

“From Struggle to Resilience: Exploring the Lived Experiences of Dialysis Patients with Chronic Kidney Disease”

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ABSTRACT

This study aimed to explore the struggles, challenges, coping experiences, and life realizations of patients with Chronic Kidney Disease (CKD) undergoing hemodialysis in San Carlos City, Pangasinan. A qualitative phenomenological research design was employed to gain an in-depth understanding of the lived experiences of patients undergoing hemodialysis. Ten (10) dialysis patients participated in the study. The participants were selected through non-probability purposive sampling based on the established inclusion criteria and their direct experience with hemodialysis. Data were collected through individual, in-depth interviews and continued until data saturation was achieved.

The analysis of the participants' narratives revealed four major themes: (1) Life Challenges, with the sub-themes feeling of sadness and body weakness and feeling of fear; (2) Obstacles as a Dialysis Patient, with the sub-themes financial constraints, limited activities, feelings of anxiety and depression, questioning of faith, and noncompliance with treatment; (3) Conquering and Surviving the Challenges of Dialysis, with the sub-themes assistance from the government, family support, and faith in God. The findings indicate that living with CKD and undergoing hemodialysis presents patients with significant physical, emotional, financial, social, and spiritual challenges. Despite these difficulties, participants demonstrated resilience through family support, government assistance, adherence to treatment, self-care practices, and faith. These coping mechanisms helped them gradually accept their condition and develop a more positive perspective toward life.

In light of the findings, several recommendations are proposed. Patients with CKD undergoing hemodialysis are encouraged to maintain hope and strengthen their spiritual well-being, adhere to their prescribed treatment regimen, take medications as directed, follow recommended fluid restrictions, attend scheduled dialysis sessions, and practice appropriate self-care. Government agencies and relevant organizations, including PhilHealth and the Department of Social Welfare and Development (DSWD), are encouraged to sustain and strengthen financial assistance, medical support, and other programs that can help reduce the economic burden experienced by dialysis patients. Family members are likewise encouraged to provide continuous emotional support, patience, encouragement, and assistance in daily care, as family involvement can help patients cope with the emotional and psychological challenges associated with CKD and long-term dialysis.

Keywords: Chronic Kidney Disease, Hemodialysis, Dialysis Patients, Lived Experiences, Life Challenges, Coping, Resilience, Family Support, Self-Care,

INTRODUCTION

Chronic kidney disease (CKD) is defined as abnormal kidney composition or function persisting for longer than 3 months. CKD is a global public health problem due to a rise in common comorbidities such as diabetes, hypertension, and obesity. By definition, CKD is a progressive, permanent impairment in the renal task, which results in metabolic, fluid, and electrolyte imbalances in the body.

Chronic Kidney Disease means kidneys are damaged and can't filter well. Waste products and fluids can build up in your body that can cause swelling in your ankles, nausea, weakness, and shortness of breathing. If the

damaged kidney is not treated, the damage can get worse and eventually your kidneys will stop working and it will lead to serious situations that it can be life-threatening. (Cameron 2023)

CKD is associated with several comorbidities, including diabetes, hypertension, anemia, hyperuricemia and gout, and cardiovascular diseases including heart failure. The combined effect of such conditions can cause increased morbidity and mortality. As patients' CKD progresses there is an increased risk of cardiovascular events, adverse kidney outcomes and death. It is also recognized that patients experience mental health conditions and symptoms, including fatigue and sleep disorders, as consequences of CKD. The combination of physical, mental and social impacts of CKD on patients can negatively affect their quality of life. A comprehensive understanding of patient experience can improve dialogue between patients and clinicians, allowing more informed treatment decisions and, consequently, better patient care. Direct patient reporting can help identify previously unrecognized symptoms and highlight aspects of a disease or therapy that patients feel have the greatest impact on their lives. (Anna Rayden et al. 2022)

According to Baxter health Care Philippines Inc. Dialysis is a medical procedure that removes toxins and waste from the body and helps maintain a balanced fluid through filtering blood. This procedure is the most common treatment option for end-stage kidney failure. Dialysis is typically recommended when you have symptoms that indicate end-stage kidney disease. At this stage, the kidney function declines so much that toxins start building up to high levels, and fluid balance becomes a problem, resulting in fluid overload. Dialysis can help reduce the above symptoms and prevent a potentially fatal build-up of toxins and fluid in the body.

In the study by Tadesse et al. (2021) conducted a study entitled "Lived Experiences of Patients with Chronic Kidney Disease Receiving Hemodialysis in Felege Hiwot Comprehensive Specialized Hospital, Northwest Ethiopia." The study focused on understanding the experiences of patients with CKD who were undergoing hemodialysis and the difficulties associated with living with a chronic illness requiring long-term treatment. The study aimed to explore the lived experiences of patients with CKD receiving hemodialysis at Felege Hiwot Comprehensive Specialized Hospital in Bahir Dar City, Northwest Ethiopia. The researchers sought to understand the different physical, psychological, social, and economic challenges experienced by patients as they adjusted to the demands of long-term hemodialysis. The researchers employed a qualitative phenomenological research design. Twelve (12) patients with CKD who had been receiving hemodialysis for more than three months participated in the study. The participants were selected through purposive sampling. Data were collected through semi-structured, in-depth interviews, which were audio-recorded and transcribed verbatim. The researchers used Atlas.ti for data organization and coding and conducted thematic analysis to identify patterns and themes from the participants' narratives. The quality of the study was supported through credibility, transferability, dependability, and confirmability.

The study identified six major themes describing the experiences of patients undergoing hemodialysis: (1) seriousness of the disease, (2) challenges in obtaining hemodialysis, (3) financial constraints, (4) restricted life, (5) feelings of dependency, and (6) psychological impacts. The participants described CKD as a serious condition requiring lifelong treatment and significant adjustments to their daily lives. Financial difficulties were also prominent, particularly because the illness could interfere with patients' ability to work and generate income. Restrictions on food and fluid intake and limitations in daily activities further contributed to the participants' difficulties. The findings demonstrated that the experience of undergoing hemodialysis extends beyond the physical management of CKD. Participants experienced considerable changes in their independence, social activities, employment, diet, and financial circumstances. The researchers noted that the restrictions associated with CKD and hemodialysis contributed to feelings of loss, dependence, and psychological distress. The findings were consistent with previous qualitative studies in which patients described fatigue, restricted activities, dietary limitations, loss of independence, and difficulty maintaining their previous roles. The researchers concluded that patients undergoing hemodialysis experience multidimensional challenges involving the seriousness of CKD, difficulty accessing treatment, financial constraints, restrictions in daily life, increased dependency, and psychological distress. The study emphasized that the consequences of hemodialysis extend beyond physical health and can significantly influence patients' social, economic, emotional, and psychological well-being.

Another study by Osuna et al. (2023) conducted a Philippine-based study entitled "Lived Experiences of Patients with Chronic Kidney Disease Receiving In-Center Hemodialysis at a Tertiary Hospital in Laguna, Philippines."

The study examined the experiences of patients with CKD undergoing in-center hemodialysis and aimed to provide information that could guide nurses in delivering holistic care. The study aimed to explore the lived experiences of patients with CKD receiving in-center hemodialysis at a tertiary hospital in Laguna, Philippines. In particular, the researchers sought to understand how CKD and hemodialysis affect patients physically, psychologically, emotionally, socially, and economically and how patients cope with the demands of treatment. The researchers used a qualitative research design employing a hermeneutic phenomenological approach. Twelve (12) patients undergoing in-center hemodialysis participated in the study. Data were collected through interviews using an interview questionnaire adapted from a previous study. The participants' responses were transcribed and subjected to thematic analysis to identify common experiences and patterns within their narratives. The analysis produced five major themes: (1) severity of the disease, (2) physico-psycho-emotional effects of having CKD, (3) coping with hemodialysis treatment, (4) socioeconomic impacts of hemodialysis treatment, and (5) healthcare provision. The participants experienced various physical, psychological, emotional, and financial difficulties associated with their disease and treatment. However, despite these challenges, they demonstrated coping abilities and were able to manage and comply with aspects of their treatment. The findings demonstrate that CKD and hemodialysis affect multiple dimensions of patients' lives. The physical demands of treatment are accompanied by psychological and emotional challenges, while the financial burden of regular dialysis can further complicate patients' ability to manage their condition. At the same time, patients develop different ways of coping with their treatment and illness. The study therefore emphasizes that healthcare providers should not focus exclusively on the physical aspects of dialysis but should also consider patients' psychological, emotional, social, and socioeconomic needs.

Statement of the Problem

This study aims to determine the live experiences of dialysis patient diagnosed with kidney disease.

Specifically, this study will answer the following questions:

- 1: Experiences as Dialysis Patient Diagnosed With Chronic Kidney Disease?
- 2: What are the challenges you encountered when you were diagnosed of having CKD?
- 3: How did you cope with the challenges as a dialysis patient with CKD?

Objectives of the Study

This study aimed to explore and understand the lived experiences of patients with Chronic Kidney Disease (CKD) undergoing hemodialysis in San Carlos City, Pangasinan. Specifically, it sought to describe the physical, emotional, financial, social, and spiritual struggles encountered by dialysis patients throughout their treatment journey. It also aimed to identify the various obstacles and limitations they experience in their daily activities, treatment adherence, financial resources, emotional well-being, and personal relationships. Furthermore, the study sought to explore how patients cope with and overcome the challenges associated with long-term hemodialysis, particularly through government assistance, family support, faith, and other personal coping strategies. Lastly, it aimed to understand the life realizations gained by patients as they adjust to living with CKD, particularly their perspectives regarding adherence to medical advice, medication, lifestyle modification, self-care, and maintaining hope despite their condition.

METHODOLOGY

The study utilized a qualitative phenomenological research design to explore and understand the lived experiences of patients diagnosed with Chronic Kidney Disease (CKD) who were undergoing hemodialysis. The phenomenological approach was considered appropriate because it focused on understanding the participants' subjective experiences, perceptions, emotions, challenges, coping mechanisms, and realizations associated with living with CKD and undergoing regular hemodialysis. The study was conducted among selected dialysis patients in San Carlos City, Pangasinan. Purposive sampling was employed to select participants who met the established inclusion criteria, particularly patients diagnosed with CKD who were currently undergoing regular

hemodialysis and had sufficient experience with the treatment to meaningfully describe their experiences and challenges.

A total of ten (10) participants were included in the study. Data were collected through semi-structured, one-on-one interviews using open-ended questions designed to explore the participants' experiences, struggles, challenges, coping mechanisms, sources of support, and realizations while living with CKD and undergoing hemodialysis. With the participants' permission, the interviews were audio-recorded and supplemented with field notes to ensure that relevant information, non-verbal observations, and contextual details were accurately documented. Participants were given the opportunity to express their thoughts and experiences in English, Filipino, Pangasinan, or Ilocano, whichever language they felt most comfortable using, to facilitate honest, meaningful, and detailed responses.

Data Analysis Procedure

The recorded interviews were transcribed verbatim to preserve the participants' original meanings and expressions. When interviews were conducted in Filipino, Pangasinan, or Ilocano, the responses were carefully translated into English while maintaining the original meaning of the participants' statements. The researchers repeatedly read and reviewed the transcripts and field notes to become familiar with the data and gain a comprehensive understanding of the participants' experiences. Significant statements and phrases that were directly related to the research questions were identified and highlighted.

The analysis involved several systematic stages. First, the researchers conducted initial coding by assigning descriptive codes to significant statements that represented specific experiences, emotions, challenges, or coping responses expressed by the participants. Codes were developed directly from the participants' narratives and were kept as close as possible to their original meanings. Similar or related codes were then compared across the transcripts to identify recurring patterns and common experiences.

Second, the researchers conducted categorization, wherein related codes were grouped according to their similarities and conceptual relationships. For example, statements describing weakness, dizziness, difficulty sleeping, loss of appetite, and physical limitations were examined together because they reflected common physical and emotional experiences associated with CKD and hemodialysis. Likewise, statements concerning the cost of dialysis, medications, transportation, and other treatment-related expenses were grouped to represent the participants' financial challenges.

Third, the researchers proceeded to theme generation. The categories were reviewed and compared to determine broader patterns that captured the essence of the participants' lived experiences. These patterns were organized into major themes and sub-themes that represented the common experiences shared by the participants. The resulting thematic structure included Life Challenges, Obstacles as a Dialysis Patient, and Conquering and Surviving the Challenges as a Dialysis Patient, with corresponding sub-themes describing the physical, emotional, financial, social, and spiritual dimensions of the participants' experiences.

Fourth, the researchers conducted theme refinement and interpretation. Each emerging theme and sub-theme was reviewed against the original transcripts to determine whether it was adequately supported by the participants' statements. Similar themes were combined when appropriate, while themes that lacked sufficient supporting evidence were reconsidered or removed. The researchers also examined differences and variations in the participants' experiences rather than focusing only on common responses. This process ensured that the final themes accurately represented both the shared and unique aspects of the participants' lived experiences.

Finally, the researchers developed a thematic narrative by integrating the participants' significant statements with the researchers' interpretation of the underlying meaning of their experiences. Direct quotations were retained to provide evidence for each theme and sub-theme and to ensure that the findings remained grounded in the participants' own voices. The researchers continuously referred back to the original transcripts during interpretation to minimize the possibility of misrepresenting the participants' intended meanings.

Data collection and analysis were conducted concurrently, allowing the researchers to identify emerging patterns while additional interviews were being examined. Data saturation was considered achieved when the participants' responses became repetitive and no substantially new information, categories, or themes emerged from the data. At this point, the researchers determined that the collected narratives were sufficient to provide a meaningful description of the phenomenon under investigation.

Validation and Trustworthiness of the Data

To ensure the trustworthiness of the findings, the study observed the principles of credibility, transferability, dependability, and confirmability.

Credibility was strengthened through prolonged engagement with the interview data, repeated reading of transcripts, in-depth semi-structured interviews, and careful comparison of participants' responses. The researchers used direct quotations to support the identified themes and ensure that interpretations were grounded in the participants' actual experiences. The researchers also returned to the original transcripts during the coding and theme-generation processes to verify the accuracy of interpretations.

Transferability was supported by providing adequate descriptions of the research setting, participant characteristics relevant to the study, data collection procedures, and the context in which the participants experienced CKD and hemodialysis. Providing sufficient contextual information allows readers and future researchers to determine the applicability of the findings to similar populations or settings.

Dependability was maintained through systematic documentation of the research process. The researchers kept organized records of the interview procedures, field notes, transcription, coding, categorization, theme development, and revisions made during the analysis. This documentation provided an audit trail of the decisions made throughout the research process and promoted consistency in the interpretation of the data.

Confirmability was addressed by ensuring that the findings were derived from the participants' narratives rather than from the researchers' personal assumptions or expectations. The use of verbatim transcripts, field notes, significant statements, and direct participant quotations helped establish a clear connection between the raw data and the resulting themes. The researchers also engaged in continuous reflection during the analysis to recognize and minimize potential researcher bias.

Ethical Considerations

Ethical principles were strictly observed throughout the conduct of the study. Prior to data collection, the participants were informed about the purpose of the study, the procedures involved, the nature of their participation, potential benefits and risks, and their rights as research participants. Informed consent was obtained before each interview. Participation was entirely voluntary, and participants were informed of their right to refuse to answer any question or withdraw from the study at any time without penalty or negative consequences.

Confidentiality and anonymity were maintained throughout the research process. Participants' identities were protected through the use of participant codes rather than their real names in the transcripts, analysis, and presentation of findings. Audio recordings, transcripts, field notes, and other research materials were handled securely and were accessed only for purposes related to the study. All information obtained from the participants was treated with strict confidentiality and was used solely for academic and research purposes.

The researchers also ensured that the interviews were conducted in a respectful and non-judgmental manner, particularly because participants were discussing potentially sensitive experiences involving illness, emotional distress, financial difficulties, family relationships, and spirituality. Participants were given sufficient time to express their experiences and were not pressured to disclose information that they were uncomfortable sharing. Throughout the study, the researchers upheld the principles of respect for persons, voluntary participation, confidentiality, and protection of participants' welfare.

RESULTS AND DISCUSSION:

I. Life Challenges

People are at their best when they are challenged. If we don't challenge ourselves, nature has a way of giving us challenges anyway. There is great value in our struggles, and human nature has shown us that we only value the things we struggle to achieve.

A. Feeling of Sadness and Body Weakness

One of the challenges of dialysis patients is experiencing body weakness and difficulty breathing when they exceed the amount of fluid they need to intake.

Patient 1: “My kidney is broken, and there are many effects on my body, such as difficulty breathing, weakness, and dizziness. There are also days when I have no appetite and sometimes cannot sleep. It has a lot of effects, and I can no longer walk long distances. If I did not force myself to walk, perhaps I would not be able to walk now. That is why sometimes I force myself to walk so that I can exercise and recover more quickly.”

Patient 2: “I am weak. I could not sleep, had no appetite for food, and my feet were swollen.”

Patient 3: “Weakness of body and mind.”

Patient 4: “First of all, I couldn't believe that I was diagnosed with CKD; I couldn't explain what I was feeling. My body was greatly affected, such as experiencing weakness in my bones and difficulty moving.”

Patient 5: “I can describe my experience as a crumpled piece of paper. It was really hard to adjust and accept. Sometimes I feel weak and dizzy.”

Patient 6: “I went through a difficult time as a dialysis patient. When I was diagnosed with Chronic Kidney Disease (CKD) and needed to undergo dialysis, I felt sad. After my dialysis sessions, I would tremble, have headaches, feel weak, and sometimes have a fever, and my heart would beat faster.”

Patient 7: “The experience of dialysis patients is, of course, very difficult. The effects on the body after dialysis occur because our body becomes weak. We know that during dialysis, water is removed from our body to cleanse the blood. One of the effects on the body of dialysis patients is that after the dialysis session, we feel weak and dizzy, and our blood pressure drops. These are some of the effects experienced by dialysis patients.”

Patient 8: “Since I started undergoing dialysis, my body has become weaker compared to before. There are days when I easily get tired even after doing simple activities. Sometimes I feel dizzy and weak, especially after my dialysis session, so I need to rest for a long time before I can do anything again.”

Patient 9: “My condition changed many things in my body. I easily become tired, and there are times when I feel weak and have difficulty doing my usual activities. Sometimes I lose my appetite and do not feel like eating. There are also days when I feel sad because my body is no longer as strong as it was before.”

Patient 10: “Being on dialysis is physically difficult for me. After some sessions, I feel very weak and dizzy, and there are times when I do not have enough energy to move around or do simple things at home. It is difficult to accept that my body has changed, and sometimes I feel sad because I can no longer do everything that I used to do.”

B. Feeling of Fear

When patients know that they will undergo dialysis because they are suffering from end-stage kidney failure, they feel worried and afraid. They worry about whether they can finance all their needs and fear whether they can survive the challenges they are facing.

Patient 1: “What I felt when I found out I was going to require dialysis was, of course, disappointment, because there were many things that would be prohibited and several activities that would be limited.”

Patient 2: “I lost weight, my weight dropped, my hemoglobin went down, and my creatinine went up.”

Patient 3: “Fear and trembling.”

Patient 4: “I was weak and cried. I lost hope of living.”

Patient 5: “As a nurse, I became weak and depressed because there are things that I cannot do; I mean, I am limited.”

Patient 6: “When I was about to undergo dialysis, I faced a life-and-death situation. Emergency dialysis was performed on me. When I was rushed to the hospital, my eyes were already closed, and I could not feel anything.”

Patient 7: “Of course, it is not easy to accept because when you say ‘dialysis patient,’ once you are diagnosed with CKD, especially at my stage, you have to undergo dialysis for life. It is difficult. When I accepted it, it was not immediate. When the doctor told me that I needed dialysis, I did not agree right away. I waited for several months to see if I could still be managed with medication. So, it was not easy to accept immediately. Probably, there is no person who can easily accept being diagnosed with CKD and knowing that they will have to undergo dialysis for the rest of their life.”

Patient 8: “When I found out that I needed to undergo dialysis, I felt very afraid because I knew that my life would change. I worried about what would happen to me and whether I would be able to continue living a normal life. I was also afraid of the dialysis procedure because I did not know what to expect.”

Patient 9: “At first, I was really scared when the doctor told me that my kidneys were no longer functioning properly and that I needed dialysis. I kept thinking about whether I would survive and how long I would be able to live. I was afraid of becoming dependent on treatment and of the changes that would happen in my life.”

Patient 10: “I felt fear and sadness when I learned that I needed dialysis. It was difficult for me to accept because I knew that my life would no longer be the same. I worried about my future, my family, and whether I would be able to handle the treatment. At first, I kept asking myself how I would survive, but eventually, I realized that I needed to face my condition and continue with the treatment.”

The findings of the present study are consistent with the qualitative study of McKie et al. (2023), which found that patients undergoing hemodialysis commonly experienced fatigue, weakness, dizziness, breathlessness, sleep disturbances, and reduced mobility. These physical effects affected patients’ ability to perform their usual activities and contributed to sadness and difficulty maintaining their previous roles. Similarly, a phenomenological study among hemodialysis patients reported dizziness, tiredness, fever, weakness, and fatigue, particularly after dialysis sessions, which limited patients’ ability to move and perform daily activities. These findings support the present study, where participants described weakness, dizziness, difficulty sleeping, poor appetite, difficulty breathing, and reduced physical capacity. Thus, the experiences of the participants demonstrate that the physical demands of dialysis extend beyond the treatment session and significantly influence their emotional well-being and everyday functioning.

II. Obstacles as a Dialysis Patient

Life can be difficult, and everyone encounters challenges along the way. Family members may become ill, people grow older, and not everyone receives the opportunities, employment, or promotions they hope for. Life may also bring conflicts, uncertainties, and unexpected circumstances. Ultimately, overcoming these challenges requires resilience the ability to endure life’s difficulties, adapt to changing situations, and continue moving forward with a positive outlook.

A. Financial Constraint

One of the hardest parts of being sick or ill is being unprepared and lacking financial resources. As dialysis patients, they suffer from financial problems such as purchasing their needs and medications and paying hospital bills.

Patient 1: “I pay nothing at PPH; the only thing I pay is for my check-up at Bernal, which used to be every month. Now that I am getting stronger and because the cost has become expensive, my doctor reduced my check-ups to once every three months. I am very grateful to him because it also reduced my medical expenses. My doctor recommends that I undergo dialysis twice a week.”

Patient 2: “Yes, at first I did not have PhilHealth, so I had to pay until I obtained PhilHealth membership. Three times a week.”

Patient 3: “For medicine and daily necessities. Two times a week.”

Patient 4: “It is expensive because I need to buy diapers and injections. Two times a week.”

Patient 5: “Yes, it is expensive because of the medicines, the machine used, and the blood transfusions. In one week, I undergo dialysis three times.”

Patient 6: “Yes, dialysis is expensive, especially because of the medications and injections. Currently, I pay for every dialysis session. Before, I was able to undergo dialysis for free because I was included in the government's free dialysis program. However, my free sessions from the government have already ended, and the next people on the list are now the ones who will receive free dialysis. There is a limitation to the free dialysis program. My doctor recommended that I undergo dialysis twice a week.”

Patient 7: “In terms of finances, of course, it is expensive and costly. Dialysis sessions are not easy, especially for CKD patients. It is really expensive and difficult. My first challenge was when my doctor required me to undergo dialysis three times a week. When I was complying with three sessions a week, it decreased to two times a week, but when I stopped urinating, I had to go back to three times a week.”

Patient 8: “Dialysis is expensive, especially when you consider the cost of medicines, laboratory tests, transportation, and other needs. Even if some of the dialysis sessions are covered, there are still many expenses that we need to pay for. Sometimes, it becomes difficult to manage all the medical expenses together with our daily needs.”

Patient 9: “One of my biggest challenges is the financial cost of having dialysis. I need to think about the expenses for my treatment, medicines, and transportation every week. There are times when I worry about where to get enough money because dialysis is something that I need regularly to continue living.”

Patient 10: “The financial burden is one of the most difficult parts of undergoing dialysis. Aside from the dialysis sessions, there are also expenses for medicines, injections, check-ups, and other daily needs. Sometimes, the cost becomes overwhelming, especially when the family also has other expenses. It is difficult because the treatment is necessary, but you also have to find a way to afford it.”

B. Limited Activities

Dialysis patients have to limit their activities. One of the struggles of CKD patients is that they can no longer do the things they love because, when diagnosed with CKD, they need to limit their activities and work to prevent difficulty breathing and other complications.

Patient 1: “There are many things that I can no longer do because I am mostly just sitting, such as working and lifting heavy objects. My eyesight has also become blurry, and my resistance has weakened. I am no longer as strong as I was before. Therefore, I can no longer fulfill my role as a father to my children and my wife. I can no longer do these things because I am weak and my eyesight is blurry, so there are many things I can no longer

do at home. I am just sitting here. Sometimes, because I have nothing to do, I think that I have become a burden to my family at home.”

Patient 2: “I no longer lift heavy objects, and I can no longer make a living by driving a tricycle or doing farm work because I feel weak and get tired quickly.”

Patient 3: “Household chores such as mopping and sweeping, cooking, and many others.”

Patient 4: “I cannot cook, and I cannot do the laundry.”

Patient 5: “There are many things that I cannot do, such as household chores and my work. As a nurse, there are many limitations to my duties because dialysis patients cannot overexert themselves. As I mentioned earlier, we get tired easily, and I feel weak. As a nurse, hospital work can also be tiring and physically demanding.”

Patient 6: “Before, I could do household chores such as doing the laundry and sweeping, but now I cannot do them because I get tired easily. I can no longer do these activities because I easily become tired and weak.”

Patient 7: “Many, of course. First and foremost are the jobs that I used to do because I am a farmer. When I was diagnosed with CKD, I was no longer allowed to overexert myself, so I could not work in the fields anymore. I could no longer do the activities that I enjoyed before. The activities that I can do now are limited. In my case, I was also diagnosed with hypertension. Before, when I worked in the fields, I would become tired and be exposed to the heat of the sun. Those kinds of activities could lead to or cause a stroke, so they are not advisable for patients with CKD or those undergoing dialysis. They need adequate rest and should not overexert themselves because excessive fatigue in a CKD patient may also contribute to serious complications, including cardiac arrest.”

Patient 8: “Before I was diagnosed with CKD, I was very active and could do many things on my own. I could work, travel, and do household activities without getting tired easily. Now, I have to limit myself because even simple activities can make me feel weak and exhausted. I cannot walk for long distances, lift heavy objects, or do physically demanding work anymore. Sometimes, it is difficult because I feel that I have lost some of my independence, but I have learned that I need to listen to my body and rest when necessary.”

Patient 9: “My activities became limited after I started undergoing dialysis. Before, I could go out whenever I wanted and do different activities with my family and friends. Now, I have to consider my dialysis schedule and my physical condition. I easily become tired, so I cannot do strenuous activities like before. There are times when I want to help with household chores, but I have to stop because I feel weak. It is difficult to adjust, especially when you are used to being active and independent.”

Patient 10: “There are many changes in my life because of CKD and dialysis. I used to be able to work and perform different responsibilities at home, but now I have to limit what I do. I cannot overexert myself because I easily become tired and weak. Sometimes, I feel frustrated because there are things that I want to do but cannot do anymore. I have learned to accept my limitations and adjust my activities according to my strength. I try to do what I can, but I also make sure to rest and take care of my health.”

C. Feeling Anxious and Depressed

When patients know that they have CKD and need to undergo dialysis, they may feel depressed and anxious. They may become depressed because they constantly think about whether they can survive the challenges they encounter and anxious about whether they can overcome the disease they have.

Patient 1: “At first, I experienced anxiety and depression. I also became sad because my activities were limited. I experienced this for a long time. I remember that after I developed CKD, I used to regret having the disease. There was even a time when I did not eat because I kept thinking about my illness. But now, I have accepted it.”

Patient 2: “I experienced depression. I thought I would never recover, but through my faith in God and my prayers, I recovered. It lasted for almost a year.”

Patient 3: “Stress and fear that I might not be able to handle it. Until now, I still feel afraid.”

Patient 4: “I became depressed. Until now.”

Patient 5: “I became sad and depressed because there were many limitations, such as restrictions on food and lifting heavy objects. It took a long time before I recovered from depression. There were times when I would lock myself in my room, choose only certain people to talk to, and sometimes just cry because I kept thinking about my illness. But now, I am gradually accepting that I have CKD and am undergoing dialysis.”

Patient 6: “Before, I could do household chores such as doing the laundry and sweeping, but now I cannot do them because I get tired easily. It did not last very long; perhaps after one or two days, those thoughts would also disappear from my mind.”

Patient 7: “It is stressful and depressing. It is not easy to accept the reality that you will undergo dialysis and that you have been diagnosed with CKD. When I learned about my condition, I stopped going out of the house and stopped talking to my family because, of course, I thought that I would become a burden to them. It affects your mental well-being as a person.”

Patient 8: “When I was first diagnosed with CKD and told that I needed dialysis, I felt very anxious. I kept thinking about how my life would change and whether I would still be able to live normally. There were times when I could not sleep because I was worried about my condition and my future. I also felt sad whenever I thought about the things that I could no longer do. Sometimes, I preferred to be alone because I did not want other people to see how worried and emotionally affected I was.”

Patient 9: “There were times when I felt very depressed because dialysis became part of my life. I worried about my health, my family, and the expenses that came with my treatment. Sometimes, I would think too much about what might happen to me in the future, and this caused me to feel anxious and afraid. However, I gradually learned that constantly worrying would not change my condition. With the support of my family, I am slowly learning how to accept my situation and continue with my treatment.”

Patient 10: “My diagnosis affected me emotionally because I felt that my life suddenly changed. I became anxious whenever I experienced weakness or other symptoms because I immediately worried that something serious might happen. There were also times when I felt hopeless and questioned whether I could continue living this way for a long time. I felt depressed because I had to depend on dialysis, but as time passed, I learned to accept my condition and focus on taking care of myself one day at a time.”

D. Questioning My Faith

When individuals experience illness, hardship, or significant challenges in their lives, they may experience moments of doubt and question their faith, often asking, “Why me?” Patients living with Chronic Kidney Disease (CKD) may likewise struggle with questions about why they were afflicted with the illness and why they must endure the physical, emotional, and social challenges associated with dialysis. Such experiences may temporarily test their spiritual beliefs; however, they may also lead patients to seek comfort, guidance, strength, and hope through prayer and faith.

Patient 1: “There was a time when I did not talk to God, but when I started dialysis, I turned to Him and asked for His help to heal me. Since then, I have become closer to God. I have become more prayerful and go to church whenever there is Mass. Of course, I asked God before why, among so many people, I was the one who was given this illness. But I realized that it was also my fault why I ended up this way. I entrusted my life to the Lord because I know that He loves us and will never abandon us. As they say, everything happens for a reason.”

Patient 2: “I prayed to our Lord to heal me, and my faith in God became stronger. No, I did not question God. Instead, I asked for healing and forgiveness for the sins I had committed.”

Patient 3: “I trusted God even more. There was not a day when I did not talk to Him to ask for guidance and strength. No, I did not question Him because I know He has a reason.”

Patient 4: “My faith in the Lord was really tested. There were times when I no longer prayed. Yes, I asked Him, ‘Why me?’ and what I had done wrong.”

Patient 5: “Now that I feel something different in my body, my faith in our Lord has become stronger because I know that God has a plan for our lives. God does not give us a test that we cannot overcome. At first, because I am a nurse, I did not expect that I would develop CKD. So I asked God why I had this illness. I work and help sick people, so why me? I even said to myself that I take care of sick people, but I cannot take care of myself. But I realized that everything has a reason, so I gradually accepted everything.”

Patient 6: “During that time, I became closer to God. I always prayed that my life would be prolonged. Yes, I asked God why I was in this situation and whether I would ever get better.”

Patient 7: “At first, I really questioned the Lord. Despite there being many people, I wondered why I was afflicted with this kind of illness. You really cannot help but ask God why this happened to you. My faith was low at that time. When I found out about my condition, I kept wondering what happened and why I was the one who developed this kind of illness. Yes, of course. As I mentioned earlier, when you have an illness, you really cannot immediately accept it. It is like being in denial and wondering why this happened to you. When I was diagnosed with CKD, that was when I questioned the Lord.”

Patient 8: “At first, I really questioned God because I could not understand why I had to experience this illness. I wondered why this happened to me when there were many other people who were healthier than me. I felt discouraged and my faith became weak. But as time passed, I started praying more and asking God to give me strength and courage to continue my treatment. I eventually realized that I should trust His plan and accept what happened to me.”

Patient 9: “When I was diagnosed with CKD, I asked God why He allowed this to happen to me. I felt sad and confused because I did not expect that I would need dialysis. There were times when I questioned my faith because I was afraid of what would happen to my life. However, I continued praying and asking God for healing and guidance. Little by little, my faith became stronger, and I learned to accept my situation.”

Patient 10: “There were times when I asked God, ‘Why me?’ because undergoing dialysis was not something I expected in my life. I felt that my faith was being tested because of the difficulties I was experiencing. Sometimes I became discouraged, but I continued to pray and ask God for strength. Eventually, I realized that I should not lose hope and that I needed to trust God while doing my part in taking care of my health.”

E. Noncompliance with Treatment

Dialysis patients sometimes cannot comply with their treatment regimen and medications. As stated above, patients may suffer from financial problems. Being a dialysis patient is very expensive because of the cost of dialysis sessions, hospital bills, and medications. Sometimes, patients cannot take their prescribed medications because they do not have enough money to purchase their needs.

Patient 1: “Sometimes I cannot attend because of my situation. If I have no money, I cannot go to the dialysis center. Even though I live near PPH and can easily go there for dialysis, sometimes I have no money for transportation or to buy my medicines, so I decide not to go. Sometimes I do not have my medicine because I do not have money to buy it.”

Patient 2: “Nowadays, I can only attend once a week because I prioritize buying food for my daily needs rather than going for my check-up. No, because of the high cost of living nowadays, I prioritize food over taking my medication.”

Patient 3: “Sometimes I cannot because I do not have enough money to undergo dialysis three times a week. Sometimes I cannot take my medications because I cannot buy them immediately.”

Patient 4: “Sometimes I cannot attend or complete my dialysis sessions for the week because I do not have enough money to undergo dialysis. My free dialysis sessions provided by the government have already been

used, so now I have to spend my own money. Sometimes I also cannot take my medicine because I do not have enough money to buy it.”

Patient 5: “No. Sometimes I am able to follow the three sessions a week, but sometimes I can only undergo dialysis twice a week. Sometimes I cannot follow my medication schedule or take my medicines because of the difficulties in life. I cannot afford to buy medicine because we prioritize our daily meals. There are days when I can take my medicine because I am able to borrow money, but there are also days when I have to skip my medication.”

Patient 6: “There are times when I do not follow the dialysis sessions recommended by my doctor because sometimes I really do not have money for the dialysis session. Sometimes I also do not take my medicine at the proper time because I forget. For example, I should take my medicine in the morning, but if I forget, I end up taking it in the afternoon.”

Patient 7: “As I said, I am already older, and sometimes I have difficulty moving around, so there are times when I cannot attend dialysis because of my condition. Even when I want to go for dialysis, sometimes I do not have money for transportation. I also tried borrowing money from people I know, but they did not have anything to lend me. As an older person, there are also times when I cannot follow my medication schedule. I cannot take my medicine at the proper time, and sometimes it is delayed because I do not have any medicine or money to buy it.”

Patient 8: “There are times when I cannot complete my dialysis sessions because I do not have enough money. Sometimes I have to choose between buying my medicines and buying food for the family. I know that dialysis is important, but when there is no money, it becomes very difficult to follow the schedule. There are also times when I have to delay taking my medicines because I cannot afford to buy them.”

Patient 9: “Sometimes I miss my dialysis schedule because of financial difficulties. I need money not only for dialysis but also for transportation, medicines, and our daily needs. There are times when I prioritize food because we need to eat every day. I know that missing dialysis and medications is not good for my health, but sometimes I really have no other choice.”

Patient 10: “There are times when I cannot follow my treatment properly because of financial problems. I sometimes have difficulty paying for dialysis and buying my prescribed medicines. There are also days when I forget to take my medicine on time, especially when I am busy or feeling tired. I know that I need to follow my treatment, but the difficulties in life sometimes make it hard for me to comply completely.”

The findings of the present study are supported by previous studies showing that dialysis patients experience multiple and interconnected obstacles in their everyday lives. Kaur et al. (2025) found that patients undergoing dialysis experienced significant financial burden due to healthcare expenses and reduced income, which affected their emotional well-being, social activities, and ability to manage treatment-related costs. Similarly, Antoun et al. (2023) reported that kidney failure and dialysis were associated with limitations in physical activity, independence, and quality of life, while Nagy et al. (2023) found that anxiety and depression were common among patients receiving maintenance hemodialysis, particularly among those experiencing inactivity and difficulties in employment. In addition, Feyissa et al. (2023) highlighted the importance of faith as a source of strength in coping with the physical, financial, and emotional challenges of dialysis. Furthermore, Taylor et al. (2023) emphasized that adherence to hemodialysis is influenced by financial circumstances, daily responsibilities, physical and psychological challenges, and other social factors. These findings strongly corroborate the present study, in which participants described financial difficulties in paying for dialysis, medicines, transportation, and daily needs; limitations in work, household activities, and other meaningful activities; feelings of anxiety, depression, fear, and isolation; moments of questioning their faith; and difficulties complying with dialysis and medication regimens. Collectively, the findings demonstrate that the obstacles experienced by dialysis patients are multidimensional and interconnected, extending beyond the physical demands of treatment to include financial, social, psychological, spiritual, and treatment-related challenges.

III. Conquering and Surviving the Challenges as a Dialysis Patient

Difficulties and adversities viciously force all their might on us and cause us to fall apart, but they are necessary elements of individual growth and reveal our true potential. We have got to endure and overcome them, and move forward. Never lose hope. Storms make people stronger and never last forever.

A. Assistance from the Government

One of the coping mechanisms of dialysis patients to overcome the financial problems they face is seeking financial assistance from government agencies, such as the DSWD. They provide financial assistance to patients with CKD so that they can buy their medications and pay their bills. PhilHealth also provides assistance that reduces hospital expenses.

Patient 1: “Our cost was also lowered because of PhilHealth, among many other things, and I also obtained free treatment and financial assistance from the DSWD.”

Patient 2: “I was so shocked when I found out about my sickness, so I calmed myself and prayed to God for His healing and also sought the help of my nephrologist.”

Patient 3: “Attending dialysis sessions, three days a week.”

Patient 4: “Through the help and love of the people around me.”

Patient 5: “There are free medicines and government aid, such as free dialysis through DSWD and PhilHealth.”

Patient 6: “I received assistance from the government, such as free dialysis sessions, but there is a limit to the number of free sessions. I also received free medication, free injections, and financial assistance from a politician.”

Patient 7: “The health assistance provided to us, for example, from PCSO, includes free injections of epoetin alfa. The government, through DSWD, also provides financial assistance for our dialysis. Those are some of the forms of assistance provided by the government to people like us. PhilHealth also provides us with 127 sessions, and we only pay almost half for the dialyzer.”

Patient 8: “I am thankful because the government provides assistance to dialysis patients. I received help for my dialysis expenses and medicines, which made the financial burden a little lighter. Without this assistance, it would be very difficult for me and my family to continue paying for my treatment.”

Patient 9: “The government assistance really helped me because dialysis is expensive. I was able to receive financial support and assistance for some of my medicines and dialysis sessions. It gave me hope because I knew that there were programs available to help patients like me who could not afford all the expenses.”

Patient 10: “I am grateful for the assistance provided by the government, especially for the support given for dialysis and medicines. The financial assistance helped reduce the expenses that my family needed to shoulder. Although the assistance is sometimes limited, it is still a big help because it allows me to continue my treatment and manage my condition.”

B. Family Support

The most important coping mechanism that CKD patients use is having a support system, especially from their family.

Patient 1: “My siblings and my children are my constant sources of support and encouragement as I work toward a speedy recovery. Sometimes my friends come to visit me.”

Patient 2: “I feel thankful to the government institutions and people who help me as a dialysis patient.”

Patient 3: “Be positive, cope better every day because of the help of my family and people who are close to and love me.”

Patient 4: “I had more hope to live. My depression is slowly disappearing.”

Patient 5: “I felt lighter and became more positive in life. With their help, I had hope to be cheerful and not depressed.”

Patient 6: “Happy because there are people who are willing to help.”

Patient 7: “It lightens the heart. As I mentioned earlier, when you find out that you have CKD, it is really stressful and depressing. The support coming from my family members and other people, of course, boosts your self-esteem to continue, knowing that no matter what happens, they are there for you.”

Patient 8: “My family has been my greatest source of strength since I started dialysis. They accompany me during my treatment and help me with the things that I can no longer do. Whenever I feel sad or discouraged, they remind me that I am not alone and encourage me to continue fighting.”

Patient 9: “I am thankful for my family because they are always there whenever I need help. They listen to me when I feel worried and encourage me whenever I feel weak or depressed. Their presence gives me courage and makes me feel that I can still overcome the difficulties of being a dialysis patient.”

Patient 10: “The support of my family made a big difference in how I faced my illness. They help me with my needs and encourage me to continue my treatment. Whenever I feel tired or lose hope, they remind me to stay positive. Knowing that my family loves me and will not leave me gives me strength to continue living and fighting my condition.”

C. Having Faith in God

CKD patients believe that in every problem they encounter, if they have faith in God, all problems can be overcome. They entrust the challenges they encounter to God.

Patient 1: “We have been granted another chance at life, so I keep myself occupied by walking and, of course, by praying.”

Patient 2: “Through prayers and my faith in God that He will heal me and calm me.”

Patient 3: “Trust in God and trust in myself that I can and my body can handle it with God's help.”

Patient 4: “Through my family, they made me feel that they loved me very much and that they would not abandon me.”

Patient 5: “What I did to overcome this illness was to approach our Lord and ask Him to accompany me in this fight. I also looked for something that I could do so that I would not be bored.”

Patient 6: “To overcome these negative feelings, I talked to my family members, such as my grandchild, and the children in my neighborhood.”

Patient 7: “First and foremost, having faith in God, I just think about whether I will accept or drown in the situation I am in. But what about my family, children, and spouse if I do not overcome these situations? They would suffer, so I think about my family.”

Patient 8: “Prayer helps me overcome the difficulties I experience as a dialysis patient. Whenever I feel weak, worried, or discouraged, I pray to God and ask Him to give me strength. I believe that with God's guidance, I can continue my treatment and face each day with hope.”

Patient 9: “My faith in God gives me courage to continue despite my condition. I always pray and ask God to give me strength, patience, and healing. When I feel afraid or hopeless, I remind myself that I should trust Him and believe that He will guide me through this difficult situation.”

Patient 10: “I overcome my struggles by praying and trusting God. There are times when I feel tired and discouraged, but I remind myself that God is always with me. I also think about my family because they need me, so I continue to fight and do my best to take care of myself.”

The findings of the present study are consistent with previous research demonstrating that dialysis patients rely on government assistance, family support, and religious faith as important sources of strength in coping with the challenges of kidney disease. Kaur et al. (2025) reported that financial assistance and subsidy programs helped reduce the financial burden experienced by patients undergoing dialysis, allowing them to better manage treatment-related expenses. Similarly, Feyissa et al. (2023) found that social support and faith were important sources of strength for patients undergoing maintenance hemodialysis, helping them cope with physical, emotional, and financial difficulties associated with their condition. In addition, Hussin and Syed Jamaludin (2023) emphasized the importance of support systems in helping patients accept and adapt to hemodialysis, particularly when facing treatment-related fears and concerns about becoming a burden to others. These findings corroborate the present study, where participants described government assistance through PhilHealth, DSWD, PCSO, and other sources as helping reduce treatment expenses; identified family members and significant others as sources of encouragement and emotional strength; and described prayer and faith in God as ways of gaining hope, courage, and acceptance. Collectively, the findings suggest that conquering and surviving the challenges of dialysis is supported by a combination of financial assistance, meaningful social relationships, and spiritual coping, which enables patients to continue treatment and maintain hope despite the difficulties associated with chronic kidney disease.

CONCLUSIONS

Based on the findings of the study, the following conclusions were drawn.

1. When patient know that they are diagnosed with CKD and they need to undergo hemodialysis patient feel fear if they can survive and overcome this obstacle in their life, also many symptoms they suffer like body weakness, headache and edema.
2. Patient with CKD suffer from many challenges like financial constraint, they can not buy their medication and their need, questioning their faith is also their struggles they are asking why they need to suffer this type of problem, sometimes they cant comply to all regimen they need to take because they are lack of finance.
3. To surpass their struggle and challenges in life nurse trainee they must use the different coping mechanism. Faith in God is important, because with God all things are possible. Support from their family and friends also help them to surpass their challenges

RECOMMENDATIONS

The following recommendations were made based on the study's results findings and conclusions.

1. To all Patient with CKD the researchers want to emphasized to continue believing with God because with him nothing is impossible, and continue following their doctors order, taking their medication on time, limit fluid intake, because by this they can live more and enjoy their life.
2. To the Agencies of Government like Philhealth, DSWD continue in giving financial assistant or any aspect needs by CKD patients, because it will ease the burdens of the patients.
3. To the family member of the CKD patient continue being patience and giving full support and care with their patient, because it can help to overcome the emotional struggle of those CKD patients.

4. To the VMUF Colloge of Nursing Student Council the researchers want to emphasize if we could have small activities or program to those patient with CKD so that they will forget for a while their burdens that they have.
5. To the future research may explore the experiences of family caregivers and healthcare providers in supporting patients with chronic kidney disease. Comparative studies may also examine coping mechanisms among patients at different stages of chronic kidney disease and across various phases of dialysis treatment.

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