



LIVED EXPERIENCES OF PRODUCTIVE-AGE HEMODIALYSIS PATIENTS: A PHENOMENOLOGICAL STUDY OF MEANING-MAKING, ACCEPTANCE, AND ADAPTATION

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ABSTRACT

Chronic kidney disease (CKD) requiring lifelong hemodialysis creates multidimensional challenges for productive-age patients, affecting physical, psychological, social, and spiritual aspects of life. This study aimed to explore the lived experiences of productive-age patients undergoing hemodialysis in the processes of meaning-making, acceptance, and adaptation to CKD. This qualitative phenomenological study involved eight participants aged 18-40 years undergoing hemodialysis for at least six months at the Hemodialysis Unit of Pringsewu District Hospital, Indonesia. Data were collected through semi-structured in-depth interviews and analyzed using Colaizzi's phenomenological method. Four themes were identified: spiritual struggles following diagnosis, meaning-making and spiritual transformation, the process of self-acceptance toward chronic illness, and sources of strength and adaptation through family support and active coping strategies. Adaptation to CKD and lifelong hemodialysis is a gradual and dynamic process involving spiritual reconstruction, emotional adjustment, and behavioral adaptation. Contribution to science: This study enriches nursing knowledge by providing deeper insight into the experiences of productive-age hemodialysis patients and emphasizing the importance of holistic, spiritually sensitive, and family-centered nursing interventions to support successful adaptation and improve patients' well-being.

Keywords: adaptation; chronic kidney disease; hemodialysis; meaning-making; phenomenology

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INTRODUCTION

Chronic kidney disease (CKD) is a growing global health problem that imposes a substantial burden on individuals, families, and healthcare systems (Francis et al., 2024). CKD is characterized by a progressive and irreversible decline in kidney function, resulting in the kidneys' inability to maintain fluid and electrolyte balance and effectively eliminate metabolic waste products (Vaidya, S. R., & Aeddula, 2024). In its advanced stage, known as End-Stage Renal Disease (ESRD), patients require kidney replacement therapies such as hemodialysis, peritoneal dialysis, or kidney transplantation to sustain life (Gupta et al., 2021). More than 850 million people worldwide are estimated to be living with kidney disease, and this number continues to increase due to the rising prevalence of hypertension, diabetes mellitus, obesity, and unhealthy lifestyle behaviors (International Society of Nephrology, 2023). CKD has become one of the leading causes of mortality and disability globally, affecting not only older adults but also individuals of productive age (Mark et al., 2025). Beyond its physical consequences, CKD generates multidimensional challenges that affect patients' psychological, social, economic, and spiritual well-being (Zhang et al., 2024). According to the 2023 Indonesian Health Survey (SKI), approximately 638,178 Indonesians were diagnosed with chronic kidney disease, including about 21,021 cases in Lampung Province (Kementerian Kesehatan, 2023). Data from the Hemodialysis Unit of Pringsewu District Hospital showed that 370 patients underwent hemodialysis in 2023, 350 in 2024, and 334 in 2025 (RSUD Kab. Pringsewu, 2025). These findings indicate that CKD continues to require long-term management and comprehensive healthcare services.

Hemodialysis is the most commonly used kidney replacement therapy for patients with ESRD. Although this treatment prolongs survival, it does not restore normal kidney function; therefore, patients must undergo lifelong treatment or wait for kidney transplantation (Flythe & Watnick, 2024). Patients undergoing hemodialysis must adapt to regular treatment schedules, dietary and fluid restrictions, physical limitations, and uncertainty about the future. These challenges often interfere with daily activities, employment, family responsibilities, and social participation, creating substantial psychological and social burdens (Cluley et al., 2024). Therefore, the experience of living with hemodialysis extends beyond physical symptoms and involves profound changes across multiple dimensions of life. In addition to emotional distress, patients with CKD may experience spiritual struggles following diagnosis and throughout long-term hemodialysis treatment. Uncertainty regarding the illness, lifelong dependence on treatment, and changes in life roles may raise questions about the meaning of suffering, life purpose, and one's relationship with God (Fradelos, 2021).

The impact of CKD and hemodialysis may be particularly significant among individuals of productive age. At this stage of life, individuals are generally expected to fulfill various responsibilities, such as working, supporting their families, maintaining social relationships, and planning for the future (AlHejaili et al., 2024). Long-term dependence on hemodialysis can disrupt these developmental tasks and social roles, forcing patients to confront changes in self-identity, life goals, and future expectations (Zhang et al., 2026). Consequently, productive-age patients face not only physical challenges but also psychological and existential struggles that influence how they understand, accept, and adapt to their illness. After receiving a CKD diagnosis and initiating hemodialysis, many patients experience emotional responses such as shock, denial, fear, sadness, anger, and uncertainty about the future (Elias et al., 2025).

These experiences reflect a process known as meaning making, which refers to an individual's effort to understand and integrate the illness experience into their system of beliefs, values, and life goals, thereby enabling them to maintain hope and a sense of meaning in life (Li et al., 2025). Following acceptance, patients face the process of adapting to various physical, psychological, social, and spiritual changes associated with chronic illness and long-term treatment. Successful adaptation enables patients to develop positive coping strategies, maintain social functioning, and live meaningful lives, whereas poor adaptation may increase the risk of psychological distress and diminished quality of life (Zhang et al., 2024).

Previous studies have explored the experiences of patients undergoing hemodialysis in relation to quality of life, depression, anxiety, treatment adherence, self-management, coping mechanisms, resilience, and spiritual well-being. These studies have contributed significantly to understanding the challenges faced by individuals with CKD. However, relatively few studies have specifically explored how productive-age patients experience the processes of meaning making, disease acceptance, and adaptation during long-term hemodialysis. Furthermore, phenomenological studies examining the interconnectedness of these experiences within the Indonesian cultural context remain limited. Cultural values, family support, and spiritual beliefs may influence how patients interpret and respond to chronic illness; however, these aspects have received limited attention from the perspective of productive-age individuals undergoing hemodialysis.

A deeper understanding of how productive-age patients experience meaning making, acceptance, and adaptation is essential for healthcare professionals, particularly nurses, in providing holistic and patient-centered care. Such understanding may help healthcare providers address not only physical concerns but also the psychological, social, and spiritual needs of individuals living with CKD. Therefore, this study employed a qualitative phenomenological approach to explore the lived experiences of productive-age patients undergoing hemodialysis due to chronic kidney disease. The study aimed to explore how productive-age patients experience spiritual struggles following

diagnosis, construct meaning from their illness, develop self-acceptance, and adapt to life with chronic kidney disease.

METHOD

The research method used in this study was a qualitative study with a phenomenological approach. The phenomenological approach was employed to explore the lived experiences of productive-age patients undergoing hemodialysis, focusing on their spiritual struggles following diagnosis, meaning-making, self-acceptance, and adaptation to living with chronic kidney disease. Participants were selected using a purposive sampling technique. A total of eight participants were recruited from the Hemodialysis Unit of Pringsewu District Hospital, Lampung, Indonesia. Participant recruitment was discontinued after eight participants because data saturation had been achieved. All participants met the inclusion criteria: they were aged 18-40 years, had been diagnosed with chronic kidney disease, had undergone hemodialysis for at least six months, were able to communicate effectively, and were willing to participate in the study. The primary instrument in this qualitative study was the researcher.

The researcher is a registered nurse and a Master of Nursing student. Data collection was conducted between March and April 2026 through in-depth interviews using a semi-structured interview guide. Data collection instruments included a digital voice recorder and field notes. Each interview lasted approximately 45-60 minutes and was conducted after obtaining participants' consent. Data processing and analysis were performed using Colaizzi's phenomenological method, which consists of seven stages: transcribing interview data, identifying significant statements, formulating meanings, organizing meanings into theme clusters, developing themes and subthemes, writing comprehensive descriptions of participants' experiences, and validating the findings through member checking with participants. The trustworthiness of the study was ensured through credibility, dependability, confirmability, and transferability procedures. This study received ethical approval from the Health Research Ethics Committee of Universitas Aisyah Pringsewu, Indonesia, with Ethical Approval Number 1141/UAP.OT/KEP/EC/2026. Written informed consent was obtained from all participants prior to data collection, and confidentiality and anonymity were maintained throughout the study.

RESULT

Table 1.
Characteristics of Participants (n=8)

Characteristics	f	%
Gender		
Male	4	50.00
Female	4	50.00
Marital Status		
Married	3	37.50
Unmarried	3	37.50
Divorced	2	25.00
Duration of Hemodialysis		
< 1 year	1	12.50
1-3 years	3	37.50
4-6 years	1	12.50
> 6 years	3	37.50
Age		
20-29 years	5	62.50
30-39 years	2	25.00
≥ 40 years	1	12.50
Education Level		
Junior High School (SMP)	2	25.00
Senior High School (SMA)	4	50.00
Vocational High School (SMK)	1	12.50
Bachelor's Degree	1	12.50

Table 2.
Theme and Sub-theme

Theme	Sub-theme
Theme 1. Spiritual Struggles During the Initial Diagnosis	Disappointment and spiritual struggles following the diagnosis of chronic kidney disease
Theme 2. Meaning-Making of Illness and Spiritual Transformation	Increased closeness to God and improvement in religious practices Interpreting illness as a test and a pathway to self-transformation
Theme 3. The Process of Self-Acceptance Toward Chronic Illness	The journey from denial to acceptance of chronic kidney disease and lifelong hemodialysis
Theme 4. Sources of Strength and Adaptation in Living with Hemodialysis	Strength through life motivation and family support Adaptation and active coping strategies in managing life with hemodialysis

Theme 1: Spiritual Struggles During the Initial Diagnosis

Spiritual struggles during the initial diagnosis refer to the emotional and spiritual turmoil experienced by productive-age patients after being diagnosed with chronic kidney disease and requiring hemodialysis. Participants described feelings of disappointment, anger, helplessness, and questioning the fairness of their condition. Some participants experienced spiritual distress characterized by questioning God's justice and the meaning of the illness they were facing.

Sub-theme: Disappointment and spiritual struggles following the diagnosis of chronic kidney disease

This study found that several participants experienced disappointment and spiritual struggles during the early period after being diagnosed with chronic kidney disease. Participants questioned why they had to experience the illness despite perceiving themselves as having lived a good life or fulfilled their responsibilities toward their families. The diagnosis triggered feelings of injustice, confusion, and spiritual conflict as they attempted to understand the meaning of their suffering. One participant expressed disappointment toward God because he believed that he had devoted himself to caring for his parents, yet still had to face a severe illness.

"At first, I felt disappointed, even disappointed with God. I felt that I had taken good care of my parents, yet I was the one who became ill. At that time, it felt unfair; despite trying to do good, I was faced with such a difficult trial." (P1)

Another participant described intense feelings of anger, disappointment, and questioning why she was the one who had to experience chronic kidney disease. The participant initially struggled to accept the diagnosis and felt overwhelmed by the burden of the illness.

"Yes, I was stressed, angry, and deeply disappointed. Out of so many people, I kept wondering why God had given me this illness. Why did it have to happen to me? At first, I was extremely angry." (P8)

Theme 2: Meaning-Making of Illness and Spiritual Transformation

Meaning-making of illness and spiritual transformation refer to the process through which participants reconstructed the meaning of chronic kidney disease and hemodialysis in their lives. Through this process, participants gradually moved from feelings of disappointment and spiritual struggle toward a deeper relationship with God, increased religious commitment, and a more positive interpretation of their illness. Participants perceived the illness not only as a source of suffering but also as an opportunity for spiritual growth, self-reflection, and personal transformation.

Sub-theme: Increased closeness to God and improvement in religious practices

This study found that participants experienced significant changes in their spiritual lives after

undergoing hemodialysis. The illness encouraged them to strengthen their relationship with God through more consistent worship, increased prayer, and greater spiritual awareness. Participants described becoming more diligent in performing religious practices and relying on God as a source of strength in facing their chronic condition.

“Before I became ill, I did not pray regularly and sometimes missed my prayers. Now, I am more aware that this is a test from Allah. Alhamdulillah, I no longer neglect my prayers, and there has been a significant change in my life.” (P5)

Another participant explained that although she initially felt angry about her illness, over time she developed a deeper spiritual connection and became more devoted in her religious practices.

“At first, I was very angry, but over time I realized that there was another meaning behind being given this illness. I have become closer to God now; I pray more regularly and spend more time making supplications.” (P8)

Sub-theme: Interpreting illness as a test and a pathway to self-transformation

Participants also described a process of reinterpreting their illness as a meaningful life experience. Rather than viewing the disease solely as a burden, they perceived it as a test from God, a reminder to improve themselves, and an opportunity to become a better person. This new perspective helped participants develop acceptance and maintain hope despite the challenges of living with chronic kidney disease. One participant viewed the illness as a spiritual test that should be faced sincerely and positively.

“I see this as a test. If I go through it sincerely and with acceptance, it can become a means of atonement for my sins. Therefore, I try to face it with a positive mindset.” (P2)

Similarly, another participant described the illness as an opportunity for self-reflection and personal change.

“It is a reminder, an opportunity to become a better person. I used to be less grateful, and at first I felt that perhaps I had committed many wrongs toward my parents, almost like karma. After starting hemodialysis, it felt as though I was beginning again from zero, like living a new life.” (P6)

Theme 3: The Process of Self-Acceptance Toward Chronic Illness

Self-acceptance refers to the gradual process through which participants came to acknowledge chronic kidney disease and lifelong hemodialysis as part of their lives. Participants described acceptance as a challenging and dynamic journey that required time, emotional adjustment, and adaptation to physical changes. Rather than occurring immediately after diagnosis, acceptance developed progressively as participants learned to live with their condition.

Sub-theme: The journey from denial to acceptance of chronic kidney disease and lifelong hemodialysis

This study found that acceptance was not an instant process. Participants described moving through periods of denial, sadness, frustration, and emotional instability before gradually accepting their illness and the necessity of lifelong hemodialysis. The duration of this process varied considerably among participants. One participant explained that it took several years before she was able to fully accept her condition. Acceptance was accompanied by improvements in both physical and emotional well-being.

“It took me about three years to truly accept my condition and begin recovering. My weight gradually became more controlled, my fluid intake was better managed, and my abdomen was no longer swollen. Even though I continued undergoing hemodialysis during that time, emotionally, I still did not feel stable.” (P3)

Another participant described a long period of struggling to accept the illness before eventually reaching a state of peace and viewing hemodialysis as a routine part of life.

"It took me a long time to come to terms with it. For more than a year, I could not accept my condition and kept feeling emotionally down. But now, I've come to accept it. There is nothing I can do but follow this path. Now, I feel happy and no longer see myself as being sick; my body just needs hemodialysis." (P6)

Theme 4: Sources of Strength and Adaptation in Living with Hemodialysis

Sources of strength and adaptation in living with hemodialysis refer to the resources and strategies that helped participants cope with the challenges of chronic kidney disease and long-term hemodialysis. Participants described family support, life motivation, and active coping efforts as important factors that enabled them to maintain hope, continue treatment, and adjust to the physical, psychological, and social changes associated with their illness. These sources of strength helped participants develop resilience and gradually adapt to their new life circumstances.

Sub-theme: Strength through life motivation and family support

This study found that family support was the primary source of strength that helped participants endure the challenges of chronic kidney disease and long-term hemodialysis. Participants described their spouses, children, parents, and other family members as important sources of encouragement, emotional support, and motivation to continue living despite their illness. One participant explained that his wife and children became his main reason for remaining strong and continuing treatment.

"In addition, I have my wife and children, and they are the reason I keep going. They always encourage and support me. If I give up, I worry about what will happen to them." (P2)

Another participant described how unconditional acceptance and support from family members helped her cope with the illness.

"They never blamed me. They accepted my condition as it was and always supported me. They often told me that everything would be okay and that we would go through it together." (P3)

Sub-theme: Adaptation and active coping strategies

Participants described various adaptation and coping strategies that enabled them to manage life with chronic kidney disease and long-term hemodialysis. These strategies included adherence to fluid restrictions, dietary modifications, self-monitoring, emotional regulation, and positive thinking. Through these efforts, participants gradually adjusted to the demands of treatment and daily life.

One participant explained that adapting to hemodialysis required strict self-management and continuous monitoring of fluid intake and body weight.

"As a hemodialysis patient, my fluid intake is also restricted to about 600 mL within 24 hours. Every day, I have to monitor my body weight. Between one dialysis session and the next, my weight gain should not exceed 5 kilograms." (P4)

Another participant emphasized the importance of psychological acceptance in maintaining adherence to treatment recommendations.

"I have to manage my fluid intake and learn to accept this condition sincerely. If I am unable to accept it, everything feels more difficult, and I continue to feel discouraged, because my mindset greatly influences how I live with this illness." (P6)

DISCUSSION

This study aimed to explore the lived experiences of productive-age patients undergoing hemodialysis in the processes of meaning-making, acceptance, and adaptation to chronic kidney disease (CKD). The findings revealed that participants experienced a dynamic and gradual journey characterized by four interconnected themes: spiritual struggles following diagnosis, meaning-making and spiritual transformation, acceptance of chronic illness, and adaptation through family

support and active coping strategies. These findings indicate that adaptation to CKD and lifelong hemodialysis does not occur immediately but develops gradually through a process in which spiritual struggles transform into meaning-making, facilitate self-acceptance, and ultimately enable patients to adapt to life dependent on hemodialysis.

One of the main findings of this study was the presence of spiritual struggles that emerged immediately after the diagnosis of CKD. Participants described feelings of disappointment, anger, helplessness, and questioning God's justice. Some participants perceived their illness as unfair because they believed they had fulfilled their responsibilities toward their families and attempted to live a good life. This finding is consistent with previous studies demonstrating that patients with CKD frequently experience spiritual distress and existential crises following diagnosis, particularly when the illness disrupts personal expectations, life goals, and previously held beliefs (Nurbadriyah & Widyawati, 2023). Chronic illness often challenges individuals' understanding of life meaning, purpose, and justice, leading them to question why they must endure such suffering (Li et al., 2025). From the perspective of the Roy Adaptation Model, these experiences can be understood as initial maladaptive responses within the self-concept mode, in which individuals experience difficulties maintaining psychological and spiritual integrity after significant health changes (Wang et al., 2020). In this study, participants' emotional and spiritual conflicts reflected the early stage of adaptation, as they attempted to reconcile their previous life assumptions with the new reality of living with chronic illness.

Over the course of illness progression, these spiritual struggles gradually developed into a process of meaning-making and spiritual growth. Participants reported becoming closer to God, engaging more actively in religious practices, and interpreting their illness as a test, a reminder, or an opportunity for self-improvement. This finding is consistent with previous research indicating that spirituality serves as an important coping resource among patients undergoing hemodialysis and contributes to psychological adjustment, resilience, and improved well-being (Saedi et al., 2024). Rather than perceiving CKD solely as a source of suffering, participants gradually reconstructed the meaning of their illness and developed a more positive perspective toward their condition. This finding supports the meaning-making theory, which explains that individuals actively reinterpret difficult life experiences in order to restore meaning and purpose (Bigony & Keitel, 2020). The transformation observed in this study also reflects an adaptive response within the self-concept mode of the Roy Adaptation Model, whereby participants were able to redefine their identity, beliefs, and perspectives, thereby supporting psychological and spiritual adjustment. Furthermore, experiences of increased gratitude, reflection, and religiosity indicate elements of post-traumatic growth, referring to positive psychological changes that emerge following highly challenging life experiences (Henson et al., 2021).

Another important finding was that acceptance of CKD and lifelong hemodialysis did not occur immediately after diagnosis. Participants described experiences of denial, sadness, frustration, hopelessness, and emotional instability before eventually accepting their condition. For some participants, this process required several years before they achieved emotional stability and were able to integrate hemodialysis into their daily lives. This finding is consistent with previous studies reporting that patients undergoing hemodialysis often experience a prolonged psychological adjustment process before achieving acceptance of their illness (Wen et al., 2023). This finding also supports the Kübler-Ross theory, which explains that individuals commonly experience stages of denial, anger, depression, and acceptance when facing major life changes (Avis et al., 2021). Importantly, acceptance in this study did not represent surrender to the illness. Instead, acceptance was an active psychological process that enabled participants to regain emotional control, adhere to treatment recommendations, and develop hope for the future. These findings suggest that acceptance serves as a critical turning point between spiritual transformation and successful adaptation to life with hemodialysis.

The findings also demonstrated that adaptation was strongly influenced by life motivation and family support. Participants consistently identified spouses, children, parents, and other family members as primary sources of encouragement, emotional support, and strength in facing their illness. Families provided reassurance during difficult periods and encouraged participants to continue treatment despite physical, emotional, and social challenges. This finding aligns with previous research showing that family support is strongly associated with psychological well-being, treatment adherence, and quality of life among patients undergoing hemodialysis (Hejazi et al., 2021). In addition to emotional support, participants demonstrated a strong sense of responsibility toward their families, particularly spouses and children. This sense of responsibility became a powerful motivation to survive, maintain regular treatment, and preserve hope despite the burden of lifelong hemodialysis. Family support reflects adaptation within the interdependence mode, which emphasizes the importance of interpersonal relationships and social support in promoting positive adaptation to chronic illness (Callis, 2020).

The uniqueness of this study lies in its focus on productive-age patients undergoing hemodialysis. Unlike older patients who may have retired from occupational responsibilities, productive-age patients continue to face demands related to employment, financial obligations, and family roles. Several participants reported changes in employment status, reduced work capacity, or inability to fulfill previous responsibilities due to the demands of hemodialysis therapy. These conditions created additional psychological and social burdens during the adaptation process. Previous studies have demonstrated that CKD and hemodialysis significantly affect employment opportunities, economic stability, and social participation among younger populations (Kirkeskov et al., 2021). Therefore, adaptation among productive-age patients is more complex because they must manage a chronic illness while simultaneously maintaining social roles and family responsibilities.

In addition to family support, participants demonstrated various active coping strategies that assisted them in adapting to the long-term demands of hemodialysis. These strategies included adherence to fluid restrictions, dietary modifications, independent monitoring of body weight, emotional regulation, and maintaining positive thinking. Participants emphasized that successful adaptation requires not only behavioral discipline but also psychological acceptance of their condition. This finding is consistent with previous studies showing that self-management and active coping behaviors are essential components of successful adaptation among patients undergoing long-term hemodialysis (Lee et al., 2021). Adherence to fluid restrictions and treatment recommendations represents an adaptive behavior aimed at maintaining physiological stability. Meanwhile, positive thinking and emotional regulation reflect psychological adaptive responses that support long-term adjustment (Yangoz et al., 2021). These findings indicate that adaptation is not a passive process but a continuous effort involving behavioral, cognitive, emotional, and spiritual adjustments.

Overall, this study demonstrates that adaptation to CKD and lifelong hemodialysis among productive-age patients is a gradual and interconnected process. Participants initially experienced spiritual struggles that disrupted their beliefs and emotional stability. Over time, these struggles evolved into meaning-making and spiritual transformation, which subsequently facilitated self-acceptance. Acceptance then enabled participants to develop adaptive coping strategies and utilize family support as a source of strength. This process demonstrates that adaptation is a multidimensional phenomenon involving physiological, psychological, social, and spiritual aspects, as described in the Roy Adaptation Model. These findings provide deeper insight into how productive-age patients face complex challenges while living with CKD and lifelong hemodialysis.

Based on these findings, several implications for nursing practice can be identified. First, healthcare professionals should recognize that adaptation to CKD involves not only physical adjustment but also significant spiritual and psychological challenges. Therefore, routine assessment of spiritual

distress, emotional conditions, and coping abilities should become an integral component of hemodialysis care. Second, interventions focusing on strengthening spiritual coping, facilitating meaning-making, and promoting self-acceptance may support patients in achieving adaptation more effectively. Third, family involvement should be continuously encouraged because family support has been demonstrated to play an important role in enhancing resilience and treatment adherence. Finally, educational programs regarding self-management, fluid control, and adaptive coping strategies may assist patients in adjusting more effectively to the long-term demands of hemodialysis therapy.

This study has several limitations. The research was conducted in only one hemodialysis unit with a relatively small number of participants, which may limit the transferability of the findings to broader populations. Furthermore, all participants were productive-age patients receiving routine hemodialysis; therefore, the experiences of older patients or individuals receiving other forms of renal replacement therapy may differ. Findings related to spirituality and religious coping should also be interpreted within the cultural and spiritual context of participants, who had relatively homogeneous backgrounds. Future studies are recommended to include participants with more diverse social, cultural, and spiritual backgrounds to obtain a more comprehensive understanding of the role of spirituality in adaptation to CKD. Further research is also needed to explore the influence of cultural, spiritual, and family factors on long-term adaptation among patients with chronic kidney disease.

CONCLUSION

The results of this study showed that productive-age patients undergoing hemodialysis experienced a gradual process of spiritual struggle, meaning-making, self-acceptance, and adaptation while living with chronic kidney disease. Our study supported the importance of health professionals, particularly nurses, understanding the spiritual and psychological dimensions of this experience in order to provide holistic, patient-centered care. Therefore, health service institutions must pay more attention to integrating spiritual assessment and support into routine hemodialysis care programs.

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