

Phenomenological study on the quality of life of hemodialysis patients: Basis for policy and recommendation

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Abstract

Aim: This study explored the lived experiences and quality of life of Filipino patients undergoing maintenance hemodialysis, with the aim of understanding how they adapt to physical, emotional, and social challenges and how these experiences may inform health policy and patient-centered care recommendations.

Methodology: A descriptive phenomenological research design was employed. Six adult patients who had been undergoing maintenance hemodialysis for at least six months at St. Raphael Foundation and Medical Center participated in semi-structured, in-depth interviews. Interview data were transcribed verbatim and analyzed using Colaizzi's seven-step phenomenological method. Member checking was conducted to enhance the credibility and accuracy of the findings.

Results: Four major themes emerged from the analysis: (1) Living with Hemodialysis as a Daily Struggle, characterized by persistent physical discomfort, emotional distress, and reduced independence; (2) Health Literacy and Awareness of Chronic Kidney Disease, reflecting patients' transition from limited understanding to informed self-management; (3) Strength from Support Systems and Resilience, highlighting the crucial role of family support, social relationships, and spirituality; and (4) Managing Treatment, emphasizing challenges in adhering to dietary, fluid, and medical regimens alongside the importance of collaborative relationships with healthcare providers.

Conclusion: The quality of life of hemodialysis patients is shaped by the complex interaction of physical burden, evolving health literacy, social and spiritual support, and treatment demands. Findings underscore the need for holistic and family-centered care approaches, strengthened patient-provider communication, and the integration of psychosocial support services into dialysis programs to enhance resilience, well-being, and policy-responsive renal care.

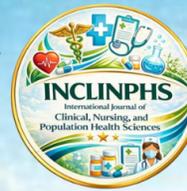
Keywords: hemodialysis; quality of life; phenomenological study; resilience; patient support; chronic kidney disease

INTRODUCTION

Chronic Kidney Disease (CKD) is a major global health concern affecting millions of individuals worldwide, with many progressing to End-Stage Renal Disease (ESRD) requiring lifelong hemodialysis (HD) (World Health Organization [WHO], 2023). The global rise in CKD is largely attributed to increasing rates of diabetes, hypertension, and population aging (Francis et al., 2024). In the Philippines, CKD prevalence continues to increase, resulting in growing demand for dialysis services in both hospital-based and standalone facilities (Department of Health [DOH], 2023). This expanding burden not only strains healthcare systems but also significantly affects the physical, emotional, and social well-being of patients undergoing long-term HD.

While medical management of CKD has advanced, less attention has been given to understanding the lived experiences of hemodialysis patients, particularly within specific local healthcare settings. In Pampanga, limited qualitative evidence exists describing how patients at St. Raphael Foundation and Medical Center experience, interpret, and cope with the demands of chronic dialysis treatment. Exploring these experiences is essential in strengthening holistic nursing care, enhancing psychosocial support systems, and informing policy and program development within dialysis services.

This study contributes to nursing science by providing context-specific phenomenological evidence on the lived experience of hemodialysis within a Filipino cultural framework. By foregrounding patient narratives, the findings extend qualitative health research on chronic illness adaptation and relational resilience. Furthermore, the study offers



policy-relevant insights for dialysis program design, psychosocial support integration, and culturally responsive care planning in regional healthcare institutions.

Review of Related Literature and Studies

Chronic kidney disease remains a significant global public health issue, with millions of individuals worldwide requiring dialysis therapy annually (Francis et al., 2024). In the Philippines, the increasing prevalence of CKD has led to heightened utilization of dialysis services (DOH, 2023). Hemodialysis presents substantial physical and psychological challenges. Patients commonly report fatigue, muscle cramps, sleep disturbances, and reduced quality of life due to symptom burden and treatment demands (van Oevelen et al., 2023; Li et al., 2023). Emotional distress—including depression, anxiety, and stress—is highly prevalent among HD patients (Al-Shammari et al., 2021). Financial strain and caregiver burden further intensify the psychosocial impact of the disease (Jha et al., 2023; Chhetri & Baral, 2020).

Cultural and social contexts strongly influence coping processes. In collectivist societies such as the Philippines, patients rely heavily on family support, spirituality, and community networks (Saedi et al., 2024; Wang et al., 2024; Zheng et al., 2021). Gender differences in coping have also been documented, with women more likely to use emotion-focused coping and men more inclined toward problem-focused coping (Graves et al., 2021; Vidic, 2024). Strong social support systems have been consistently associated with improved psychosocial adjustment and adaptive coping (Mondal & Roy, 2025; Wang et al., 2024; Zell & Stockus, 2025).

Psychological resilience—defined as the capacity to adapt positively despite adversity—is crucial in chronic illness management (Jin et al., 2023; Saedi et al., 2024). Resilience is shaped by emotional regulation, cognitive flexibility, and social support (Jesline et al., 2025; Rademacher et al., 2023). Studies demonstrate that resilient patients report lower depression and anxiety levels, improved treatment adherence, and better life satisfaction (Sharma et al., 2025; Hasan & Dubey, 2025). Neurobiological evidence further links resilience to regulated stress responses (Cathomas et al., 2019; Nestler & Russo, 2024). Interventions such as peer support, resilience training, and structured education programs have shown effectiveness in enhancing coping capacities (Elliott et al., 2025; Liu et al., 2022; Huang et al., 2024).

Quality of Life (QOL) among HD patients is multidimensional, encompassing physical, psychological, social, and environmental domains. Philippine studies reveal that demographic and treatment-related factors significantly influence QOL outcomes (Huang et al., 2024; Manju & Joseph, 2024; Yonata et al., 2022). International evidence suggests that mental health domains may be relatively preserved compared to physical domains, underscoring the importance of holistic care approaches (Aljawadi et al., 2024; Manju & Joseph, 2024). Comorbidities such as cardiovascular disease and diabetes further complicate disease management and negatively impact QOL (Johansen et al., 2024).

Technological and educational innovations also support coping and resilience. Mobile health applications, online support groups, and patient-centered decision-making enhance engagement and treatment adherence (Chen et al., 2020; Mandel et al., 2023).

Although extensive literature addresses coping, resilience, and QOL among HD patients, most studies are quantitative, outcome-based, or conducted in non-local contexts. There remains limited phenomenological research examining the lived experiences of hemodialysis patients within specific Philippine dialysis centers, particularly at St. Raphael Foundation and Medical Center. Understanding these lived experiences is necessary to develop culturally responsive, setting-specific nursing interventions and policy recommendations aimed at enhancing resilience, coping capacity, and overall well-being.

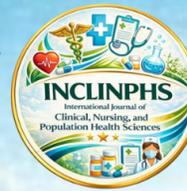
Theoretical Framework

This study is anchored on three major theoretical perspectives explaining stress, coping, and resilience among hemodialysis patients.

First, Lazarus and Folkman's (1984) Transactional Model of Stress and Coping explains stress as a dynamic interaction between the individual and the environment. Through primary and secondary appraisal, individuals evaluate stressors and available coping resources, employing problem-focused or emotion-focused coping strategies.

Second, Revenson (1994) Social Support and Coping Framework highlights the buffering role of emotional, informational, and instrumental support in chronic illness adjustment. Structured supportive interventions have been shown to significantly enhance psychological resilience and adaptive coping capacities (Liu et al., 2022).

Lastly, Beck (1976, 2020), Cognitive-Behavioural Theory (CBT) is applied as a theoretical lens to understand how cognitive appraisals influence emotional responses and coping behaviors. Research supports the relevance of CBT-informed perspectives in improving psychological outcomes among HD patients (Chen et al., 2020; González-Flores et al., 2023).



Together, these frameworks guide the study in examining how patients appraise stress, mobilize coping resources, draw strength from social support, and develop resilience in the context of long-term hemodialysis.

Statement of the Problem

General Objective

To explore the lived experiences, coping strategies, resilience, and quality of life of patients undergoing maintenance hemodialysis at St. Raphael Foundation and Medical Center.

Specific Objectives

Specifically, the study aimed:

1. To describe the lived experiences of patients undergoing long-term hemodialysis.
2. To examine how hemodialysis patients cope with the physical, emotional, and social challenges associated with chronic kidney disease.
3. To identify the sources of resilience and strength that help patients endure long-term hemodialysis treatment.
4. To explore the role of family support, spirituality, and health literacy in patients' coping and adaptation processes.
5. To generate policy and practice recommendations based on the lived experiences of hemodialysis patients.

Research Questions

This study was guided by the following research questions:

1. What are the lived experiences of patients with chronic kidney disease while undergoing maintenance hemodialysis?
2. How do patients cope with the challenges associated with chronic kidney disease and long-term hemodialysis treatment?
3. In what ways do patients demonstrate resilience while undergoing long-term hemodialysis?
4. What factors help patients most in coping and remaining resilient throughout their hemodialysis journey?
5. What policy and practice recommendations can be formulated based on the findings of the study?

METHODS

Research Design

This study employed a qualitative descriptive phenomenological design to explore the lived experiences of individuals undergoing hemodialysis at St. Raphael Foundation and Medical Center in Pampanga. The purpose of the design was to capture the essence of participants' experiences related to quality of life, coping mechanisms, and resilience while living with Chronic Kidney Disease (CKD) and long-term dialysis treatment.

Phenomenology focuses on understanding and describing the meaning of lived experiences from the perspective of individuals who have directly encountered the phenomenon (Creswell & Poth, 2018). This design was appropriate because it allowed for an in-depth exploration of how patients perceived, interpreted, and constructed meaning around their hemodialysis experiences. The study specifically sought to uncover shared patterns and core structures underlying these lived realities rather than to generate generalizable findings.

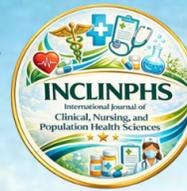
Population and Sampling

The study focused on patients undergoing maintenance hemodialysis at St. Raphael Foundation and Medical Center in Pampanga. The target population consisted of adult patients receiving long-term dialysis treatment.

A total of six (6) hemodialysis patients participated in the study as key informants. Inclusion criteria required that participants:

1. had been undergoing hemodialysis for at least six months;
2. were physically and cognitively able to participate in an interview;
3. were willing to share detailed accounts of their lived experiences; and
4. provided informed consent.

Purposive sampling was employed to select participants who could provide rich and meaningful insights into the phenomenon under investigation (Polit & Beck, 2021). Participants were intentionally chosen based on their direct



experience with long-term hemodialysis and their ability to articulate their perceptions regarding coping, resilience, and quality of life.

The aim of sampling in phenomenological research is not statistical generalization but the identification of information-rich cases that reveal the essence of the lived experience. Through purposive selection, the study ensured depth and relevance of data.

Data saturation was achieved with six (6) participants. Interviews were conducted and analyzed concurrently, and by the fifth and sixth interviews, no new themes or meanings emerged. Responses demonstrated repetition of core thematic patterns, indicating thematic redundancy and sufficient depth of experiential data. In phenomenological research, sample adequacy is based on richness of lived experience rather than numerical size (Creswell & Poth, 2018; Polit & Beck, 2021). Thus, six participants were considered sufficient to capture the essential structure of the hemodialysis experience within this setting.

Instruments

The primary data collection instrument was a researcher-developed semi-structured interview guide. The guide consisted of open-ended questions designed to elicit participants' experiences related to coping strategies, resilience, emotional adjustment, treatment adherence, and perceived quality of life.

The interview guide underwent content validation by three (3) experts with backgrounds in nursing education and hemodialysis clinical practice. The validators included:

- A Registered Nurse (RN) and Licensed Professional Teacher (LPT) with a Master's in Nursing (MAN) and clinical experience in hemodialysis.
- A Registered Nurse (RN), Certified Nephrology Nurse (CNN), and MAN graduate with leadership experience in a dialysis unit.
- A Registered Nurse (RN) and MAN graduate with academic leadership experience in nursing education.

The validators reviewed the instrument for clarity, relevance, appropriateness of language, alignment with research objectives, and comprehensiveness. Revisions were made based on their recommendations to ensure content validity and appropriateness for the target population.

Data Collection

Prior to data collection, approval was obtained from the Dean and Research Coordinator of Systems Plus College Foundation, as well as permission from the Chief Nurse of St. Raphael Foundation and Medical Center.

Data were collected through face-to-face, one-on-one semi-structured interviews conducted within the dialysis facility in a private and comfortable setting. Each interview lasted approximately 30–40 minutes. With participants' consent, interviews were audio-recorded to ensure accurate transcription. Field notes were also taken to capture non-verbal cues and contextual observations.

Data collection was completed within one week, depending on participant availability.

Throughout the interviews, the researcher maintained a neutral and reflexive stance, facilitating open communication while minimizing personal bias.

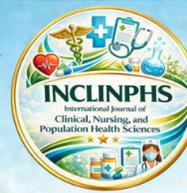
Treatment of Data

Data were analyzed using Colaizzi's (1978) phenomenological method, a systematic and rigorous approach for examining lived experiences.

Prior to analysis, the researcher practiced bracketing, consciously setting aside personal assumptions and preconceptions to focus solely on participants' narratives.

The analysis followed Colaizzi's seven structured steps:

1. Transcription and Familiarization – All interviews were transcribed verbatim and read repeatedly to achieve immersion in the data.
2. Extraction of Significant Statements – Statements directly related to the hemodialysis experience were identified.
3. Formulation of Meanings – Meanings were derived from significant statements while remaining grounded in participants' descriptions.
4. Clustering of Themes – Similar meanings were grouped to form theme clusters and overarching themes.
5. Development of an Exhaustive Description – A comprehensive narrative description of the phenomenon was constructed.



6. Identification of the Fundamental Structure – The essential structure of the lived experience was distilled from the exhaustive description.
7. Member Checking – Findings were returned to participants for validation to ensure credibility and accuracy.

This structured process ensured a thorough, credible, and meaningful interpretation of resilience, coping, and quality of life experiences among hemodialysis patients.

Ethical Considerations

Prior to data collection, administrative approval was obtained from the Dean and Research Coordinator of Systems Plus College Foundation, as well as from the hospital administration and Chief Nurse of St. Raphael Foundation and Medical Center. The study adhered to internationally recognized ethical principles for research involving human participants. Written informed consent was obtained from all participants, and confidentiality was strictly maintained.

The study adhered to the principles of respect for persons, beneficence, nonmaleficence, and justice, consistent with the Declaration of Helsinki (Dik & Doenges, 2019) and the Data Privacy Act of 2012 (Republic of the Philippines, 2012). Given that hemodialysis patients are considered a clinically vulnerable population, additional safeguards were implemented to ensure participant protection.

Written informed consent was obtained prior to participation. Participants were informed of the study's purpose, procedures, potential risks, and benefits, and were assured that participation was voluntary. They were informed of their right to withdraw at any time without affecting their medical treatment. Interviews were conducted in a private setting to ensure confidentiality, and data were anonymized using coded identifiers. All research materials were securely stored and accessible only to the researcher.

Trustworthiness of the Data

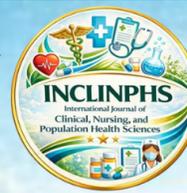
To ensure methodological rigor, the study adhered to the trustworthiness framework of Nowell et al. (2017), emphasizing credibility, transferability, dependability, and confirmability. Credibility was enhanced through prolonged engagement, concurrent analysis, and member checking. Transferability was supported by providing rich descriptions of the clinical context and participants' lived experiences. Dependability was ensured through a documented audit trail of research procedures and analytic decisions. Confirmability was strengthened through reflexive journaling and bracketing to minimize researcher bias. These strategies collectively ensured that findings authentically reflected the lived experiences of hemodialysis patients.

RESULTS and DISCUSSION

Table 1. Lived Experiences of Hemodialysis Patients in St. Raphael Foundation and Medical Center in Pampanga

THEMES	SUBTHEMES
1. LIVING WITH HEMODIALYSIS: A DAILY STRUGGLE	1. Toll of Pain and Emotion 2. Sources of Strength and Spiritual Endurance
2. HEALTH LITERACY: MANAGEMENT AND AWARENESS OF CHRONIC KIDNEY DISEASE (CKD)	1. Awareness of Health Conditions 2. Managing with Medical Advice and Lifestyle Adjustments
3. STRENGTH FROM SUPPORT SYSTEMS AND RESILIENCE	1. The Role of Family and Friends 2. Spirituality and Faith 3. Resilience Through Social Support
4. MANAGING TREATMENT: ADHERING TO MEDICAL ADVICE	1. The Emotional and Physical Burden 2. Emotional Adjustment and Support

This chapter presents the analysis of semi-structured interviews with six (6) hemodialysis patients at St. Raphael Foundation and Medical Center. Guided by phenomenology and Colaizzi's method, the study explored patients' lived experiences, focusing on coping, resilience, and quality of life. Four major themes emerged: Living with Hemodialysis: A Daily Struggle, which highlights physical, emotional, and social challenges; Health Literacy: Managing and Awareness of CKD, which reflects patients' evolving understanding of their condition; Strength from Support Systems and Resilience, emphasizing family and spiritual support; and Managing Treatment: Adhering to Medical



Advice, which addresses medication compliance and dietary and fluid restrictions supported by healthcare providers and loved ones.

Theme 1: Living with Hemodialysis: A Daily Struggle

Participants described hemodialysis as physically exhausting and emotionally restrictive. The treatment schedule structured their time, while bodily discomfort altered their sense of independence.

One participant shared:

P1: *"Nalulungkot ako... nasa bahay na lang ako."*
(I feel sad... I am just at home.)

This statement reflects emotional withdrawal and reduced social participation. Being "nasa bahay na lang" conveys confinement and diminished engagement in previous roles.

Physical symptoms were described vividly:

P5: *"Madali akong mapagod... pinupulikat ako kapag sobra ang hatak ng tubig."*
(I get tired easily... I experience cramps when too much fluid is removed.)

P3: *"Sumasakit ang balakang ko... may infection pala ako sa catheter ko."*
(My hips hurt... it turned out I had a catheter infection.)

Fatigue, cramping, and infection were not isolated complaints but recurring disruptions that shaped daily living. The body was experienced as vulnerable and dependent on medical intervention.

Another participant expressed:

P6: *"Parang nagiging isolated ako paminsan-minsan..."*
(I sometimes feel like I am becoming isolated...)

Isolation emerged not only from physical limitation but from altered participation in normal life activities. Studies have documented symptom burden and psychosocial distress in hemodialysis populations (van Oevelen et al., 2023; Li et al., 2023). However, in this study, the meaning of these symptoms becomes clear through the participants' own expressions of sadness, confinement, and altered identity. The lived experience extends beyond clinical indicators into everyday emotional realities.

Subtheme: Sources of Strength and Spiritual Endurance

Despite describing suffering, participants consistently identified family and faith as sustaining forces.

P1: *"Ang bunso kong anak ang nag-aalaga sa akin."*
(My youngest child takes care of me.)

P2: *"Ang asawa ko ang naghahanda ng pagkain ko."*
(My spouse prepares my meals.)

Care was experienced relationally. Dependence was framed not as weakness but as shared responsibility. Spirituality also emerged strongly:

P4: *"Nagdarasal ako sa Diyos para sa lakas."*
(I pray to God for strength.)

P6: *"Ang pamilya ko at simbahan ko ang tumutulong sa akin."*
(My family and church help me stay strong.)

Prayer functioned as reassurance and emotional grounding. While literature supports spirituality as a coping resource (Schnell & Krampe, 2020), the present findings show how faith is lived daily—woven into routines and relationships.

Theme 2: Health Literacy: Management and Awareness of Chronic Kidney Disease (CKD)

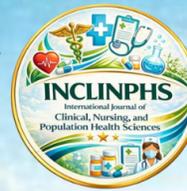
Participants described a transition from limited understanding to reflective awareness of their illness.

P2: *"Hindi ko alam na ang pain relievers ay makakasira sa kidney."*
(I did not know that pain relievers could damage the kidneys.)

P3: *"Mahilig ako sa karne... tumaas ang uric acid ko."*
(I loved eating meat... my uric acid increased.)

These reflections were often accompanied by regret. Awareness developed through lived consequences rather than early education.

Although global literature highlights persistent gaps in CKD awareness (Francis et al., 2024), participants' narratives reveal that knowledge acquisition was deeply personal and emotionally charged. Learning was intertwined with acceptance of irreversible change.

**Subtheme: Managing with Medical Advice and Lifestyle Adjustments**

Participants acknowledged medical instructions but described difficulty sustaining adherence.

P2: *"Iniinom ko ang gamot pero nakakalimutan ko ang diet."*

(I take my medications but forget the diet.)

P4: *"Nahihirapan akong sundin dahil sa cravings."*

(I struggle to follow it because of cravings.)

P5: *"Mahilig ako sa maalat."*

(I like salty foods.)

Food was associated with comfort and habit, making restrictions emotionally challenging. While research indicates that self-management interventions improve adherence (Huang et al., 2024), participants' narratives emphasize the human complexity of behavior change. Adherence was not a simple matter of knowledge but an ongoing negotiation between habit, desire, and health necessity.

Theme 3: Strength from Support Systems and Resilience

Participants consistently described resilience as emerging from relationships.

P1: *"Ang pamilya ko ang tumutulong sa akin."*

(My family helps me.)

P3: *"Malaking tulong ang suporta ng pamilya."*

(Family support is a big help.)

Encouragement and caregiving reinforced emotional stability and motivation.

Spiritual endurance was equally emphasized:

P1: *"Nagdadasal ako araw-araw."*

(I pray every day.)

P6: *"Nagdarasal ako para humaba ang buhay ko."*

(I pray for a longer life.)

Prayer reflected hope and trust in continued existence despite chronic illness. Existing studies affirm the protective role of social support (Wang et al., 2024). In this study, however, resilience was experienced not as an individual trait but as relational strength—sustained through family presence and spiritual belief.

Theme 4: Managing Treatment: Adhering to Medical Advice

Adherence was described as necessary but emotionally demanding.

P2: *"Nahihirapan akong huminga kapag sobra ang tubig."*

(I have difficulty breathing when I have too much fluid.)

This awareness reinforced the importance of restriction. Yet emotional burden was evident:

P6: *"Pakiramdam ko nag-iisa ako."*

(I feel like I am alone.)

Moments of loneliness accompanied physical discomfort.

Adherence strengthened when improvement was observed:

P4: *"Nakikita ko ang pagbabago kaya sumusunod ako."*

(I see improvements, so I follow.)

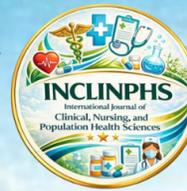
Observable health gains reinforced motivation. Although literature associates emotional distress with non-adherence (Li et al., 2023), participants' narratives show that adherence is shaped by perceived outcomes, encouragement, and emotional resilience.

Across themes, the lived experience of hemodialysis can be understood as an enduring physical limitation while constructing relational and spiritual meaning.

Participants described sadness, fatigue, cravings, gratitude, prayer, support, and hope. These accounts reveal that quality of life is shaped not solely by symptom burden but by how individuals interpret and live with those burdens within relational contexts.

In this section, interpretation remains grounded in participants' words. Literature serves to situate the findings within broader scholarship but does not replace the phenomenological voice. The essence of the experience in this Filipino setting is relational endurance—where suffering coexists with gratitude, faith, and shared strength.

The findings portray hemodialysis as an existential restructuring of lived experience. Participants described a contraction of bodily ease, reorganization of time around treatment cycles, and altered relational identity. Dialysis became the axis around which daily existence revolved. Contemporary evidence confirms the substantial psychosocial



and symptom burden associated with long-term hemodialysis, including diminished quality of life and heightened emotional distress (van Oevelen et al., 2023; Li et al., 2023). However, the present study extends this understanding by foregrounding how patients themselves interpret these disruptions not merely as clinical burdens, but as relational and spiritual transitions shaped by family presence and faith (Wang et al., 2024; Saedi et al., 2024).

Health literacy emerged not as immediate comprehension but as retrospective awakening. Awareness developed through embodied consequence elevated creatinine levels, symptom progression, and physician explanation. Contemporary nephrology research similarly indicates that CKD awareness remains globally limited and that knowledge alone does not ensure behavioral change (Francis et al., 2024; Huang et al., 2024). The present findings underscore that health literacy is experiential, unfolding through lived vulnerability.

Resilience was deeply relational. Participants located strength in family presence and spiritual practice. This supports evidence that social support and religious coping function as protective factors in dialysis populations (Noviana & Zahra, 2022). However, within this Philippine context, resilience was not described as personal toughness but as shared endurance—an interdependent sustaining of hope.

Adherence was characterized as negotiation rather than compliance. Participants balanced medical instruction with emotional, cultural, and bodily realities. Emerging research highlights the importance of psychosocial support in strengthening treatment engagement (Magenge et al., 2025; Bulbul et al., 2026). The present findings contribute by revealing adherence as a meaning-laden practice shaped by relational affirmation and existential commitment.

Phenomenologically, living with hemodialysis may be understood as enduring within constraint while preserving dignity through relational and spiritual anchoring. These findings call for nursing practice that integrates biomedical management with existential, relational, and culturally responsive care.

Conclusions

Chronic Kidney Disease (CKD) continues to rise in the Philippines, increasing the number of patients requiring long-term hemodialysis (HD). This descriptive phenomenological study explored the quality of life, coping mechanisms, and resilience of six (6) hemodialysis patients at St. Raphael Foundation and Medical Center in Pampanga. Four themes emerged: living with HD as a daily struggle, evolving health literacy in CKD management, resilience strengthened by support systems and spirituality, and adherence challenges shaped by emotional, cultural, and practical barriers. Consistent with the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), coping was influenced by stress appraisal and access to emotional resources.

Contribution: The study provided setting-specific phenomenological evidence that may inform holistic nursing practice, strengthen psychosocial and spiritual support integration in dialysis care, and guide context-sensitive program and policy development for patients receiving long-term HD.

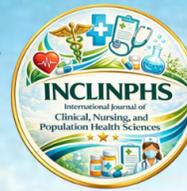
Recommendations

Based on the findings, the following recommendations are presented:

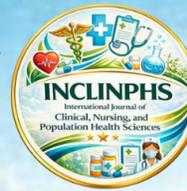
1. Clinical practice. Holistic dialysis care may be strengthened by integrating psychosocial assessment, routine mental health screening, and culturally sensitive patient education focused on coping, adherence, and self-management.
2. Dialysis unit support. Structured peer support activities and resilience-focused strategies (e.g., stress management sessions) may be incorporated to encourage adaptive coping and reduce isolation.
3. Multidisciplinary collaboration. The involvement of dietitians, social workers, and mental health professionals is recommended to address nutrition concerns, emotional distress, and social barriers affecting adherence.
4. Administrative development. Hospital leadership may consider strengthening staff capacity through continuing training in therapeutic communication, cultural sensitivity, and psychosocial support in chronic illness care.
5. Policy implications. Stakeholders such as the Department of Health and PhilHealth may consider reviewing dialysis-related support systems and improving access to integrated mental health services for CKD patients.
6. Future research. Longitudinal and comparative studies are recommended to examine changes in coping and resilience over time and across dialysis settings (e.g., hospital-based vs. community-based; urban vs. rural).

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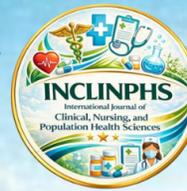
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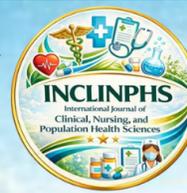
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