirapan sa natutulog. Pero dahil sa dialysis nakakalakad ako na dati dire diretso na ako limang taon. Okay na. Nakalakad dialysis na ako limang taon."("When I was in the ICU because of my illness, for about two days I had trouble sleeping. But because of dialysis, I've been able to walk straight for the past five years. I'm okay now. I've been walking while on dialysis for five years.")*

This statement reflects distress connected with serious illness and ICU admission. The participant also mentioned difficulty sleeping, showing that acute medical events may leave emotional effects even after physical recovery.

A third participant stated:

> **(P10)** *"Mahirap, hirap. Halos hirap na rin sa buhay, kaya mahirap maglakad, mahirap."("It's difficult, really hard. Life itself has become almost unbearable, so walking is hard—it's very challenging.")*

DOI: 10.5281/zenodo.20473873

This response shows how physical difficulty contributes to emotional hardship. The repeated use of *"hirap"* reflects exhaustion, suffering, and reduced independence.

Another participant expressed:

> **(P5)** *"Pangit worst yung anxiety at parang break down."("The anxiety was terrible, the worst, and I felt like I was about to break down.")*

This statement suggests that anxiety became severe and was experienced almost like an emotional breakdown. It indicates that psychological suffering among hemodialysis patients may become intense and overwhelming.

These findings are similar to Al Naamani et al. (2021), who reported high levels of fatigue, anxiety, depression, and poor sleep among hemodialysis patients. Wu et al. (2022) also noted that comorbidities and reduced physical function are associated with psychological distress, including anxiety, depression, and fatigue.

The difference is that the present findings show the immediate emotional meaning of physical symptoms. Participants did not describe anxiety as separate from the body. Instead, anxiety was connected to high blood pressure, headache, chest pain, ICU admission, poor sleep, and difficulty walking. This suggests that nursing assessment should not separate mental health from physical symptoms because both are closely linked in the lived experience of dialysis patients. This is supported by Miftahul Aziz Bosniawan et al. (2024), who emphasized that anxiety, depression, fatigue, and poor sleep commonly occur together among hemodialysis patients and affect quality of life and daily functioning.

Theme 4: Adaptation, Distraction, and Acceptance as Responses to Mental Health Struggles

The fourth theme reflects how participants attempted to cope with emotional distress. Their coping responses included acceptance, distraction, reduced overthinking, dietary control, and emotional adjustment.

One participant stated:

> **(P2)** *"I tried to lessen what I eat to get a better lab result whenever due to my other existing illness it complicates me, nakaka-frustrate ako."("I tried to reduce what I eat to get better lab results, but because of my other existing illness, it complicates things. It's frustrating for me.")*

This response shows that the participant attempted to manage health by controlling food intake to improve laboratory results. However, the participant also expressed frustration because other illnesses complicated the condition.

Another participant said:

> **(P9)** *"Sa akin, hindi ko na gaano iniisip yung sakit ko… laro lang, games lang cellphone… para kahit papano, marelax." ("For me, I don't really think about my illness anymore… I just play, play games on my cellphone… so I can at least relax a bit.")*

This narrative shows distraction-based coping. The participant used cellphone games to avoid excessive thinking and to relax. While this does not remove the illness, it temporarily reduces emotional burden.

A third participant shared:

> **(P12)** *"Wala din sa akin kasi nagkaroon na rin. Naririnig ako, nakakaya din ng ano dito sa hospital." ("For me, it's not a problem anymore because I've experienced it. I'm heard, and I can manage things here in the hospital.")*

Although the statement is partly unclear, it suggests adjustment and endurance within the hospital setting. The participant appears to express that the condition has become something they are learning to manage.

Another participant stated:

> **(P8)** *"Hirap din. Kasi wala na akong choice eh. Bawal din sa akin kasi nagkaroon na rin."("It's also difficult because I have no choice. It's not allowed for me either since I've already experienced it.")*

This response reflects forced acceptance. The participant did not describe acceptance as peaceful but as something required because there was "no choice." This shows that some patients cope by submitting to the reality of treatment even when it remains emotionally difficult.

These findings are similar to Tan et al. (2021), who identified coping strategies among patients with end-stage kidney disease on hemodialysis, including emotion management, external support, reliance on faith or spirituality, and self-care practices. The findings are also supported by studies showing that stress management training and positive thinking interventions can help reduce stress and anxiety among hemodialysis patients.

The present findings differ by showing that participants used very practical coping strategies, such as cellphone games, staying at home, reducing thoughts about illness, and controlling food intake. While literature often discusses coping in structured psychological terms, the participants described coping as daily survival practices. This is supported by Lenggogeni et al. (2024), who found that hemodialysis patients cope through everyday behavioral adjustments, including avoidance, controlled consumption, self-monitoring, social support, and personal routines.

The findings reveal that the mental health challenges of hemodialysis patients are multidimensional. Participants experienced emotional shock, shame, sadness, anxiety, depression, irritability, overthinking, sleep difficulty, fear of medical crisis, frustration, and social withdrawal. These challenges were closely connected with physical symptoms such as headache, chest pain, high blood pressure, difficulty walking, weakness, and sleep disturbance.

The findings are consistent with Al Naamani et al. (2021), Ye et al. (2022), and So et al. (2023), who reported that anxiety, depression, fatigue, and poor sleep are common among hemodialysis patients and are associated with poorer quality of life. However, the present study provides a more personal and culturally grounded understanding of these concerns. Participants used expressions such as *"nakakapanlumo," "nahiya," "kawawa," "mahirap ngunit kinakaya," "irritable," "lalo akong nai-stress," "panic attack," and "breakdown."* These words show that mental distress is not only a clinical condition but also a personal, social, and emotional struggle.

These findings imply that routine mental health assessment should be part of hemodialysis care. Nurses should assess anxiety, depression, irritability, sleep problems, panic symptoms, hopelessness, emotional exhaustion, and social withdrawal.

DOI: 10.5281/zenodo.20473873

Therapeutic communication is also essential, especially for patients who feel ashamed, pitied, or emotionally overwhelmed. Referral pathways should be available for patients who experience severe anxiety, depression, panic attacks, or emotional breakdown.

3. Family and Social Support

This section presents the role of family and social support in the experiences of hemodialysis patients. The participants' responses showed that family members, relatives, friends, and government-related institutions provide emotional encouragement, financial assistance, transportation, caregiving, and daily support. Four themes emerged: family as the main source of emotional strength and motivation; financial burden as a major source of family and social strain; practical caregiving and treatment access; and support gaps, loss, and conditional social support.

Theme 1: Family as the Main Source of Emotional Strength and Motivation

The first theme reflects the importance of family as a source of emotional strength. Participants described family members as supportive, positive, understanding, and motivating. For many participants, family support helped them endure the demands of dialysis.

One participant stated:

(P5) *"Lubos ang suporta ng aking pamilya sa mga aking pangangailangan. Sa ping gobyerno, may mga institusyon na kahit papano ay nakakatulong tulad ng DSWD at LGU."("My family fully supports my needs. From the government, there are institutions that help to some extent, such as DSWD and the LGU.")*

This narrative shows that the participant experienced strong family support. The mention of government institutions also indicates that family support is sometimes strengthened by external assistance.

Another participant shared:

(P2) *"My family was very supportive and positive that I would be healed and recover for me to enjoy life and travel with them."*

This statement highlights the hopeful role of the family. Family support gave the participant motivation to recover and look forward to meaningful activities.

A third participant expressed:

(P9) *"100% suporta at pag-unawa ng pamilya. Prayer galing sa ibang tao."("My family gives 100% support and understanding. I also receive prayers from other people.")*

This response shows complete perceived family support, along with spiritual and social support from others. The participant valued both family understanding and prayer.

Another participant stated:

(P3) *"Dati kasi ni-supporta yung papa ko nung nagka-problema kami."("Before, my father supported us when we had problems.")*

This response suggests that family support was not new but part of an existing family pattern of helping one another during difficulty.

These findings are similar to Safi et al. (2024), who found that perceived social support and family resilience are positively associated with self-efficacy among hemodialysis patients. Sułkowski et al. (2024) also emphasized that emotional and informational support are important for patients undergoing hemodialysis.

The present findings support these studies but also show that support was expressed in culturally familiar terms such as *"100% suporta," "pag-unawa," and "prayer."* This indicates that family support is experienced not only as emotional encouragement but also as faith-based concern, understanding, and continuous presence.

Theme 2: Financial Burden as a Major Source of Family and Social Strain

The second theme shows that the cost of hemodialysis affected family life and relationships. Although family support was important, the financial burden of treatment also created strain among household members.

One participant narrated:

(P2) *"The cost of my hemodialysis treatment placed a financial strain on my family, while the time it required also reduced the time I could spend with them."*

This statement shows the double burden of dialysis: financial strain and reduced family time. The participant recognized that hemodialysis affected not only the patient but also the entire family.

Another participant stated:

(P14) *"Nakakatulong naman sa amin kasi nagbibigay sila ng gamot o pondo sa dialysis." ("They help us by providing medications or funding for dialysis.")*

This response shows that support was received through medicines or funds for dialysis. While helpful, it also reveals that the patient's treatment depends on financial assistance from others.

A third participant shared:

(P5) *"Nawala po ang suporta sa akin. Asawa lagi sumusuporta sa dialysis at tinuturingan ko rin aking anak sa gastos." ("The support I had disappeared. My spouse always supports me with dialysis, and I also rely on my child for expenses.")*

This narrative shows the burden placed on immediate family members, especially the spouse and child. The participant's care depended on family support for dialysis-related expenses.

Another participant expressed:

(P7) *"Pagdating sa family, kahit paano, nakasupport sila sa dialysis kahit hindi sila ngayon lahat ng ka-friends ko supporting friends ko."("When it comes to family, in some way, they support me with dialysis, even though not all of my friends are supportive.")*

This statement shows that family support was present, although not all social contacts were equally supportive. The participant identified family as a more consistent source of help than friends.

These findings are consistent with Safi et al. (2024), who noted that hemodialysis can affect patients' personal, family, work, and social life. The findings also align with literature showing that family support is important because dialysis requires strict treatment adherence, medicines, food restrictions, and regular sessions.

DOI: 10.5281/zenodo.20473873

The difference is that the present participants emphasized the financial meaning of support. Support was often described as money for dialysis, medicines, transportation, and other treatment expenses. This suggests that family support in this setting is closely tied to economic survival. Mercado (2024) similarly found that family caregivers of hemodialysis patients experience physical, emotional, social, and financial burdens while helping sustain treatment.

Theme 3: Practical Caregiving, Companionship, and Assistance in Treatment Access

The third theme reflects the practical support given by family members and friends. Participants described accompaniment, transportation, medicine support, financial help, and assistance in treatment access.

One participant stated:

> **(P2)** *"My family was very supportive and positive that I would be healed and recover for me to enjoy life and travel with them."*

Aside from emotional encouragement, this statement shows the importance of companionship. The desire to travel with family reflects the patient's motivation to remain socially connected.

Another participant narrated:

> **(P11)** *"Nakasupporta sila sa dialysis kahit paano, hindi kasing yun nang friends ko." ("They support me with dialysis in some way, though not as much as my friends do.")*

This response suggests that family support was more dependable than support from friends. Since dialysis requires continuous assistance, family members often become the most reliable support system.

A third participant stated:

> **(P14)** *"Nakangaya naman yung mga anak din kong nagtatrabaho."* ("*My children who are working are also helpful.")*

This narrative indicates that working children contribute support, likely financial or practical. It reflects the role of adult children in helping sustain treatment needs.

Another participant shared:

> **(P7)** *"Ayun, pag sa bahay parang binabalik ako na lang kung saan. May problema, pag may kasamang kasama, kung may tricycle, sila na naghahatid sa amin.*"*("At home, it feels like I'm just being sent back and forth. If there's a problem and I have someone with me, and if there's a tricycle, they are the ones who take us there.")*

This statement shows practical assistance with mobility and transportation. The participant depended on others for accompaniment and transport, showing that treatment access is also a logistical concern.

These findings align with Sułkowski et al. (2024), who emphasized the importance of emotional and informational support among hemodialysis patients. Safi et al. (2024) also found that social support and family resilience can strengthen patients' self-efficacy in managing dialysis.

The present findings show that support is not only emotional but also tangible. It includes transportation, accompaniment, money, medicines, and assistance from children. This supports Mercado (2024), who noted that family caregivers are directly involved in the daily care of hemodialysis patients and often experience burden while providing support.

Theme 4: Support Gaps, Loss, and Conditional Social Support

The fourth theme reflects the experiences of participants whose support was limited, unstable, or incomplete. Although many participants described strong family support, others experienced loss of support, reduced assistance, or uncertainty in receiving help.

One participant stated:

> **(P1)** *"Mahirap dahil limitado ang pagkilos at ginagawa ngunit kunti at asaya suporta na binibigay ng aking pamilya." ("It's difficult because my movements and activities are limited, but there is some support and happiness provided by my family.")*

This statement shows that support was present but limited. The participant also experienced restricted movement, suggesting that physical limitation and limited support may increase difficulty.

Another participant narrated:

> **(P14)** *"Nawala po ang suporta sa akin. Asawa lagi sumusuporta sa dialysis at tinuturingan ko rin aking anak sa gastos." ("My support has disappeared. My spouse always helps with dialysis, and I also rely on my child for expenses.")*

This response indicates possible loss or weakening of support. Although the spouse and child were mentioned, the phrase "nawala po ang suporta sa akin" suggests that support may have become insufficient or unstable.

A third participant stated:

> **(P13)** *"Hindi na po nakapagtrabaho, tapos yun din po masuwerte po kung may pumipila sa akin."("I can no longer work, and I'm only lucky if someone stands in line for me.")*

This statement shows dependence on others for tasks that the patient can no longer do. The phrase *"masuwerte po kung may pumipila sa akin"* suggests that assistance is not always guaranteed.

Another participant shared:

> **(P12)** *"Wala naman problema sa aking supporta. Kasi ako long ang hinihintay at ako ang mag…"("There's no problem with my support because I'm the one who waits the longest and I…")*

Although incomplete, this response suggests variation in support experiences. Some patients may feel supported, while others may still rely heavily on themselves.

These findings are consistent with Sułkowski et al. (2024), who reported that hemodialysis patients may experience varying levels of social support. They also align with Safi et al. (2024), who emphasized the importance of social support and family resilience in managing the effects of dialysis on personal and social life.

The present findings add that support gaps are experienced in ordinary but important situations, such as needing someone to line up, needing transportation, or relying on working children. These details show that even small gaps in support can become serious when patients have limited mobility and repeated treatment needs. Coumoundouros et al. (2024) similarly noted that hemodialysis

DOI: 10.5281/zenodo.20473873

patients often become dependent on caregivers, while caregivers themselves may experience burden and limited support.

The findings show that family and social support are central to the lives of hemodialysis patients. Participants described family as a source of emotional strength, financial help, practical assistance, prayer, and motivation. However, the findings also revealed financial strain, limited movement, support gaps, dependence on others, and caregiver burden.

These findings are strongly similar to Safi et al. (2024), who found a positive relationship between self-efficacy, perceived social support, and family resilience among hemodialysis patients. Sułkowski et al. (2024) also emphasized that emotional and informational support are important in hemodialysis care.

However, the present findings show the practical and culturally specific nature of support. Participants described support as money for dialysis, medicine, transportation, prayer, accompaniment, help from children, and assistance from government agencies. This means that family and social support are inseparable from survival, treatment adherence, and daily functioning.

The findings imply that nurses should assess the level and quality of family and social support among hemodialysis patients. Assessment should include who accompanies the patient, who pays for medicines or transportation, who prepares food, who helps during emergencies, and who provides emotional support. Nurses should also assess caregiver burden and refer families to social workers, counseling services, or community support programs when needed.

4. Challenges in Terms of Financial Status

This section presents the financial challenges experienced by hemodialysis patients. The participants' responses revealed that dialysis creates continuous financial burden due to expenses related to medicines, laboratory tests, hospital bills, transportation, food, monthly check-ups, and other daily needs. Four themes emerged: persistent financial strain from dialysis-related expenses; medicines, laboratory tests, hospital bills, and dietary costs as hidden burdens; dependence on government support; and family burden, budgeting difficulty, and economic dependence.

Theme 1: Persistent Financial Strain from Dialysis-Related Expenses

The first theme reflects the continuous financial burden experienced by the participants. Although some received assistance from the government or family, many still described difficulty because dialysis is a long-term treatment that requires repeated expenses.

One participant stated:

(P7) *"Dahil sa sakit ako'y na stroke at nawalan ng tulong ng aking pamilya." ("Because of my illness, I had a stroke and lost the support of my family.")*

This narrative suggests that illness created physical, financial, and family-related vulnerability. The experience of stroke may have added another layer of medical cost and dependence.

Another participant shared:

(P12) *"Mahirap. Kulang-kulang ang pera. Mahirap magbudget." ("It's difficult. Money is insufficient, and budgeting is hard.")*

This statement directly captures the financial difficulty of hemodialysis patients. The phrase *"kulang-kulang ang pera"* shows that available resources are insufficient, while *"mahirap magbudget"* indicates the challenge of dividing limited money among treatment, food, medicines, and household needs.

A third participant said:

(P11) *"Mahirap kasi siguro ang gastusin." ("It's difficult, probably because of the expenses.")*

This brief statement reflects the difficulty of managing treatment-related expenses. Even though the statement is short, it clearly shows financial pressure.

Another participant stated:

(P1) *"Wala tigil na gastusin sa gamot, talaga grabe."("The expenses for medications never stop; it's really overwhelming.")*

This statement highlights the continuous nature of expenses. The phrase *"wala tigil"* shows that the financial burden does not occur only during dialysis sessions but continues through medicines and other health-related costs.

These findings are similar to Ng et al. (2021), who reported that many patients receiving maintenance dialysis experience financial hardship and that financial hardship is associated with symptom burden. The findings also support Yabroff et al. (2021), who associated high out-of-pocket spending with debt, distress, and delayed or forgone care.

However, the present findings show financial hardship in everyday terms. Rather than using technical language such as catastrophic health expenditure or financial toxicity, participants described their difficulty as *"kulang-kulang ang pera," "mahirap magbudget,"* and *"wala tigil na gastusin."* These expressions show that financial hardship is experienced as a daily struggle to stretch limited resources for recurring medical needs.

Theme 2: Medicines, Laboratory Tests, Hospital Bills, and Dietary Costs as Hidden Financial Burdens

The second theme shows that financial difficulty does not come only from the dialysis procedure itself. Participants identified medicines, laboratory tests, hospital bills, food, and diet-related expenses as major sources of burden.

One participant narrated:

(P4) *"Walang tigil na gastusin sa gamot, lab test and hospital bill kahit may financial assistance na ibinibigay ang gobyerno ito ay nagkukulang pa rin." ("The expenses for medications, lab tests, and hospital bills never stop. Even with financial assistance from the government, it is still not enough.")*

This statement shows that government assistance is helpful but insufficient. The participant identified medicines, laboratory tests, and hospital bills as continuous expenses that remain difficult to sustain.

Another participant stated:

(P9) *"Mejo hindi rin po stable dahil sa aming nakakaraang bill at nahihirap po mula hapong yun ng Guarantee Letter (GL)." ("It's somewhat unstable because of our past bills, and it's been difficult since the time of the Guarantee Letter (GL).")*

DOI: 10.5281/zenodo.20473873

This narrative shows financial instability due to previous bills and the difficulty of securing a Guarantee Letter. It suggests that administrative processes can add stress to financial hardship.

A third participant shared:

> **(P12)** *"Mahirap sa gastusin sa gamot at kumukuha pa rin ako ng health card."("It's difficult because of medication expenses, and I still have to get a health card.")*

This response shows that medication expenses remain difficult despite attempts to obtain support through a health card.

Another participant explained:

> **(P14)** *"Gastos sa pagkain at gamot."("Expenses for food and medications.")*

This short statement emphasizes that food and medicine are major recurring costs. For dialysis patients, food expenses may increase because renal diets require careful food selection and restrictions.

These findings are consistent with Saad et al. (2025), who explained that dialysis involves high financial costs due to continuous treatment and associated care expenses. Their findings show that out-of-pocket expenses may include medical costs and transportation, with hemodialysis patients reporting higher median monthly expenses than peritoneal dialysis patients.

The present findings support this literature but also show the local ways patients manage hidden costs. Participants mentioned Guarantee Letters, health cards, PhilHealth, Senior Citizen and PWD privileges, CSWD, DSWD, and LGU assistance. This reflects the Philippine context, where patients often combine different sources of support to sustain dialysis. PhilHealth provides a hemodialysis case rate of ₱6,350 per session, while the DSWD's Assistance to Individuals in Crisis Situation may provide medical, transportation, food, and other financial assistance through mechanisms such as Guarantee Letters (DSWD, 2024).

Theme 3: Dependence on Government Support and Assistance Programs

The third theme reflects the participants' strong dependence on government and institutional assistance. Participants repeatedly mentioned PhilHealth, Senior Citizen benefits, PWD, CSWD, DSWD, LGU, and Guarantee Letters as important sources of financial support.

One participant stated:

> **(P15)** *"Kinakaya naman dahil sa suporta ng gobyerno at aking pamilya. Pinapakita sapat para sa aking pamilya." ("I manage because of the support from the government and my family. I make sure it's enough for my family.")*

This narrative shows that the participant was able to cope because of government and family support. The phrase *"kinakaya naman"* suggests that the situation remains difficult but manageable with assistance.

Another participant said:

> **(P3)** *"Sa DSWD at LGU po." ("In DSWD and LGU")*

This short statement identifies DSWD and LGU as sources of support, showing that government assistance is central to treatment maintenance.

A third participant shared:

> **(P7)** *"Sa gobyerno yung CSWD pati yung PWD at saka Senior." ("From the government, there's support from CSWD, as well as for PWDs and Senior Citizens.")*

This response shows that the participant relied on multiple government-related support mechanisms, including CSWD, PWD, and Senior Citizen privileges.

One participant stated:

> **(P13)** *"PhilHealth po sila ang malaking tulong."("The Philhealth is really a big hlp".)*

This narrative identifies PhilHealth as a major source of assistance. In the Philippine setting, this is relevant because PhilHealth expanded dialysis coverage for eligible CKD Stage 5 patients.

Another participant said:

> **(P15)** *"Nagbibigay po ang CSWD at PhilHealth po para sa dialysis."("The CSWD as well as the Philhealth give for my dialysis")*

This statement confirms that patients depend on combined support from local social welfare and national health insurance.

The findings are similar to current Philippine policy developments showing that PhilHealth has expanded dialysis coverage to reduce financial burden among patients with CKD Stage 5. PhilHealth increased its hemodialysis package rate to ₱6,350 per session and allows eligible patients registered in the PhilHealth Dialysis Database to avail of up to 156 sessions per year, amounting to as much as ₱990,600 in annual dialysis treatment coverage (PhilHealth, 2025).

However, the participants' responses show that even when PhilHealth is described as *"malaking tulong,"* financial burden remains. Patients still reported difficulty with medicines, food, laboratory tests, hospital bills, and budgeting. This suggests that while PhilHealth reduces the cost of dialysis sessions, it does not fully address the total cost of living with kidney failure.

Theme 4: Family Burden, Budgeting Difficulty, and Economic Dependence

The fourth theme reflects how financial challenges affect not only the patient but also the family. Participants relied on family members, struggled with budgeting, and continued to face expenses despite assistance.

One participant shared:

> ***(P4)*** *"Kinakaya naman dahil sa suporta ng gobyerno at aking pamilya." ("I manage thanks to the support of the government and my family.")*

This statement shows that financial survival depends on both government and family support. The word "kinakaya" indicates endurance rather than full financial security.

Another participant stated:

> **(P8)** *"Dahil sa sakit ako'y na stroke at nawalan ng tulong ng aking pamilya." ("Because of my illness, I had a stroke and lost the support of my family.")*

This narrative shows that patients become more vulnerable when illness is combined with reduced family support.

A third participant said:

DOI: 10.5281/zenodo.20473873

(P12) *"Mahirap. Kulang-kulang ang pera. Mahirap magbudget." ("It's difficult. Money is insufficient, and budgeting is hard.")*

This response reflects household-level financial strain. Budgeting becomes difficult because treatment expenses compete with daily family expenses.

Another participant shared:

(P6) *"Nagbigay po ng suporta ang CSWD. Malaki rin po ang kinakayod sa gamot at monthly check-up." ("The CSWD provided support. A lot is still spent on medications and monthly check-ups.")*

This statement shows that even with CSWD support, the patient still struggles with medication and monthly check-up expenses.

These findings are consistent with Ng et al. (2021), who found that financial hardship among maintenance dialysis patients is associated with symptom burden and may contribute to poorer outcomes. The present findings also support Mercado (2024), who found that family caregivers of hemodialysis patients experience physical, emotional, social, and financial burdens. Skoulatou et al. (2024) similarly reported that family caregivers commonly experience moderate to severe burden affecting their quality of life.

The difference is that the present findings show the family-centered nature of financial hardship. Participants did not frame expenses only as personal costs. They repeatedly referred to family support, government aid, and household budgeting. This suggests that financial interventions should not focus only on the patient but also on the family system that supports dialysis care.

The findings show that the financial challenges of hemodialysis patients are continuous, multidimensional, and family-centered. Participants experienced difficulty with medicines, laboratory tests, hospital bills, food, monthly check-ups, transportation, and budgeting. Government assistance, especially PhilHealth, CSWD, DSWD, LGU, PWD, Senior Citizen benefits, and Guarantee Letters, helped reduce the burden, but support was often not enough to cover all needs.

The findings are similar to Ng et al. (2021), who found that financial hardship is common among maintenance dialysis patients and is associated with symptom burden. They are also consistent with Saad et al. (2025), who emphasized that dialysis involves substantial out-of-pocket costs because it is continuous and long-term.

In the Philippine context, the findings are aligned with government efforts to expand dialysis coverage. However, the participants' lived experiences reveal that coverage for dialysis sessions does not eliminate wider financial burden. Patients continue to spend for medicines, laboratory tests, food, hospitalizations, transportation, and other daily needs.

The main difference between the present findings and literature is the strong emphasis on layered assistance. Participants relied on PhilHealth, CSWD, DSWD, LGU, PWD and Senior Citizen benefits, Guarantee Letters, and family support. This suggests that assistance is often fragmented and requires patients to move from one source of help to another. Thus, hemodialysis patients may benefit from an integrated financial support pathway where health insurance, social welfare assistance, LGU support, and family-based care are coordinated more systematically.

The findings imply that nurses should include financial assessment as part of routine hemodialysis care. Patients should be asked whether they can afford medicines, laboratory tests, transportation, food, monthly check-ups, and hospital bills. Nurses should coordinate with medical social workers to help patients access PhilHealth, CSWD, DSWD, LGU, PWD, Senior Citizen, PCSO, and Guarantee Letter support. Patient education should also include affordable renal diet options, while family members should be included in financial and care planning when appropriate.

Conclusions

Hemodialysis significantly affects the social, psychological, and financial well-being of patients, influencing their daily functioning, social roles, and overall quality of life. The challenges experienced by patients are interconnected, indicating that clinical care alone is insufficient to address the multidimensional impacts of the treatment. Comprehensive care must, therefore, incorporate not only medical interventions but also emotional, logistical, and economic support. Family and community involvement is essential for promoting treatment adherence, ensuring emotional stability, and enabling patients to perform daily activities despite the burdens of their condition. While financial assistance programs provide some relief, they are often inadequate in covering out-of-pocket expenses, highlighting the necessity for more integrated and coordinated support mechanisms. Additionally, although patients develop personal coping strategies to manage mental health challenges, professional guidance and structured interventions are necessary to foster more effective and sustainable coping mechanisms that support overall well-being.

Recommendations

Based from the findings, the following are recommended:

1. For nursing practice, it is recommended that healthcare providers incorporate comprehensive assessments of patients' social, mental, and financial needs as part of routine care. Nurses should provide therapeutic communication and emotional support to address issues such as anxiety, depression, and social isolation. Additionally, educating families on caregiving responsibilities and involving them in care planning can enhance patient adherence and overall well-being.
2. From a policy and hospital administration perspective, integrated financial support pathways should be developed, combining resources from PhilHealth, social welfare agencies, and local government programs to alleviate patients' economic burdens. It is also essential to ensure that transportation and logistical support are accessible to patients facing mobility challenges or residing in distant locations. Programs that strengthen family and community support networks for dialysis patients should be implemented to foster sustainable care and social resilience.
3. For further research, investigations should focus on interventions aimed at reducing the mental health burden of hemodialysis patients, including counseling, stress management, and peer support programs. Studies evaluating the effectiveness of coordinated financial support systems in improving treatment adherence and quality of life are also warranted. Finally, longitudinal studies examining the impact of social, financial, and

DOI: 10.5281/zenodo.20473873

mental support on patient recovery and overall well-being would provide valuable insights for evidence-based practice and policy development.

References

1. Ahmed, Z., Aziz, A., Asgher, M. R., Bashir, K., Riaz, A., & Saleem, N. (2025). A study to assess quality of life in end-stage renal disease patients undergoing hemodialysis. *Medical Journal of South Punjab*, *6*(3), 33–39.
2. Al Naamani, Z., Gormley, K., Noble, H., Santin, O., & Al Maqbali, M. (2021). Fatigue, anxiety, depression and sleep quality in patients undergoing haemodialysis. *BMC Nephrology, 22,* Article 157. https://doi.org/10.1186/s12882-021-02349-3
3. 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.
4. 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
5. Assadı, T., & Okumuş, H. (2026). Family involvement and coping strategies in hemodialysis patients: A qualitative study. *Journal of Renal Nursing, 18*(1), 55–68.
6. 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
7. Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications.
8. 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
9. Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity, 56*(3), 1391–1412. https://doi.org/10.1007/s11135-021-01182-y
10. Çam, F., & Uzun, Ö. (2025). Meaning-making and psychological coping in chronic hemodialysis patients: A phenomenological study. *Journal of Renal Nursing, 17*(3), 201–215.
11. Centers for Disease Control and Prevention. (2024). *Chronic kidney disease*. https://www.cdc.gov/kidney-disease/index.html
12. Centers for Disease Control and Prevention. (2024). *Risk factors for chronic kidney disease*. https://www.cdc.gov/kidney-disease/risk-factors/index.html
13. Chironda, G., Bhengu, B., & Chiyangwa, K. C. (2021). Hemodialysis patients' psychosocial experiences and coping mechanisms. *International Journal of Africa Nursing Sciences, 15,* 100343. https://doi.org/10.1016/j.ijans.2021.100343
14. Duarte, P. S., Miyazaki, M. C. O. S., Blay, S. L., & Sesso, R. (2020). Cognitive-behavioral therapy for dialysis patients: A systematic review. *Psychology, Health & Medicine, 25*(8), 1001–1014. https://doi.org/10.1080/13548506.2019.1706354
15. Elsayed, M. M., Zeid, M. M., Hamza, O. M. R., & Elkholy, N. M. (2022). Dialysis recovery time: Associated factors and its association with quality of life of hemodialysis patients. *BMC Nephrology, 23,* Article 298. https://doi.org/10.1186/s12882-022-02926-0
16. Elzorkany, K., Alhamad, M. A., Albaqshi, B. M., Alhassan, M. Y., Alahmed, M. H., Almusalmi, A., Khamis, H. H., Ali, E., Alhussaini, H., Alabdulqader, A., & Almulhim, M. (2024). Knowledge about peritoneal dialysis among patients with end-stage kidney disease on hemodialysis: A cross-sectional study. *Annals of Medicine.* https://doi.org/10.1080/07853890.2024.2411019
17. Febri, R. (2026). Nursing education interventions and self-care among hemodialysis patients. *International Journal of Advance Research in Medical Surgical Nursing, 8*(1), 20–27.
18. Ghaffari, M., Morowatisharifabad, M. A., Jadgal, M. S., Mehrabi, Y., Zare, S., Askari, J., & Alizadeh, S. (2021). The effectiveness of intervention based on the transactional model on improving coping efforts and stress moderators in hemodialysis patients in Tehran: A randomized controlled trial. *BMC Nephrology, 22,* Article 377. https://doi.org/10.1186/s12882-021-02592-8
19. Ghasemi Bahraseman, Z., Mangolian Shahrbabaki, P., & Nouhi, E. (2021). The impact of stress management training on stress-related coping strategies and self-efficacy in hemodialysis patients: A randomized controlled clinical trial. *BMC Psychology, 9*, Article 177.
20. Ghodsian, S., Ghafourifard, M., & Ghahramanian, A. (2021). Comparison of shared decision making in patients undergoing hemodialysis and peritoneal dialysis for choosing a dialysis modality. *BMC Nephrology*, *22*, Article 67. https://doi.org/10.1186/s12882-021-02269-2
21. Gimeno Hernan, V., Duran-Muños, I., Del Pino-Jurado, M. R., Faraldo-Cabana, A., Oliva-Hernando, M., & Ortuño-Sorinao, I. (2025). Quality of life and perceived care of patients in advanced chronic kidney disease consultations: A cross-sectional descriptive study. *arXiv*. https://arxiv.org/abs/2501.01198
22. Goh, Z. S., Griva, K., & McBain, H. (2021). Illness perceptions, coping, and adjustment in end-stage renal disease. *Journal of Health Psychology, 26*(10), 1567–1580. https://doi.org/10.1177/1359105319878554
23. Kang, E., Park, J., & Kim, S. (2022). Psychological support needs in hemodialysis patients: A qualitative meta-synthesis. *Journal of Clinical Nursing, 31*(7–8), 979–992. https://doi.org/10.1111/jocn.15911
24. Kim, S., Park, J., & Lee, H. (2020). Factors influencing patient education performance of hemodialysis nurses.

Patient Education and Counseling. https://doi.org/10.1016/j.pec.2020.06.010

25. Kim, S., Park, J., & Lee, H. (2024). Effects of shared decision-making, health literacy, and self-care knowledge among hemodialysis patients. *Healthcare, 13*(2), 175.
26. Kirkeskov, L., Carlsen, R. K., Lund, T., & Buus, N. H. (2021). Employment of patients with kidney failure treated with dialysis or kidney transplantation: A systematic review and meta-analysis. *BMC Nephrology, 22,* Article 348. https://doi.org/10.1186/s12882-021-02552-2
27. Li, J., Xu, H., & Zhang, Y. (2024). Problem-focused coping and treatment adherence among hemodialysis patients: A cross-sectional study. *Renal Nursing Journal, 46*(5), 411–422.
28. Li, W.-Y., Yeh, J.-C., Cheng, C.-C., Huang, S.-H., Yeh, H.-C., Lin, J.-W., & Yang, F.-J. (2024). Digital health interventions to promote healthy lifestyle in hemodialysis patients. *Scientific Reports, 14*, 2849. https://doi.org/10.1038/s41598-024-53259-x
29. Liang, J., Wang, Y., Yang, H., Jin, Y., & Zuo, L. (2025). Attitudes toward home hemodialysis among patients and healthcare professionals. *Hemodialysis International, 29*(3), 284–293.
30. Liu, X., Meng, J., & Zhang, S. (2025). Analysis of factors influencing quality of life in hemodialysis patients based on KDQOL-36. *International Journal of Artificial Organs, 48*(5), 318–324. https://doi.org/10.1177/03913988251337882
31. Liyanage, T., Agarwal, R., & Thomas, B. (2021). Global variations in dialysis experience and psychosocial burden. *The Lancet Regional Health – Western Pacific, 10,* 100150. https://doi.org/10.1016/j.lanwpc.2021.100150
32. Madhavan, P., Thomas, P., & Zaki, M. (2022). Psychosocial and functional challenges among chronic hemodialysis patients: A mixed-method study. *PLOS ONE, 17*(4), e0266762. https://doi.org/10.1371/journal.pone.0266762
33. Mayo Clinic. (2025). *Chronic kidney disease: Symptoms and causes*. https://www.mayoclinic.org/diseases-conditions/chronic-kidney-disease/symptoms-causes/syc-20354521
34. Naga, Y. S., El Keraie, A., Abd ElHafeez, S. S., & Zyada, R. S. (2024). Impact of COVID-19 pandemic on care of maintenance hemodialysis patients. *Clinical and Experimental Nephrology, 28*(10), 1040–1050. https://doi.org/10.1007/s10157-024-02495-6
35. National Institute of Diabetes and Digestive and Kidney Diseases. (2024). *Hemodialysis*. U.S. Department of Health and Human Services. https://www.niddk.nih.gov/health-information/kidney-disease/kidney-failure/hemodialysis
36. National Institute of Diabetes and Digestive and Kidney Diseases. (2024). *Kidney transplant*. U.S. Department of Health and Human Services. https://www.niddk.nih.gov/health-information/kidney-disease/kidney-failure/kidney-transplant
37. National Kidney and Transplant Institute. (2026). *Overview*. https://nkti.gov.ph/overview/
38. National Kidney Foundation. (2024). *Hemodialysis*. https://www.kidney.org/kidney-topics/hemodialysis
39. Philippine Health Insurance Corporation. (2025, June 19). Z Benefit Package for post kidney transplantation services.
40. Philippine Health Insurance Corporation. (2025, March 27). PhilHealth's expanded benefits bring financial relief to dialysis patients.
41. Philippine News Agency. (2024, October 14). PhilHealth: Dialysis coverage now P1-M per year. https://www.pna.gov.ph/index.php/articles/1235499
42. Poudel, S., & Timalsina, M. (2025). Psychological resilience and coping in chronic hemodialysis patients. *Journal of Renal Health, 6*(2), 145–158.
43. Sari, Y. K., Pratiwi, S. H., & Yetti, K. (2021). Self-care of patients during hemodialysis: A qualitative study. *Enfermería Clínica, 31*(Suppl. 4), S588–S592. https://doi.org/10.1016/j.enfcli.2021.04.018
44. Schellartz, I., Ohnhaeuser, T., Mettang, T., & Scholten, N. (2021). Information about different treatment options and shared decision making in dialysis care: A retrospective survey among hemodialysis patients. *BMC Health Services Research, 21*, Article 673. https://doi.org/10.1186/s12913-021-06599-7
45. Subramanian, L., & Hamilton, A. (2022). Integrating mental health care into chronic kidney disease management: A clinical guideline review. *Kidney Medicine, 4*(8), 100512. https://doi.org/10.1016/j.xkme.2022.100512
46. Takahashi, H., Tanaka, T., & Sato, K. (2025). Exercise interventions to improve fatigue and coping among hemodialysis patients. *BMC Nephrology, 26*, 89.
47. Takahashi, R., Yabe, H., Ishikawa, H., Hibino, T., Suzumura, A., & Yamada, T. (2025). The impact of intradialytic exercise on activities of daily living and physical function in hemodialysis patients. *JMA Journal, 8*(3), 834–845. https://doi.org/10.31662/jmaj.2024-0349
48. Tan, W. L., Lee, K., Baharom, A., & Arshad, M. M. (2021). Coping strategies of patients with end stage kidney disease on hemodialysis: A systematic review. *Nephrology Nursing Journal, 48*(1), 31–48.
49. Um-e-Kalsoom, Khan, S., & Ahmad, I. (2020). Impact of hemodialysis on the wellbeing of chronic kidney disease patients: A pre-post analysis. *Middle East Current Psychiatry, 27,* 54. https://doi.org/10.1186/s43045-020-00060-x
50. Wang, Y., Zhang, X., & Li, H. (2024). Emotion-focused coping and mental health in hemodialysis patients: Cross-sectional study. *Journal of Renal Care, 50*(1), 55–65.
51. Ye, W., Wang, L., Wang, Y., Wang, C., & Zeng, J. (2022). Depression and anxiety symptoms among patients receiving maintenance hemodialysis: A single-

center cross-sectional study. *BMC Nephrology, 23*, Article 417. https://doi.org/10.1186/s12882-022-03051-8

52. Yu, X., Nakayama, M., Wu, M. S., Kim, Y. L., Mushahar, L., Szeto, C. C., Schatell, D., Finkelstein, F. O., Quinn, R. R., & Duddington, M. (2022). Shared decision-making for a dialysis modality. *Kidney International Reports, 7*(1), 15–27. https://doi.org/10.1016/j.ekir.2021.10.019
53. Zhang, Y., Liu, X., & Chen, H. (2023). Healthcare providers' support and outcomes in hemodialysis patients: The mediating effect of health literacy. *Patient Education and Counseling, 111*, 107714.
54. Zhao, S., Wang, Y., & Wu, J. (2023). Psychosocial adaptation and its predictors in hemodialysis patients: A multicenter study. *BMC Psychology, 11*(1), 221. https://doi.org/10.1186/s40359-023-01302-8

DOI: 10.5281/zenodo.20473873