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Lived Experiences of Hemodialysis Patients in Sustaining Quality of Life: A Phenomenological Study

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Abstract

The increasing prevalence of chronic kidney disease requiring hemodialysis highlights the importance of understanding patients' experiences in maintaining quality of life during long-term treatment. Hemodialysis imposes substantial physical, psychological, social, and spiritual challenges that require continuous adaptation. This study aimed to explore the lived experiences of hemodialysis patients in maintaining quality of life. A qualitative study with a phenomenological approach was conducted involving 13 hemodialysis patients selected through purposive sampling. Data were collected through in-depth interviews and analyzed using Interpretative Phenomenological Analysis (IPA). Trustworthiness was ensured through member checking and systematic thematic interpretation. Three major themes emerged: (i) lived experiences and changes in the meaning of life, including initial reactions of shock, fear, denial, and eventual acceptance of hemodialysis; (ii) coping strategies and social support during treatment, encompassing personal coping mechanisms, family and social support, and spirituality as a source of resilience; and (iii) perceptions of quality of life and future expectations, highlighting subjective interpretations of well-being and aspirations to remain healthy, independent, and meaningful in daily life. The findings revealed that hemodialysis patients sustained their quality of life through a dynamic process of adaptation. This process involved managing physical challenges, developing psychological resilience, maintaining supportive social relationships, and strengthening spiritual beliefs, all of which contributed to their overall well-being.

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Introduction

Chronic Kidney Failure or Chronic Kidney Disease (CKD) is the leading cause of death worldwide (GBD 2021 Chronic Kidney Disease Collaborators, 2024). Approximately 850 million people worldwide are estimated to have kidney disease, the majority of whom live in low- and lower-

middle-income countries (LICs and LMICs), and most of these individuals do not have access to kidney disease diagnosis, prevention, or treatment. (Jager et al., 2019). In the United States, chronic kidney disease (CKD) is a fairly common health condition among adults. However, most individuals with it are unaware that they are experiencing problems with their kidney function. This situation indicates that many people with chronic kidney disease lack adequate knowledge or awareness and therefore do not receive necessary treatment and care (Tuot et al., 2016).

The World Health Organization (WHO) reports that approximately 1 million people worldwide die from untreated chronic kidney disease each year. Furthermore, the WHO states that only 1 in 10 people with chronic kidney disease receive a diagnosis (World Health Organization, 2022). The 2021 Health Profile of the Republic of Indonesia reported that the number of chronic kidney disease sufferers in Indonesia was 1,417,104 cases (Kementerian Kesehatan Republik Indonesia, 2021). The Indonesian Nephrology Association reported in its annual report that by the end of 2021, the number of new hemodialysis patients was 66,433, while the number of active patients was 132,142 (Perhimpunan Nefrologi Indonesia, 2022). Based on data from the 2018 Basic Health Research (Riskesdas) (Kementerian Kesehatan Republik Indonesia, 2021). North Sulawesi is one of the provinces with the largest frequency of Kidney Failure, ranking third in Indonesia with the highest prevalence of Kidney Failure. According to the 2018 Basic Health Research (Riskesdas), the prevalence of chronic renal failure in North Sulawesi Province was 0.53%, or as many as 18,890 people were diagnosed by a doctor. Kidney failure is the most common condition in North Sulawesi, with 35,610 cases in 2021 at Prof. Dr. R. D. Kandou General Hospital in Manado. From the data above, it can be determined that North Sulawesi is one of the regions with the highest number of kidney failure cases in Indonesia (Kementerian Kesehatan Republik Indonesia, 2021).

As many as 9 out of 10 individuals with chronic kidney disease (CKD) in areas with limited resources and inadequate primary healthcare infrastructure are unaware that they have the condition. This lack of awareness results in them failing to seek or access appropriate treatment. (Bosi et al., 2022). Aging populations and population growth will result in a substantial increase in the prevalence of CKD in LICs and LMICs in the coming decades. Unlike cardiovascular disease, stroke, and respiratory disease, CKD mortality has been increasing. Currently, kidney disease is the third fastest-growing cause of death globally and the only NCD showing a persistent increase in age-adjusted mortality. (Wang et al., 2016). By 2040, CKD is projected to be the fifth leading cause of years of life lost (YLL) globally. (Foreman et al., 2018). This disease is generally influenced by various risk factors, with diabetes mellitus and hypertension being the two most common causes. Both conditions often contribute significantly to gradual kidney damage, increasing a person's likelihood of developing chronic kidney disease. (KDIGO, 2024) Chronic kidney failure is a condition characterized by irreversible decline in kidney function, making long-term renal replacement therapy (RDT) in the form of dialysis or kidney transplantation the only options for maintaining existing kidney function and prolonging life. The most commonly performed renal replacement therapies are kidney transplantation or hemodialysis. (Erpiyana et al., 2024). Patients with chronic kidney failure must undergo hemodialysis therapy to extend their life expectancy. This treatment will continue throughout their lives. (Perhimpunan Nefrologi Indonesia, 2022).

Health-Related Quality of Life (HRQOL) is a concept used to assess an individual's perception of the impact of their health condition on various aspects of life. HRQOL reflects a patient's subjective evaluation of their physical, psychological, social, and role functioning in daily life, as well as the impact of chronic disease and therapy on overall well-being. To provide holistic care, and in accordance with the World Health Organization (WHO) definition of health as not merely the absence of disease and infirmity but also the presence of physical, mental, and social well-being, HRQOL is becoming increasingly important. (Gebrie et al., 2023).

In patients with chronic kidney disease (CKD) undergoing regular hemodialysis, the concept of HRQOL becomes highly relevant for measuring the impact of medical procedures and disease burden

on quality of life. Hemodialysis, performed at least two to three times a week, causes significant changes in physical activity, social relationships, and emotional stability. (Hu et al., 2022). Chronic fatigue, dietary and fluid restrictions, changes in social roles, and dependence on healthcare facilities have the potential to reduce quality of life significantly. Applying the HRQOL concept allows nurses and other healthcare professionals to evaluate more than just clinical parameters. (Religioni et al., 2025). HRQOL assessment can be used as a basis for planning holistic nursing interventions that encompass the patient's physical, emotional, and social needs. Interventions designed with this approach can increase patient active participation in self-care and support long-term improvements in quality of life. (Religioni et al., 2025).

According to research by Sulistyaningsih et al. (2021), it turns out that many patients still do not comply with treatment regimens, which can worsen the condition of patients with ESRD. To address this, patients require ongoing education through focused discussions and counseling tailored to their problems and needs. This is supported by research. (Fadlalmola & Elkareem, 2020) bahwa program edukasi terbukti efektif dalam meningkatkan pengetahuan hemodialisis dan kualitas hidup atients undergoing hemodialysis. The implementation of the educational program had a positive effect on patients' overall knowledge about the concept of hemodialysis, vascular access care, complications, dietary restrictions, fluid restrictions, types of medications consumed, and activities that can help patients adapt to the disease and hemodialysis. This increased knowledge also helped patients understand that non-compliance can lead to various health problems and complications (Sofyan et al., 2025). Furthermore, quality of life is a subjective concept that varies according to each individual's perceptions, experiences, and personal circumstances. Consequently, a person living with a disability may report a good quality of life, whereas another individual experiencing unemployment may perceive their quality of life as poor (Ismail et al., 2024).

Another study by Asih & Aji (2022) at DratDr Esnawan General Hospital in East Jakarta found that the quality of life of patients undergoing hemodialysis therapy fell into the moderate category, with results reaching as high as 53.3%. The quality of life of patients undergoing hemodialysis therapy at Meuraxa Regional Hospital, Banda Aceh City, is in the poor category, with results reaching 55.2%. Quality of life can be considered satisfactory when patients can accept their illness, adapt to their health condition, and adhere to ongoing treatment. Conversely, poor quality of life is associated with disease progression, increased complications, and a higher risk of mortality (Phyo et al., 2020).

In May 2025, data on 75 kidney failure patients undergoing hemodialysis therapy were obtained from the ODSK Regional General Hospital in North Sulawesi Province. This data was obtained directly from medical records. An interview with a hemodialysis nurse showed that the majority of kidney failure patients had a history of hypertension and diabetes mellitus. Furthermore, unhealthy lifestyles such as a high-salt diet, consumption of instant foods and drinks, lack of physical activity, and patient indiscipline in undergoing treatment also contribute to accelerating kidney damage. Furthermore, through an interview with one of the hemodialysis patients, it was discovered that the cause of his kidney failure began with a habit of frequently consuming energy drinks and rarely drinking water and was exacerbated by a history of diabetes mellitus. The patient also stated that awareness of the importance of maintaining a healthy lifestyle only emerged after experiencing grave complications. This data is also in line with the 2018 North Sulawesi Basic Health Research report, which shows that the highest prevalence of chronic kidney failure is in the age group over 55 years.

Materials and Methods

This study employed a qualitative phenomenological design to explore and understand the lived experiences of patients undergoing hemodialysis in maintaining and improving their quality of life. A phenomenological approach was selected because it enables an in-depth exploration of how individuals perceive, interpret, and assign meaning to their experiences while living with chronic kidney disease and undergoing long-term hemodialysis treatment.

The study was conducted at the Hemodialysis Unit of ODSK Regional Hospital, North Sulawesi Province, Indonesia, between January and March 2026. Participants were recruited using purposive sampling to include individuals with rich and relevant experiences related to the phenomenon under investigation. During the recruitment period, patients were screened according to the predefined inclusion and exclusion criteria. A total of 13 eligible patients agreed to participate and completed the interviews, while patients who did not meet the eligibility criteria or declined participation were not included in the study. Sample adequacy was guided by the principle of information power, whereby a smaller sample is considered sufficient when participants possess specific experiences directly related to the study aim and provide rich, in-depth information.

Participants were eligible if they had undergone regular hemodialysis treatment for at least 12 months, were between 25 and 65 years of age, were able to communicate verbally, and were willing to provide informed consent. Patients with unstable medical conditions, cognitive impairment, communication difficulties, or acute complications requiring emergency treatment were excluded from participation.

Data were collected through semi-structured, in-depth interviews conducted in a private and comfortable setting agreed upon by the participants. Interviews lasted approximately 30–45 minutes and were audio-recorded with participants' permission. The interview guide explored participants' experiences from the time they were diagnosed with kidney failure and initiated hemodialysis, coping strategies and sources of support during treatment, perceptions of quality of life, and future expectations. Field notes were also maintained throughout the data collection process to capture contextual information and non-verbal expressions.

Data analysis was conducted using Interpretative Phenomenological Analysis (IPA), which focuses on understanding how individuals make sense of significant life experiences. The analysis involved several iterative stages, including repeated reading of transcripts, initial noting, coding, identifying emergent themes, clustering related themes into subordinate themes, and developing superordinate themes across participants. All interviews were transcribed verbatim before analysis. The analytic process was performed manually to ensure close engagement with the data and to facilitate a deeper interpretation of participants' lived experiences.

Trustworthiness was established through member checking, triangulation, peer discussion, and maintaining an audit trail throughout the research process. Member checking was conducted by returning summaries of interview findings to participants to verify the accuracy of interpretations. Data credibility was further strengthened through triangulation of information obtained from participants, field observations, and supporting documentation. The research team held regular discussions to enhance reflexivity and ensure consistency in theme development.

Ethical approval for this study was obtained from the Research Ethics Committee of ODSK Regional Hospital, North Sulawesi Province (Ethical Clearance No. 049/BAAK/S2KEP/SA/II/2026). Written informed consent was obtained from all participants prior to data collection. Participants were assured of confidentiality, anonymity, voluntary participation, and their right to withdraw from the study at any stage without consequences.

Result and Discussion

Results

Demographics

Table 1. Participants' Demographic Characteristics (n = 13)

Participant Code	Initials	Gender	Age (Years)	Age Classification	Occupation	Duration of Hemodialysis	Education
R1	Mr. J.K	Male	61	Elderly	Entrepreneur	17 months	Senior High School
R2	Mrs. R.K	Female	52	Adult	Civil Servant	14 months	Bachelor's Degree
R3	Mrs. N.D	Female	43	Adult	Housewife	13 months	Senior High School
R4	Mrs. D.R	Female	55	Adult	Housewife	18 months	Senior High School
R5	Mr. D.K	Male	42	Adult	Entrepreneur	14 months	Senior High School
R6	Mrs. D	Female	60	Elderly	Civil Servant	20 months	Bachelor's Degree
R7	Mrs. D.M	Female	57	Adult	Housewife	17 months	Senior High School
R8	Mr. K	Male	54	Adult	Private Sector Employee	21 months	Bachelor's Degree
R9	Mrs. S.K	Female	61	Elderly	Housewife	25 months	Senior High School
R10	Mr. W	Male	46	Adult	Civil Servant	14 months	Bachelor's Degree
R11	Mr. A.K	Male	52	Adult	Private Sector Employee	24 months	Senior High School
R12	Mrs. Z	Female	48	Adult	Private Sector Employee	17 months	Senior High School
R13	Mr. J.K	Male	58	Adult	Private Sector Employee	21 months	Bachelor's Degree

Thirteen patients undergoing maintenance hemodialysis participated in this study. Participants were aged between 42 and 61 years, with most classified as adults (n = 10) and the remainder as older adults (n = 3). Females constituted a slightly higher proportion of participants (n = 7) than males (n = 6). Participants had diverse occupational backgrounds, including homemakers, private-sector employees, civil servants, and entrepreneurs. Educational attainment ranged from senior high school to bachelor's degree level. The duration of hemodialysis treatment ranged from 13 to 25 months,

indicating that all participants had sufficient experience with long-term hemodialysis therapy and its impact on daily life. The variation in age, gender, educational background, occupation, and duration of treatment enabled the capture of diverse perspectives. It enriched the understanding of patients' lived experiences in maintaining quality of life while undergoing hemodialysis.

Lived Experiences of Hemodialysis Patients and Changes in the Meaning of Life

This theme reflects participants' lived experiences following the diagnosis of chronic kidney disease and the initiation of hemodialysis therapy. Participants described a complex emotional journey characterized by shock, fear, uncertainty, and psychological distress during the early stages of treatment. As they adapted to the demands of long-term hemodialysis, many began to develop acceptance and a renewed understanding of life, health, and personal purpose. The theme highlights how the experience of chronic illness transformed participants' perspectives and contributed to changes in the meaning they attributed to life.

Research results show that patients undergoing hemodialysis experience significant emotional responses when they first learn of their diagnosis and the need for therapy. These responses include shock, fear, disbelief, sadness, and deep anxiety about their health and future. These reactions arise from a sudden change in health status that is chronic and requires long-term therapy.
As expressed by one participant:

"I think the end of life… I'm afraid I'm going to die." (R1)

This statement illustrates that patients perceive hemodialysis as life-threatening, even associated with death. This perception is reinforced by another participant who expressed denial and emotional distress:

"I cried... because I heard that dialysis would kill me." (R4)

Furthermore, psychological responses that emerged included sleep disturbances and constant thoughts about the disease, as expressed by one participant:

"I can't sleep because I'm thinking about dialysis." (R13)
"I feel like God is unfair... I'm scared and anxious." (R6)

As expressed by a participant:

"At first, I refused and couldn't believe why I had to... I thought it wasn't dialysis, just a common illness." (R5)

Furthermore, patient unpreparedness is also related to negative perceptions of the future, particularly regarding changes in social roles and functional abilities. This is evident in the participant's statement:

"I feel as though my life has undergone a complete transformation... I am unable to work anymore; I am overwhelmed by numerous thoughts racing through my mind." (R7)

Furthermore, misperceptions about hemodialysis, such as the belief that the therapy is synonymous with death, also reinforce resistance. This resistance is evident in the statement:

"I refused... because I heard that dialysis is a way to die." (R4)

As expressed by one participant:

"I tried dialysis because there was a schedule and risks if I didn't." (R3)

Another participant expressed a similar sentiment:

"For now, I have to undergo dialysis, but it's not like I initially thought." (R10)

Furthermore, participants also demonstrated a deeper acceptance of their condition:

“I have accepted dialysis… the goal is to stay healthy and get through the day.” (R1)

Coping Strategies and Support in Undergoing Hemodialysis

The second theme discusses patients' coping strategies and social support during hemodialysis. What factors help you survive hemodialysis, whether from yourself, your family, your social environment, or your spiritual beliefs? Can you share some examples? The three sub-themes are as follows: (a) Individual coping strategies during hemodialysis, (b) The role of family and social support, and (3) The role of spirituality in coping with the disease.

The results indicate that hemodialysis patients actively develop various individual coping strategies to manage stress and maintain psychological well-being during long-term therapy. These coping strategies are not merely passive but represent conscious efforts by patients to confront the physical and emotional stress that arises during the hemodialysis process.

One of the main strategies used is cognitive coping through positive thinking. Patients consciously strive to develop more adaptive thought patterns to reduce the psychological burden they experience. This is evident in the participant's statement:

"I constantly try to think positively; God will definitely take care of me." (R9)

This is evident in the statement:

"I'm busy, sometimes watching TV on my phone because dialysis takes a long time." (R10)

In addition to internal strategies, patients also utilize social interaction as part of their individual coping strategies. This is evident in the statement:

"I have a dialysis companion, and I continue to share stories with other patients and nurses." (R7)

This is evident in the statement:

"My children always encourage me... that's what keeps me going." (R8)

This is reflected in the statement:

"My family always takes me to dialysis..." (R5)

This is evident in the statement:

"I have friends on dialysis... I share stories with other patients and nurses." (R7)

Another participant also emphasized the importance of family support as a primary source of motivation:

"My family is the one who encourages me to continue my treatment." (R11)

In addition to family, support from fellow patients is also perceived as providing significant benefits, as expressed by one patient:

"The support of friends and other patients is very helpful... sometimes just sharing stories." (R13)

As expressed by a participant:

"I pray more and draw closer to God..." (R12)

This is evident in the statement:

"Someone from the church came to visit me and prayed for me." (R2)

This is evident in the statement:

"At first, I questioned why I..." (R11)

Furthermore, spirituality also provides emotional strength to maintain a zest for life. This is evident in the statement:

"What keeps me strong until now is because of God." (R4)

This is evident in the statement:

"By praying, I feel calm..." (R1)

Perception of Quality of Life and Future Hope

Theme three addresses perceptions of quality of life and hopes for the future. How do you perceive your current quality of life as a hemodialysis patient, and what are your hopes for the future and your ongoing therapy journey? The two sub-themes are (a) Perception of current quality of life and (b) Hopes for maintaining that quality of life.

The results indicate that perceptions of quality of life in hemodialysis patients are subjective and multidimensional, encompassing physical, psychological, social, and functional aspects. Although patients experience limitations due to their disease and therapy, they are still able to build a positive perception of quality of life based on their ability to adapt to their circumstances. Some participants reported that their quality of life had decreased physically compared to their condition before starting hemodialysis. This finding is evident in the statement:

"Currently, I experience limitations such as easily tiring and a fear of getting sick." (R3)

This is evident in the statement:

"For me now, it's about being able to stay with my family and worship." (R7)

This is evident in the statement:

"I think quality of life means being able to work." (R9)
"I want to live a peaceful life without too much stress." (R10)

This is evident in the statement:

"I want to remain independent and not bother others." (R11)

This is reflected in the statement:

"Yes, I hope to always be strong, healthy, and still be able to worship and work." (R9)

The following statement supports these findings:

"I still do work that I can do..." (R12)

This is evident in the statement:

"For me now, it's about being able to stay with my family and worship." (R8)

This is evident in the statement:

"For now, I hope to get better." (R7)

This is evident in the statement:

"Hoping to stay healthy, diligently undergoing dialysis." (R2)

Discussion

Lived Experiences of Hemodialysis Patients and Changes in the Meaning of Life

This theme reflects participants' lived experiences following the diagnosis of chronic kidney disease and the initiation of hemodialysis therapy. Participants described a complex emotional journey characterized by shock, fear, uncertainty, and psychological distress during the early stages of treatment. As they adapted to the demands of long-term hemodialysis, many began to develop acceptance and a renewed understanding of life, health, and personal purpose. The theme highlights how the experience of chronic illness transformed participants' perspectives and contributed to changes in the meaning they attributed to life.

Emotional distress during the initiation of hemodialysis reflects a natural psychological response to a life-threatening chronic condition. Feelings of shock, fear, sadness, and anxiety indicate that patients perceive hemodialysis as a major disruption to their previous life circumstances. This experience can be understood through Lazarus and Folkman's Stress and Coping Theory, which explains that individuals initially appraise chronic illness as a significant threat, triggering emotional reactions such as fear and uncertainty. Conceptually, this condition can be explained through Richard Lazarus and Susan Folkman's theory of stress and coping, which states that individuals will conduct a primary appraisal of an event perceived as threatening. In this context, a diagnosis of chronic kidney disease and the need for hemodialysis are perceived as serious threats to life, eliciting emotional responses such as fear and anxiety. (Stanisławski, 2019).

The findings of this study are also in line with recent studies showing that hemodialysis patients in the early stages of therapy have high levels of anxiety and depression. (Romagnani et al., 2025) showed that patients with chronic kidney disease who started hemodialysis experienced significant psychological distress, particularly related to uncertainty about the future and dependence on therapy.

Furthermore, psychological responses that emerged included sleep disturbances and constant thoughts about the disease. This condition is supported by research by Pawar et al. (2023), which states that hemodialysis patients often experience sleep disturbances closely related to anxiety and psychological stress at the beginning of therapy. Furthermore, several participants also expressed feelings of injustice and spiritual crisis.

This indicates that the patient's initial response is not limited to the emotional aspect, but also touches on existential and spiritual dimensions. From a phenomenological perspective, this condition reflects a disruption in the meaning of life (meaning disruption), where individuals question the value, purpose, and justice of their lives. (Antari & Widyanthari, 2020).

Physically, patients also experience symptoms such as fatigue, dizziness, and swelling before and during hemodialysis. These symptoms exacerbate the psychological burden, as physical limitations directly impact daily activities and patient independence. Chronic illness has a multidimensional impact, encompassing physical, psychological, and social aspects, which interact and worsen patients' quality of life. (Attoun et al., 2025)

Thus, it can be concluded that the initial response of hemodialysis patients is a complex reaction involving emotional, cognitive, physical, and spiritual aspects. This response reflects the crisis phase in the process of adapting to chronic illness. Therefore, a comprehensive approach is needed from the initial diagnosis, including psychological support, adequate education, and family support, to help patients navigate the adaptation process and improve their overall quality of life.

Denial and unpreparedness represent common psychological reactions among individuals facing chronic illness. The perception of hemodialysis as a lifelong treatment often creates emotional conflict, causing patients to resist or postpone acceptance of their condition. According to Kübler-Ross's adaptation model, denial functions as an early protective mechanism that allows individuals to gradually process overwhelming health-related information. (Antari & Widyanthari, 2020).

This statement reflects denial as a defense against a life-threatening condition. According to Elisabeth Kübler-Ross (1969), denial is the initial stage in an individual's adaptation to loss or serious illness, where the individual attempts to avoid a reality that is difficult to accept. This response is also reinforced by unstable emotional conditions resulting from sudden changes in health status. (Davison et al., 2023).

Furthermore, patient unpreparedness is also related to negative perceptions of the future, particularly regarding changes in social roles and functional abilities. This indicates concern about losing roles and independence, which are important parts of an individual's identity. According to Richard Lazarus and Susan Folkman (1984), individuals experience stress when they perceive a condition as a threat that exceeds their ability to cope (perceived threat), resulting in emotional responses such as anxiety, fear, and unpreparedness. This finding is supported by research (Romagnani et al., 2025), which states that patients with chronic kidney disease often experience anxiety related to dependence on therapy and lifestyle changes.

Furthermore, misperceptions about hemodialysis, such as the belief that the therapy is synonymous with death, also reinforce resistance. This negative perception contributes to increased psychological distress and barriers to accepting therapy. Research by Fletcher et al. 2022) has shown that patients' lack of understanding about hemodialysis is associated with increased anxiety, depression, and low readiness for therapy. Furthermore, inadequate education can also lead to misconceptions that worsen patients' psychological well-being. (Rhee et al., 2022).

From a phenomenological perspective, the rejection and unpreparedness experienced by participants are part of a process of disrupted life meaning, in which individuals experience a mismatch between the reality they face and their previous life expectations. This condition requires an adaptation process that is not instantaneous, but rather involves complex psychological stages. (Davison et al., 2023)

Thus, it can be concluded that patient rejection and unpreparedness for hemodialysis are initial responses influenced by psychological factors, perceptions of the disease, and a lack of understanding of the therapy. Therefore, healthcare workers, particularly nurses, play a crucial role in providing comprehensive education, emotional support, and therapeutic communication to help patients transition from denial to acceptance. This approach has been shown to increase patient readiness for therapy and improve overall quality of life. (Antari & Widyanthari, 2020)

The development of new life meanings reflects the adaptive process through which patients reconstruct their personal identity and future expectations. As individuals become more familiar with treatment routines, hemodialysis is no longer viewed solely as a threat but rather as a necessary component of life preservation. This process illustrates the concept of meaning reconstruction, where individuals rebuild purpose and direction following a major life disruption.

This statement demonstrates a shift from resistance to a rational awareness of the importance of therapy. Patients began to understand that hemodialysis was a medical necessity that must be undergone to maintain life. This process illustrates the cognitive adaptation phase, where individuals begin to accept the reality of the disease and adjust their behavior according to the demands of their health condition. (Davison et al., 2023)

This statement indicates a shift in perceptions of hemodialysis. While initially viewed as frightening and threatening, over time, patients began to see it as a viable part of life. This change aligns with the concept of adaptation to chronic illness, where individuals gradually adjust to their chronic condition. (Hajdarevic et al., 2025).

This statement reflects the formation of a new meaning in life (meaning reconstruction), where patients no longer focus on fear or loss, but instead begin to focus on how to live with their existing condition. From a phenomenological perspective, this process is referred to as meaning-making, which is the individual's ability to rebuild meaning in life after experiencing disruption due to illness. (Machin, 2026).

This finding is supported by research (Davison et al., 2023) which states that patients with chronic kidney disease undergoing hemodialysis tend to experience a change in life perspective, from an orientation towards the disease to acceptance and adjustment to daily life. In addition, research by Antari & Widyanthari 2020) has indicated that a positive adaptation process can improve patients' quality of life through increased self-acceptance and emotional management.

Changes in the meaning of life are also associated with reduced anxiety and increased psychological stability. Patients who have accepted their condition tend to be better able to manage stress and no longer focus on negative thoughts as they did during the initial stages of diagnosis. This aligns with the theory of Richard Lazarus and Susan Folkman (1984), which states that individuals who can reappraise stressful situations will have better coping skills and lower stress levels.

Therefore, it can be concluded that changes in the meaning and perspective of life among patients undergoing hemodialysis result from a complex adaptation process involving acceptance of the illness, psychological adjustment, and the reconstruction of life meaning. This finding is consistent with meaning-making theory, which suggests that individuals facing chronic illness reconstruct personal meaning to adapt to adversity and maintain psychological well-being. For patients with comorbidities, this process may be even more important, as multiple health challenges require continuous cognitive and emotional adaptation, ultimately contributing to a better quality of life.

The adaptation process experienced by hemodialysis patients reflects the profound psychological and existential challenges associated with living with a chronic illness. The initial reactions of fear, denial, anxiety, and unpreparedness may be understood as natural responses to a life-changing diagnosis that threatens patients' sense of control, future expectations, and personal identity. As patients gradually adjusted to the demands of long-term hemodialysis, they appeared to reconstruct the meaning of their illness and develop a greater sense of acceptance. This process of meaning reconstruction suggests that adaptation involves not only physical adjustment but also psychological and existential transformation. These findings support Patricia Starck's Meaning in Life Theory, which emphasizes that individuals facing chronic illness often seek new meaning and purpose to maintain psychological and spiritual well-being despite ongoing health challenges. These findings align with Patricia Starck's Meaning in Life Theory, which emphasizes that individuals with chronic illnesses strive to find meaning, purpose, and hope in the face of suffering. This theory explains that meaning in life serves as a source of internal strength that helps individuals adapt to illness, maintain hope, and achieve psychological and spiritual balance. In this study, patients began to view hemodialysis not simply as suffering but as part of their efforts to maintain life and draw closer to God. This demonstrates that seeking meaning in life plays a crucial role in helping patients accept their chronic illness.

Coping Strategies and Support in Undergoing Hemodialysis

The second theme discusses patients' coping strategies and social support during hemodialysis. What factors help you survive hemodialysis, whether from yourself, your family, your social environment, or your spiritual beliefs? Can you share some examples? The three sub-themes are as follows: (a) Individual coping strategies during hemodialysis, (b) The role of family and social support, and (3) The role of spirituality in coping with the disease.

Adaptive coping strategies play a crucial role in helping patients manage the physical and psychological burden of long-term hemodialysis. Positive thinking, distraction activities, and emotional self-regulation enable individuals to reduce stress and maintain psychological stability throughout treatment.

This statement indicates that patients use cognitive approaches to manage stress. Patients can use positive thinking to reappraise their condition cognitively, transforming it from a purely negative threat. According to Richard Lazarus and Susan Folkman (1984), this strategy falls under emotion-focused coping, which is an individual's attempt to regulate emotional responses to situations that

cannot be directly changed. Research has demonstrated the effectiveness of this strategy in lowering anxiety levels among patients with chronic illnesses. (Antari & Widyanthari, 2020).

Furthermore, patients also integrate spiritual aspects into their coping strategies. The belief that God provides protection becomes a source of internal strength that helps patients maintain hope and inner peace. (Liu et al., 2024). Research by Davison et al. (2023) shows that a spiritual approach is a coping strategy widely used by chronic kidney disease patients, as it can increase self-acceptance and reduce psychological distress.

Another coping strategy used is distraction coping, which involves engaging in specific activities during hemodialysis. Distraction is a strategy used to reduce boredom and discomfort during the long-term hemodialysis process (Zhang et al., 2023). By shifting focus to enjoyable activities, patients can reduce their perception of stress and increase their comfort during therapy. Research by Kim & Jeong (2021) has shown that distracting activities such as watching or listening to music during hemodialysis can help reduce anxiety levels and improve the patient's experience during therapy.

In addition to internal strategies, patients also utilize social interaction as part of their individual coping strategies. Interaction with fellow patients and healthcare professionals provides a way for patients to share experiences and reduce feelings of isolation. Although considered a social aspect, this engagement is an active strategy individuals use to cope with stress. According to research (Zhu et al., 2026), patients who build social interactions during therapy demonstrate better adaptation rates than those who tend to withdraw.

The coping strategies identified in this study demonstrate patients' efforts to maintain psychological stability while facing the demands of lifelong hemodialysis. Positive thinking, engagement in meaningful activities, and social interaction functioned as adaptive coping mechanisms that reduced emotional distress and enhanced resilience. These findings are consistent with Lazarus and Folkman's coping theory, which proposes that adaptive coping enables individuals to manage stressful situations more effectively.

Family and social support function as protective factors that strengthen patients' ability to adapt to chronic illness. Emotional encouragement, practical assistance, and interpersonal relationships contribute significantly to treatment adherence and psychological well-being.

This statement indicates that motivation provided by family members acts as a psychological reinforcement that helps patients maintain regular therapy. Emotional support such as attention, empathy, and encouragement has been shown to increase feelings of security and reduce anxiety in patients with chronic illnesses. (Atta et al., 2024). Hemodialysis patients who receive emotional support from their families have lower levels of depression and a better quality of life. (Zhu et al., 2026).

Instrumental support, in the form of direct assistance such as driving patients to the hospital, assisting with daily needs, and ensuring patients undergo therapy on schedule, is a crucial form of support. Without this support, patients may face difficulties in accessing optimal healthcare services. According to research (Priatna et al., 2025), family involvement in the care of chronic kidney disease patients is associated with increased adherence to therapy and a reduced rate of complications. Furthermore, social support is also obtained from those outside the family, such as friends, fellow patients, and healthcare professionals.

Interaction with fellow patients provides a space for individuals to share experiences and build a sense of community. This helps patients reduce feelings of loneliness and increases acceptance of their condition. Research by Zhu et al. (2026) has shown that peer support during hemodialysis can improve psychological well-being and reduce stress. Furthermore, social support is also important when family support is limited, for example due to busy family members. In such situations, patients tend to rely on the social environment at the therapy center as an alternative source of support. (Atta et al., 2024). This shows that social support plays a complementary role to family support in helping patients undergo therapy.

This statement demonstrates that family support not only provides physical assistance but also influences patients' decisions to continue treatment. Motivation from family can strengthen patients' commitment to long-term therapy. This aligns with the statement (Priatna et al., 2025): Social support is a crucial determinant of successful chronic disease management. In addition to family, support from fellow patients is also perceived as providing significant benefits. These interactions provide emotional and social support that helps patients reduce their psychological burden. In this context, the interpersonal relationships established during therapy become part of a support system that strengthens an individual's resilience in the face of illness. (Chen et al., 2025). Thus, it can be concluded that family and social support play a crucial role in helping patients undergoing hemodialysis. This support encompasses emotional, instrumental, and social aspects that complement each other in enhancing patients' ability to adapt and maintain quality of life. Therefore, healthcare professionals need to involve families and create a supportive social environment during therapy so that patients can undergo treatment more optimally and sustainably. The results of this study indicate that spirituality is one of the primary coping strategies used by patients in dealing with chronic illness and undergoing hemodialysis. Spirituality not only serves as a source of calm but also serves as an adaptive mechanism that helps patients construct meaning, increase hope, and maintain emotional stability during long-term therapy.

This indicates that patients actively use spiritual practices as a form of coping. Patients use strategies such as prayer, drawing closer to God, and increasing devotions to reduce anxiety and increase feelings of calm. Research by Bonilla Sierra et al. (2025) has shown that spiritual coping is significantly associated with improved quality of life in hemodialysis patients, particularly in psychological and emotional aspects. This understanding helps patients reduce inner conflict and increase acceptance of their irreversible condition. Research by (Li et al. 2021) indicates that patients with high levels of spirituality tend to have better acceptance and lower levels of depression than patients with low levels of spirituality. Spiritual support also comes not only from within the individual but is also reinforced by the religious community.

Visits and prayers from the religious community provide emotional and spiritual strength for patients. This support helps patients feel valued, cared for, and not alone in facing their illness. According to (Liu et al. 2024), Community-based support, including religious communities, plays a crucial role in improving the mental well-being of patients with chronic illnesses. Interestingly, not all patients experience an immediate increase in spirituality. Some patients experience a dynamic process involving doubt before ultimately reaching acceptance.

This statement demonstrates that spirituality develops through a process of psychological adaptation. In the early stages, patients may experience spiritual distress, a condition where individuals question the meaning of life or God's justice. (Miller et al., 2025). However, over time, patients begin to rebuild their faith and use spirituality as a source of strength. This is supported by research (Miller et al., 2025), which states that spirituality can evolve from a state of distress to adaptive coping that increases psychological resilience. Furthermore, spirituality also provides emotional strength to maintain a zest for life. This belief serves as a source of internal motivation that helps patients remain consistent in therapy. In this context, spirituality is not merely passive but an active force that encourages continued treatment. Research by Li et al. (2021) shows that religiosity and spirituality have a positive relationship with resilience in patients with chronic illnesses.

Prayer helps patients calm their minds, reduce anxiety, and increase self-control in situations they face. From a health perspective, this spiritual practice can be categorized as a non-pharmacological intervention that contributes to patients' mental well-being. Research by (Liu et al. 2024) confirms that religious practices such as prayer are an effective form of religious coping in dealing with severe stress. Overall, spirituality in this study acts as a multidimensional coping

strategy encompassing cognitive, emotional, and social aspects. Spirituality helps patients construct meaning in life, reduce anxiety, increase calm, and maintain hope during hemodialysis therapy.

Findings on the theme of coping strategies and support during hemodialysis indicate that patients use various coping mechanisms to maintain their psychological well-being and quality of life during long-term therapy. These strategies include positive thinking, engaging in diversional activities, building social relationships, gaining family support, and drawing closer to God through prayer and spiritual activities. The results of this study also align with Patricia Starck's Meaning in Life theory, which emphasizes the importance of spirituality and meaning in life in patients' adaptation to chronic illness. This theory explains that spirituality is not only related to religious practice but also how individuals discover hope, calm, and purpose in life amidst their illness. Family support, social environment, and spiritual beliefs in this study serve as sources of strength that help patients maintain their enthusiasm for life and consistently undergo hemodialysis therapy. Thus, a holistic nursing approach that includes psychological, social, and spiritual aspects is crucial in improving the adaptability of hemodialysis patients.

Perception of Quality of Life and Future Hope

Theme three addresses perceptions of quality of life and hopes for the future. How do you perceive your current quality of life as a hemodialysis patient, and what are your hopes for the future and your ongoing therapy journey? The two sub-themes are (a) Perception of current quality of life and (b) Hopes for maintaining that quality of life.

The results of the study indicate that perceptions of quality of life in hemodialysis patients are subjective and multidimensional, encompassing physical, psychological, social, and functional aspects. Although patients experience limitations due to their disease and therapy, they are still able to build a positive perception of quality of life based on their ability to adapt to their circumstances.

This statement indicates that physical limitations such as fatigue and decreased stamina are the main factors influencing patients' perceptions of quality of life. This is in line with research, which states that hemodialysis patients often experience decreased physical function, which directly impacts quality of life, especially in daily activities. However, quality of life is assessed not only from a physical perspective but also from relational and spiritual perspectives.

This statement indicates that patients define quality of life as the ability to maintain social relationships and engage in spiritual activities. (Li et al., 2021). In this context, quality of life is no longer solely oriented toward physical condition, but rather toward the perceived meaning of life. Research by Liu et al. (2024) shows that good social relationships and spiritual activities significantly contribute to improving the quality of life of hemodialysis patients. Furthermore, the ability to remain productive is also an important indicator of patients' perceived quality of life. Research by Farooq et al. (2025) stated that hemodialysis patients who remain productively active tend to have higher levels of life satisfaction compared to inactive patients. Furthermore, psychological aspects also play a role in shaping perceptions of quality of life, particularly related to the need for emotional calm and stability.

This statement indicates that patients define quality of life as a state free from psychological stress. Inner peace is an important indicator in assessing quality of life, especially in the face of long-term chronic illnesses. Research by Li et al. 2024) shows that a stable psychological state is associated with improved quality of life in patients with chronic kidney disease. Furthermore, independence is also an important aspect of patients' perceived quality of life.

This statement indicates that patients assess quality of life based on their ability to maintain independence in daily life. Dependence on others is often perceived as a decreased quality of life, so patients strive to remain independent despite their limitations. (Warner et al., 2011). Research by Karin J. Eriksson et al. (2020) states that independence is a key determinant of quality of life in patients with chronic illnesses. Overall, patients' perceptions of quality of life in this study

demonstrate a shift from a physical orientation to a broader orientation encompassing psychological, social, spiritual, and functional aspects. Patients no longer assess quality of life solely based on their health, but rather on their ability to live a meaningful life in accordance with their condition. Therefore, quality of life in hemodialysis patients is a complex and subjective concept, influenced by various factors. Therefore, healthcare providers need to understand patient perceptions holistically and provide interventions that focus not only on physical aspects but also on psychological, social, and spiritual aspects, so that patients' quality of life can be optimally maintained.

This statement indicates that patients are oriented towards a productive life despite limitations. Research by (Rambod et al. 2023) stated that hemodialysis patients tend to develop realistic expectations focused on stable health conditions. Furthermore, the hope of continuing activities, including work, is also important in maintaining quality of life. This suggests that productive activities provide meaning to life and enhance patients' sense of worth.

The ability to remain active despite limitations is associated with increased life satisfaction. This is supported by research (Simorangkir et al., 2021) which shows that involvement in productive activities is associated with a better quality of life in patients with chronic kidney disease. Furthermore, patient expectations are also closely related to social relationships, particularly togetherness with family. Patients define quality of life as the ability to live with their families and engage in spiritual activities together.

Togetherness with family provides important emotional support in maintaining quality of life. Research by (Priatna et al. 2025) states that family support has a significant influence on the well-being of patients with chronic illnesses. Furthermore, spiritual aspects are also part of patients' hopes for maintaining quality of life. The hope to continue worshipping and drawing closer to God indicates that spirituality is a source of strength in coping with illness. This is in line with research, which states that spirituality plays a role in increasing hope and psychological resilience in patients. Interestingly, some patients still hold out hope for recovery, despite their chronic condition.

This hope reflects a form of optimism that helps patients maintain their zest for life. According to Sandy et al. (2022), hope and optimism are important factors in increasing resilience in patients with chronic illnesses. In addition to hope, patients also demonstrate active efforts to maintain their quality of life through healthy behaviors, such as undergoing regular therapy and maintaining a healthy lifestyle.

This demonstrates that patients' hopes are not passive, but are followed by concrete actions in managing their health conditions. This approach aligns with the concept of self-management proposed by Michaelsen & Esch (2023), where patients play an active role in maintaining their health. Overall, patients' hopes for maintaining quality of life reflect a combination of physical, psychological, social, and spiritual aspects. These hopes are a key driver for patients to persist in therapy and maintain a meaningful life.

Findings on the theme of perceived quality of life and future hopes indicate that patients define quality of life not only based on their physical condition but also on their ability to remain active, maintain family relationships, practice religious practices, and achieve inner peace. Furthermore, patients hope to remain healthy, independent, and able to live a meaningful life despite their chronic illness.

These research findings align with the Middle Range Theory of Health-Related Quality of Life (HRQOL) developed by Sandra J. Peterson and Timothy S. Bredow. Various dimensions, including physical, psychological, social, and spiritual aspects, influence patients' quality of life, according to this theory. In this study, patients indicated that quality of life is not only assessed by physical health but also by their ability to adapt to illness, maintain social relationships, receive family support, and experience hope and spiritual peace. This shows that the quality of life of hemodialysis patients is

multidimensional and requires a holistic nursing care approach to improve the patient's overall well-being.

Strengths and Limitations

This study's strength lies in its qualitative phenomenological approach, which allows for in-depth exploration of the lived experiences of hemodialysis patients, particularly the emotional, social, and spiritual aspects, as well as the process of changing the meaning of life, which are difficult to access through quantitative approaches. The use of direct quotes from participants strengthens the credibility of the data and provides an authentic depiction of patients' subjective experiences undergoing long-term therapy. However, this study is limited by the relatively small number of participants and the single healthcare setting, making the results difficult to generalize. Furthermore, the data obtained are highly dependent on participants' subjective states during interviews, so potential perceptual bias must be considered when interpreting the results.

Implications for Practice

This research highlights a significant challenge in nursing practice in Indonesia, particularly the need to provide holistic care for hemodialysis patients who experience complex physical, psychological, social, and spiritual challenges. Nurses play an important role in identifying patients' adaptation processes and supporting their efforts to maintain quality of life during long-term hemodialysis treatment. Therefore, nursing practice should strengthen comprehensive assessments, develop individualized care plans, and integrate psychological and spiritual support alongside physical symptom management to improve patients' adaptation and overall well-being. Nurses are expected to focus not only on the physical and procedural aspects of therapy but also on patients' psychological, social, and spiritual needs, which significantly influence adaptation to chronic illness. Nursing interventions such as comprehensive health education, therapeutic communication, emotional support, and spiritual strengthening need to be integrated into routine nursing care. Furthermore, family involvement and social support need to be optimized through a family-centered care approach to improve therapy adherence, strengthen patient coping, and sustainably improve the quality of life of hemodialysis patients.

Conclusion

This study indicates that hemodialysis patients experience a complex and ongoing adaptation process encompassing biological, psychological, social, and spiritual aspects. Early in therapy, patients experience negative emotional responses such as fear, anxiety, and rejection triggered by the perception of hemodialysis as a threat to life. However, over time, patients can adapt through acceptance and reconstruction of a more positive meaning in life. Adaptive coping strategies, such as positive thinking, distraction, social interaction, and spiritual coping, support this adaptation process. Support from family, the social environment, and healthcare professionals plays a crucial role in improving patients' psychological resilience and adherence to therapy. Spirituality is also a key factor in building hope, serenity, and a new meaning in life.

Furthermore, patients perceive their quality of life multidimensionally, depending not only on physical conditions but also on psychological, social, functional, and spiritual aspects. Patients' expectations focus on health stability, independence, and the ability to live a meaningful life. Overall, these findings emphasize the importance of a holistic and patient-centered nursing approach in improving the adaptation and quality of life of hemodialysis patients.

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