

## **CARING EXPERIENCES OF NURSES AND ELDERLY HEMODIALYSIS PATIENTS : BASIS FOR MODULAR DEVELOPMENT ON PATIENT'S CARE AND EDUCATION**

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### **ABSTRACT**

This phenomenological research study unveiled the meaning of caring experience between the nurse and elderly patient in the hemodialysis treatment setting using Schoenhofer's research-as-praxis methodological process. Using this method, the researchers conducted a dialogue that involved the presence of both participants at the same time to explore on: (1) the experiences of both nurse and elderly hemodialysis patients while undergoing hemodialysis treatment; and (2) how the concerns of elderly HD patients being addressed. Data from the twelve (12) participants were analyzed using QDA Miner Lite, and thematic three-phase analysis was done. The experiences of elderly HD patients were thematically described as care in reminders and restrictions, center as community of support, importance of family care and support, and multifaceted approach to dialysis treatment. Likewise, the experiences of nurses were described as they care for their HD patients, such as heart as the core of care, exhausted but fulfilled, and patience in communicating with patients and relatives. From the explored experiences of both nurse- and patient-participants, four (4) themes were created that answered the concerns of elderly HD patients and these include: resistance and forgetfulness require collaborative and consistent support, financial cost of dialysis is a challenge, patients find comfort in the center's community to combat fear and loneliness, and living up to patient's confidence is a continuous challenge. Though findings revealed that elderly HD patients require constant reminder in restricting fluid and dietary intake, they still find nurse's behavior as a genuine manifestation of care and discipline. Nurses, on the other hand, are aware that elderly HD patients are becoming resistant and forgetful, thus, they require more attention and special care. It can be concluded that the caring relationship that is built between the nurse- and patient-participants is comparable to that of a family.

**Keywords:** Caring Experiences, Research-As-Praxis, Elderly Hemodialysis Patients, Hemodialysis Nurses

### **INTRODUCTION**

Looking at the prevalence of chronic kidney disease (CKD), in 2017, CKD resulted in 1.2 million deaths and was the 12<sup>th</sup> leading cause of death worldwide. 7.6% of all cardiovascular disease (CVD) deaths (1.4 million) could be attributed to impaired kidney function. Together, deaths due to CKD or CKD-attributable CVD accounted for 4.6% of all-cause mortality [1]. According to the latest WHO data published in 2018, Kidney Disease

Deaths in the Philippines reached 21,894 or 3.59% of total deaths. The age-adjusted Death Rate is 31.09 per 100,000 population ranks the Philippines 28<sup>th</sup> in the world.

In most Asian countries, dialysis remains the most common treatment modality for CKD, a very technical yet exact procedure. Experienced nurses are needed to carry out dialysis treatment. Thus, a high demand for specialized dialysis nurses. Dialysis is a long-term treatment for patients with CKD, a lengthy process that allows nurses to become more independent in their nursing actions. As the long-term treatment continues, this occasion enables the nurse to build and deepen relationships with their patients, seeing the treatment's day-to-day improvement.

With the increasing cases of End-Stage-renal diseases (ESRD) and an escalating number of patients undergoing hemodialysis treatment, several studies were conducted to dwell on the experiences of patients battling against kidney disease as well as studies exploring the lives of renal nurses locally [2] and internationally [3] [4] [5] [6]. Nevertheless, very few studies have been conducted yet, using research-as-praxis methodology, particularly in the country.

However, the number of people with chronic kidney disease (CKD) is rising markedly. With the presence of co-morbidities like diabetes, hypertension, and cardiovascular disease, elderly people in particular, are at risk to develop CKD and most often, leads to hemodialysis treatment. Elderly people desire a life with good health, stress-free, dignity, financial stability, and even a peaceful death. Today, elderly people are seen as less valuable, this is perhaps their individuality, self-reliance and independence are being altered. Elderly people long for care, love and affection, especially if they are suffering a life time disease that requires a long-term and lifetime treatment like hemodialysis. The elderly people being the target participants in this study, would be helped by receiving necessary care and attention from their primary caregiver. Gathering their experiences on caring will help the nurses and other healthcare providers to understand elderly people's needs and concerns that will ensure their motivation to still lead a healthy and quality life.

This study focuses on determining the experiences of elderly hemodialysis patients on how they are taken care of by their healthcare providers particularly the nurses. Among other patients who are undergoing hemodialysis, elderly people are chosen to be the target population in this study because they are those who are in most need of special care, support, and protection. Being a hemodialysis patient at this age, the struggles that they are facing while having the treatment, could be considered the worst situation that they could ever experience in their lives. This study would be of great help to address the concerns and personal experiences of this age group as they undergo hemodialysis treatment.

On the other hand, in a personal view, the dialysis nurse in an outpatient setting is perceived to have more opportunities to get to know their patients much better than in a traditional hospital setting. They see their patients regularly as what the treatment schedule requires. Likewise, patients undergoing dialysis treatment have seen many changes in their lifestyle that are difficult to accept. With this, nurses necessitate having strong motivational, caring skills to reach patients personally, and facilitate patient's compliance in the treatment regimen. Nurses as caring individuals require understanding on holistic care in all setting. Aside from providing care, nurses esp. those in the hemodialysis centers, should also be equipped with excellent teaching skills. They have to teach patients about their disease and its treatment and answer patients' questions. Nurses' role in the first encounter with their patients who will undergo HD is very important. The patient's prognosis depends upon on how much patient knows about the severity of the disease and how the complications be prevented. It is through proper orientation that the pros and cons of following the requirements of treatment will be recognized. It is in this light that the researchers would like to know how much care

and patient's education are being rendered among elderly hemodialysis patients and to their families so as to promote health and prevent complications of the disease and effects of the treatment.

The findings of the study will serve as the main point of discussion in the module that will be developed, the contents of which rooted from the caring experiences in the real-life situations of both nurses and elderly hemodialysis patients in particular.

**Objectives:**

The study aims to inquire into the caring experiences of nurses and elderly patients undergoing hemodialysis in selected hemodialysis centers in Bataan.

Specifically, the study sought answers to the following:

1. What are the experiences of the elderly hemodialysis patients?
2. What are the experiences of the nurses caring for elderly patients undergoing HD treatment?
3. How are the concerns of elderly HD patients being addressed during their sessions of treatment?
4. What strategies/program could be developed to assist elderly HD patients to cope with the new normal in their lives?
5. Based from the findings of the study, what particular module could be developed to explore and contain caring experiences of nurses and elderly people undergoing hemodialysis treatment in particular?

**MATERIALS AND METHODS**

*Research Design*

This phenomenological research study design used Schoenhofer's research-as-praxis methodological process wherein the researcher plays a vital role in unveiling the caring phenomenon from the experiences of the co-participants: the nurse, and the patient in their nursing relationship. As the researcher enters into the nursing relationship, the researcher invited the nurse, and patient to be in a dialogue. The researcher in the research-as-praxis methodology engaged herself in a true dialogue rather than a formatted interview from the usual interview in a qualitative research design study. The researcher participated along with the nurse, and the patient in creating the caring experience. The researcher's crucial role in this approach is to facilitate a continuous flow of communication among all the participants, explore descriptions of views, ask clarifications, and further validate ideas generated from the shared caring experiences.

*Participants*

Participants in the study comprised the nurses and the elderly patients in selected hemodialysis centers in Bataan.

Nurse-participants were purposively chosen in accordance with the inclusive criteria as: a Registered Nurse with at least one year or more than a year of clinical experience in a hemodialysis center taking care of hemodialysis patients. They were chosen regardless of their sex, age, religion, educational attainment, number of seminars, and training attended to hemodialysis treatment.

Patient-participants were also purposively chosen with the help of the nurses. Inclusive criteria are 60 years old and above, who are undergoing HD treatment. They were recruited regardless of their sex, religion, educational attainment, occupation, cause of CKD, leading to hemodialysis, and the number of comorbidities. Only those who are undergoing hemodialysis treatment were chosen. Participants' medical condition and capability were also considered before engaging in the study.

Elderly patients among other age groups were targeted as the one of the key participants in this study since this is one of the age groups that needs special treatment and often requires special care due to their special needs.

These participants consented to the individual interview and dialogue which took place in several occasions during the third quarter of this year 2022.

#### *Data Gathering*

Data collection started by asking permission from various hospitals and hemodialysis centers. A letter of approval signed by the University President was personally handed to various Chief Nurses, Administrators, and Chief of Hospitals where the participants were recruited.

The initial round of data collection began with inviting nurses to participate in the study. Nurses, in turn, invited and chose qualified patients to participate as well. Initially, the researchers sought permission from the participants as to the best time and place where the dialogue could be conducted. The families of the elderly patients were also consented and informed before the conduct of the study.

After being informed of their rights as participants through the informed consent form which explicitly stated their right to withdraw from the study at any time, the researcher initiated the dialogue, which is the main element in the research-as-praxis approach. The interaction in the small focus group was in the form of authentic dialogue rather than an interview wherein the researcher created an atmosphere where all the participants could share individual experiences without hesitation through quality conversation, provide questions to describe experiences, request confirmation and elaboration from all parties, with the researcher's participation as the facilitator of communication.

With the participation of the researcher in the dialogue, the researcher was able to immediately check the accuracy of data during and at the end of the dialogue. Data from each dialogue in the small focus groups were transcribed, and the transcripts were individually reviewed, assembled, and analyzed.

From the initial round of data collection, nurses- and patient participants were asked to read their transcripts. By doing this, the participants may check if their words matched what they truly intended. The use of a tape recorder ensured that all the articulations were truthfully captured. The transcripts then were brought together, consolidated, and refined, hence, the development of all the themes.

As for the development of the module, based on the findings of the study, the module contained the caring experiences shared by the participants as they experienced it in the caring relationship. It was formatted accordingly as to the definition of caring, the nursing situations that reflect caring behavior, identification of problems that come along in the delivery of care, and how caring per se is addressed in this healthcare setting. The module is subjected to evaluation by experts and users.

#### *Data Analysis*

Data were analyzed using QDA Miner lite software as an aid to manual coding. Transcripts were analyzed verbatim in English-Filipino. Each transcript of interviews was coded to start the chunking of the data. Significant statements for coding were done to determine the experiences of elderly patients- and nurse-participants. However, multiple coding was also applied wherein some selected statements were coded more than once. Coding allows the researcher to simplify and focus on specific characteristics of the data. Researchers will move from unstructured data to the development of ideas about what is going on in the data [7]. During coding, researchers identify important sections of text and attach labels to index them as they relate to a theme or issue in the data [8].

In the generation of themes, the thematic three-phase analysis were done. The first cycle coding generated 33 open codes where open descriptive and in vivo codes in English and Filipino were used. Consequently, the second cycle analysis involved grouping of codes into two (2) categories to determine: (1) the experiences of patients, and (2) the experiences of nurses. Lastly, is theme generation where the statements were grouped, analyzed, and described.

*Ethics*

The study was approved by the Peninsulares Research Ethics Committee of Bataan Peninsula State University. Prior to each interview, participants were informed about the study's objectives, as well as pertinent ethical issues. All participants who were invited consented to participate and completed an informed consent form.

**RESULTS AND DISCUSSION**

The succeeding paragraphs discussed the answers to research objectives and the themes that emerged from the participants' experiences. Table 1 below shows the summary of themes emerged from the experiences of elderly hemodialysis patients.

**Table 1: Summary Table of Experiences of Elderly Hemodialysis Patients**

Themes	Code	Count	Cases
Care in reminders and restrictions	Care in nurse reminders	11	5
	Restrictions as annoying	4	1
	Struggle in water consumption	3	2
Center as community of support	Appreciative	29	6
	Treated as family	10	3
	Enjoys center's community	14	4
Importance of family care and support	Arrives solo	3	1
	Contact thru family	2	2
	Family support and care	10	4
	Financial cost	11	3
	Multifaceted approach to dialysis treatment	Confidence in the health workers	4
	Faith	5	3
	Recognizes role of self	6	2

**1. Experiences of Elderly Hemodialysis Patients**

There were four themes that were created to describe the experiences of elderly hemodialysis patients as they have been taken care of in the hemodialysis unit.

**1.1 Care in Reminders and Restrictions**

People undergoing hemodialysis treatment have a variety of health problems, and with it, are the related conditions that they feel and experience. In order to prevent such, healthcare providers, especially the hemodialysis nurses, have to constantly remind their patients of the things that they need to avoid. However, even if patients sometimes struggle or feel resistant to the restrictions and reminders given by the nurses, they recognize that these are just expressions of the nurses' care for them and this will help them to achieve the best possible result of their hemodialysis treatment.

*They might be strict, but that's normal. It's just to keep us informed. They're not shouting or scolding; they're just disciplining. I'm okay with that. (P4)*

*Yes, that's right. For example, before, I had swelling, even in my face. Many nurses would tell me, 'Mom, avoid drinking too much water.' They were just concerned. (P5)*

Maintaining a limited fluid intake is one of the problems being faced by the patients undergoing hemodialysis treatment. Patients who are in their initial HD treatment find it difficult to control fluid intake. However, as treatment continues, and as they slowly adapt and adjust themselves, they come to realize that adhering to the right amount of fluid intake definitely helps them to achieve better results of their treatment. Likewise, conducted by observational study on the adherence to dietary and fluid restrictions among patients undergoing hemodialysis, it was found out that there was a fair to good adherence level for fluid and dietary restrictions of patients [8]. However, the adherence level varies among hemodialysis patients, individually tailored interventions and constant motivation is needed to improve the adherence level and positive clinical outcome.

### **1.2 Center as Community of Support**

Getting dialysis takes a lot of time. Patients undergoing hemodialysis have scheduled sessions of about 2-3 times a week and need to stay in the hemodialysis unit for about three to four hours each session. During this time, a hemodialysis patient may read, nap, watch television, or even have a chat with the healthcare providers or with other patients. With the emergence of the COVID-19 pandemic, family members/relatives are restricted from going inside the center to accompany their patients during dialysis. However, with limited socialization opportunities, elderly patients crave caring interactions. They find this in the community of nurses who show care for them, as well as from their fellow elderly patients.

*All I can say is that they are very attentive like they're my children. That's why I always buy them pan desal (bread). I like to give even small things... something like that. I also see their exhaustion and lack of sleep. Even if it's just a small amount, just food, I think it's important that they get full because their work is hard. (P4)*

*As I said earlier... the way they treat us is like this: "If our child has given us any trouble, you can continue here if you want." But since they treat us well, it feels like we're family. It's like our second home. Even if they work until midnight, they don't mind. They focus on their patients and consider our well-being. (P2)*

What the statements of the participants implied was that they find the presence and care of the health staff, especially the nurses, and the hemodialysis center itself, made them feel secure and less worried, and thus, they considered the center as a community of support. Similar findings were revealed in a study, wherein social support and concern is seen as a concept of care by the participants [10].

### **1.3 Importance of family care and support.**

Family support is important in different ways. First, because the patients are forgetful, especially the elderly, they may forget some of the nurses' instructions and reminders which require nurses to also inform the family or relatives. Family support is also evident in communicating the elderly's needs, especially in distance communication where the use of gadgets is necessary. The Elderly was contacted by the nurse through the younger family members. Since some of the elderlies are not able to use modern gadgets nowadays. The findings of the study are similar to a study wherein emotional support is found to be the most frequent support given to patients by family members, i.e., family always accompanies the patients during the therapy process, and provide support so that patients do not feel alone, provide affection, listen to the patient's complaints so that the family knows the patient's current feelings and provide encouragement and motivation so that the patient does not experience a decline in health status [11].

*Regarding the schedule... in case of an emergency... my child is the one who contacts them immediately. (P6)*

*Yes, they call us according to our schedule. (P2)*

Second, there is the cost of dialysis. Having a hemodialysis treatment requires huge financial resources. The government's program to assist hemodialysis patients in their dialysis sessions is limited to a particular number of sessions in a year. The family's support in the treatment session financially is a great factor for a hemodialysis patient to continue with the treatment sessions.

*I can share that when I was hospitalized here, it was probably around 5 o'clock in the afternoon. I was with my grandchild when the doctor said that emergency dialysis was needed. They told me to buy a catheter. My grandchild was crying, and I told them not to cry. I told my grandchild that it was okay if I were to die at that moment; I didn't feel that I had wronged anyone. I told them not to cry. Also, I have a kind spouse whom God gave me. Even if there's no noise, if I'm hungry or full, it's all right. (P1)*

*As the doctor said, their illness isn't about being rich and surviving. It depends on your children if they support and help you. What you said about water is correct. Many people don't understand that limit. What we do is we have a measuring tool in the fridge... when it runs out, it means we're right at the limit. Then, when taking soup, there's also a lot of medication to consider. (PR)*

Third, even if the nurses are offering care, elderly patients still desire for their "kid's touch." They feel secured and more comforted if their family is around to attend to their needs. In cases where elderly comes alone in the hemodialysis center, the nurse gives them special care.

*When I experience pain in my back, the nurse gently rubs it to soothe me. However, I tell them to call my child. I feel embarrassed in front of the nurse. They will ask, "Are you okay, Mom? What hurts?" (P6)*

#### **1.4 Multifaceted approach to dialysis treatment.**

For the patients, their physical relief through dialysis is a result of more than the treatment itself. It involves their discipline (in following instructions), the care of the health workers, and God's grace. Elderly hemodialysis patients, despite their age and disease, still hold on to their faith in God seconded by their trust and confidence in their treatment, as well as in nurses who care for them. They also recognize their role as a patient by attending responsibly and faithfully in their routine hemodialysis sessions.

*Because of my illness, the nurse would say that certain things are not allowed. But what I believe in treatment is that first, it's God, second is the doctor, and third is yourself. Before I come here, I always start with a prayer. (P1)*

*You won't be afraid of what might happen to you because you're well taken care of. The care and attention you receive are excellent. You feel good, and you're getting treated, like with this dialysis. (P3)*

Elderly hemodialysis patients, despite their age and disease, still hold on to their faith in God seconded by their trust and confidence in their treatment, as well as to the nurses who care for them. They also recognize their role as a patient by attending responsibly and faithfully in their routine hemodialysis sessions. Relatively, this finding is supported by a study among Iranian HD patients, wherein hemodialysis patients have high hope levels and spiritual health is an effective variable on hope [12].

## 2. Experiences of Nurses caring for elderly patients undergoing hemodialysis treatment

To describe the experiences of nurses caring for the elderly hemodialysis treatment, three themes emerged from their inputs in the dialogue. Table 2 shows the themes that emerged from the caring experiences of nurses.

**Table 2: Summary Table of Nurse's Experiences caring for elderly hemodialysis patients**

Themes	Code	Count	Case
Heart as the core of care	Appreciated	5	1
	Beyond work communication	4	2
	Cares as family	15	6
	Explores options	3	2
	Comfort and encouragement	3	2
	Constant monitoring during sessions	4	4
	Constant presence	1	1
	Reaches out regarding sessions	7	6
	Special care for solo patients	1	1
	Setting of boundaries	1	1
Exhausted but fulfilled	Excitement	1	1
	Exhausting	2	2
	Rewarding	2	2
Patience in communicating with patients and relatives	Information to family of patient	4	2
	<i>Makulit</i>	10	3
	Patience	3	3
	Provides explanations	6	4
	Reminders and restrictions	15	5

### 2.1 Heart as the core of care.

Nurses often see the elderly patients as family. They offer them the kind of care they would provide to their own elderly parents. They also recognize that these people lack opportunities to socialize. Nurses are therefore more patient, caring, and compassionate with them even if some patients try to communicate beyond work. This exemplifies extension of nurse's work as they attend to personal and emergency calls from their patients. They also try to give them attention, when patients crave for their constant companionship during sessions.

*It's all about taking care of them. They really want to monitor their blood pressure closely. For some, it's every 30 minutes, but it can also be done every hour. Also, addressing their needs, like during dialysis when they often feel cold. They provide comfort, for example, by using warm packs. (N4)*

*Usually, when a patient feels worse and struggles to breathe, of course, we feel sad for them. They're not just patients to us; they're like family. We provide them with the same care and concern that we would give our own family. We're deeply concerned for them. (N3)*

Hemodialysis nurse realize the importance of providing more care to elderly patients. It is not only because this age group requires more attention and special needs but more than that, is they consider them as their own family. Their care extends beyond the corners of the dialysis unit as they constantly look after their patient specially during their treatment session.



*They really need that care. For example, since Tatay (Father) doesn't have anyone with him during dialysis, he needs to be closely attended to. We remind them of their dialysis schedule and check in if they miss a session to see what happened. For instance, if someone misses their session, we call to find out why and make sure they get the care they need. We're very proactive in contacting them. (N1)*

*When someone doesn't show up for their scheduled appointment, we get concerned about why they didn't come, especially if they usually arrive early and are suddenly missing. We call them to find out what happened, and if there's a problem, we reschedule the appointment. (N2)*

While there was one nurse who admitted that she maintains boundaries, it appears to be partly driven by the fear of getting too attached with the patient. This is reflected by restating the role of patient and nurse, the due respect that has to be maintained at all times.

*Sometimes, you need to set boundaries. There are patients who, when you become too close, might become overly comfortable and start acting inappropriately or joking in a way that's out of place. It can feel like they're getting too familiar. When that happens, you should remind them that it's not appropriate and that there needs to be respect. However, there are also patients with whom you become very close and you really miss them. But you still need to maintain a consistent level of treatment for everyone and keep some distance or boundaries. (N5)*

The perception of "being part of the family" extends beyond the institution. As one nurse claimed that even after their duty, the family of the patients even invite them to their family gathering and celebration. This somehow, gives the nurse the feeling that, truly, the care that they have provided to their patients is really appreciated by its own family. Patients even look for their nurses during their off days and showed concern when they are absent.

*We treat them like family. Sometimes, during special occasions, they even invite us. When we're off or on leave, it's touching because they'll ask, "Where is so-and-so?" "What happened?" Even nurses who had COVID are checked on when they return. They genuinely care and ask about you. Also, they often provide food as a gesture of appreciation. (N6)*

## **2.2 Exhausted but fulfilled**

Nurses admit that the demand to cater and care for the hemodialysis patients exhausts them. However, they find the work rewarding and there is still excitement to see patients. They still look forward in their daily duty by coming prepared and consider everyday as a new day. Somehow, they are motivated by the thought of caring for their patients is as if they are caring for their own family as well. Treating hemodialysis patients as their own family also reflects in a study wherein two of the themes that emerged are feeling comfortable with clients, as though they were family or friends, and reflecting on their own lives through the lives of clients [13]. HD nurses experience therapeutic relationships while taking care of their patients, and developed maturation through reflection on their lives as nurses and as a caring person.

*For us, Ma'am, we also have families of our own. To us, the patients are like family. We don't come in just thinking, "Oh, there are patients again, it's going to be exhausting." That's not our attitude. For us, it's more like, "We have patients, how can we help them? How can we guide them with what they need to avoid suffering?" We want to prevent them from being hospitalized or needing more intensive care. That's the level of concern we have for them. Of course, there are times when it's really exhausting. Sometimes, it feels like all the patients have complaints, the machines are beeping, and there are issues with toxicity—it can be draining. (N3)*

*It's rewarding and feels really good. Actually, when I first started working in dialysis, I felt like crying. Seeing the patients, it felt like their lives were just being prolonged. (N5)*

**2.3 Patience in communicating with patients and relatives**

Taking care of hemodialysis patients in general, requires keenness and compassion. However, taking care of elderly hemodialysis patients requires more patience and attention. Nurses find the elderly patients as “makulit” (persistent, annoying) and forgetful. This requires nurse’s patience and persistence in reminding the patients and their relatives of instructions and restrictions, especially during this time of pandemic when protocols against COVID-19 are implemented.

*We also explain things to their relatives when they arrive. If there are new orders or reminders about their schedule or laboratory work, we make sure to communicate that. For older patients, we speak more loudly and clearly when explaining, and we also keep their relatives informed. (N2)*

*Right now, with COVID, it’s a bit difficult because of the protocols. Some patients can be quite stubborn, especially the older ones. For instance, while Nanay is not a problem, others can be. For example, everyone should be wearing face masks and face shields. They often remove them, so every time we make rounds, we remind them of the importance of wearing these protective measures and explain why they’re necessary due to the current COVID cases. (N5)*

**3. How do the concerns of elderly hemodialysis patients were addressed?**

There were four (4) themes that emerged from the dialogue that described the concerns of elderly hemodialysis patients and how they were addressed. These themes were generated from the experiences shared by both elderly hemodialysis patients and nurses and are shown in the table below.

Table 3: Summary Table of How Elderly Hemodialysis Patients’ Concerns are Addressed

Themes	Code	Count	Case
Resistance or forgetfulness requires collaborative and consistent support	Care in nurse reminders	11	5
	Restrictions as annoying	4	1
	Struggle in water consumption	3	2
	Information to family of patient	4	2
	Makulit	10	3
	Patience	3	3
	Provides explanations	6	4
	Reminders and restrictions	15	5
	Contact thru family	2	2
	Family support and care	10	4
	Arrives solo	3	1
	Special care for solo patients	1	1
Financial Cost of Dialysis is a Challenge	Financial cost	11	3
Patients find comfort in center's community to combat fear and loneliness	Appreciative	29	6
	Treated as family	10	3
	Enjoys center's community	14	4
	Beyond work communication	4	2
	Cares as family	15	6

	Setting of boundaries	1	1
	Comfort and encouragement	3	2
	Constant monitoring during sessions	4	4
	Constant presence	1	1
Living up to Patient's confidence is a continuous challenge	Confidence in the health workers	4	3
	Explores options	3	2
	Continuous learning	1	1
	Prayer	1	1

### 3.1 Resistance and forgetfulness require collaborative and consistent support.

The elderly people were described as “makulit” (persistent, annoying). Sometimes, their failure to follow instructions could be due to their disease itself, declining memory as elderly, and perhaps, missing the things that they could usually do.

*For me, in the morning, I take in about nine doses. That's the rotation, so you never really get used to it. It's hard to swallow if the water is too little... Sometimes it can be frustrating, haha. They don't want to give me more. (P2)*

*Patients vary a lot, Ma'am. Some are very quiet, no matter what you say, they just don't talk much. But others, especially older ones, can be quite persistent and a bit troublesome, haha... but they're still kind. Some will insist on getting their treatment immediately and will keep nagging until they get it. (N6)*

Nurses address these concerns by constantly reminding elderly patients of the things that they need to strictly follow like the right amount of fluid intake, routine checkups, laboratory exams, and changing the dialyzer. This behavior of the elderly requires continuous support and reminders not only from the nurses but also from the family or relatives who are living with them [14].

*We need instructions from their family because we'll find out if they've been cheating on their water intake if their weight goes up. We can see their weight; if it increases, we'll ask if they've been drinking or eating more. If it's just food, it's okay, but excessive drinking can be harmful. (N1)*

*We also explain things to their relatives when they arrive. We inform them about any new orders and remind them of schedules, and laboratory needs. For some patients, especially the older ones, we speak more loudly when explaining, and we also make sure to keep their relatives informed. (N)*

Despite nurses' constant reminders of what patients should do and follow, elderly hemodialysis patients find such actions as helpful and appreciate it as a form of discipline and enlightenment.

*You'll be comfortable. Even if they're strict, it's normal. It's just so we're aware of things. They're not yelling or scolding; they're just disciplining. I'm okay with that. (P3)*  
*It's okay with me; they explain that certain things are prohibited. Also, the doctor and the nurses tell us about it...(P2)*

### 3.2 Financial Cost of Dialysis is a Challenge.

Despite PhilHealth coverage, sometimes, the patient's requirement exceeds the coverage.

*Yes, that's another serious issue. You can't miss your lab tests; you must have them done at the end of each period. But where will you get that money? How will you cover such high costs? So, if you don't have money, it's tough—since I started here, many patients have faced financial difficulties... primarily due to the costs. (P4)*

*Because if you're struggling financially, especially if you're frequently hospitalized and need to get a swab test, it costs about three thousand pesos per test. And if you need to undergo dialysis three times a week, how will you manage that? (P4)*

Hemodialysis treatment in the Philippines is costly. Despite the increase in Philhealth coverage of hemodialysis treatment, now at up to 144 days (or 144 sessions) worth of dialysis per patient, (Philhealth Circular No. 2021-0009) and senior citizens can also enjoy lower price discounts as their general benefits to medical care, it is a fact that most of our hemodialysis patients still find it difficult to sustain their financial needs. They admit that dialysis treatment requires lifetime support. They spend monthly expenses on laboratory checks, drug maintenance, and dialyzer replacements. With the COVID-19 pandemic situation, their expenditures in emergency dialysis and hospitalization, and the protocols in swabbing and testing add up to their financial burden [15].

### **3.3 Patients find comfort in the center's community to combat fear and loneliness.**

Every dialysis is difficult and worrisome for patients, but it gives them comfort when they feel the presence, constant monitoring, and encouragement of the nurses. In their old age where they have limited socialization, they also find comfort as it gives them opportunities to interact with other patients and with nurses.

*During dialysis, everything is fine. They stay with us and don't leave. They're attentive, constantly checking on us to see how we're doing and asking if we're feeling any discomfort. (P2)*

*So you won't be afraid of what might happen to you because you're well taken care of. The attention and care you receive are excellent. You feel good, and you're receiving treatment, like with this dialysis. (P3)*

Patients recognize the presence of other patients which somehow boosts their feelings and thoughts that they are not alone.

*They usually come at the same time, so they get to know each other. (N2)*

*Based on my observation, he understands that he needs to undergo dialysis. Secondly, he's excited to see his classmates, haha. Sometimes, we feel like he needs emergency dialysis, and we can do it even at night. But he doesn't want to because he still wants to be with his friends and talk to the nurses. He seems excited about it too. (PR)*

Patients' appreciation of nurses' extension of work is witnessed by their own families. The relationship that is being built between the patient and the nurse extends beyond being a family.

*He chats with them, haha, and even teases (pointing to his mother) when they have emergency night shifts. He jokes that he's happy they're on the night shift. But it's true—he treats them like his own children, and sometimes I notice him chatting with them. I tell him they have work to do, haha, because he checks in on them. Especially at night, he'll text to ask if they're still on duty. It's like he looks after them as if they're his own. (PR)*

Nurses understand what the patients are going through, every time that they will undergo hemodialysis treatment. Caring behavior is innate in every nurse.

*One time, I noticed he seemed lethargic. It turned out he had COVID. Then he reached a point where he was feeling depressed and said he just wanted to disappear. I told him, "Why would you say that? We're fighting for you." I told him as long as we're here, we're fighting for you. He said that at home, he has no one to talk to because his children are busy. So, when he's here, he enjoys chatting with us. In that way, it seems to make him happy, Ma'am. (N6)*

*Many people ask them, "Will I get better?" Of course, you can't really say for sure—it's not appropriate to make promises. To comfort them, we encourage them to keep hoping. We've noticed that when you talk to them, their mood seems to lighten, and they start feeling*

*better. It's as if they're not thinking so much about their condition. However, some patients seem to understand their situation, perhaps because they've read about it or are aware that their lives are just being prolonged. But when they're here, we try to uplift their spirits and reassure them. I tell them to just follow the rules and be disciplined, and they'll get through it. For older patients, we can't encourage them to go for a transplant because, at their age, it might not be feasible. (N5)*

### **3.4 Living up to patients' confidence is a continuous challenge.**

Patients have confidence in the nurses to help them with their concerns in the center. They find nurse's constant reminders that following restrictions will help them achieve the possible best results for their treatment.

*They accept us well and take good care of us. I was anxious at first, but they were patient with me. Over time, I got used to the restrictions and started to feel more at ease. (P1)*

*When we ask, "Can we do this or that?" they'll respond, "No, that's not allowed because it could harm you." They'll say things like, "You're gaining weight, aren't you worried about swelling or high blood pressure?" So, they advise us, "Please follow the guidelines, Mom." (P3)*

Nurses are being challenged as to how would they respond to the continuous needs of their patients. They understand how difficult it is especially for elderly patients to accept their situation and to follow restrictions. More so, during this COVID-19 pandemic situation, constant reminders and health teachings are really important to help elderly patients adjust and adapt to the new normal in their lives [16].

*We constantly remind them about the amount they drink because there's a limit. Regarding their food during dialysis, eating at the center is prohibited due to the pandemic. We advise them to eat at home before coming to the dialysis center because COVID-19 has led to this restriction. They follow these guidelines, including wearing face masks and face shields. (N1)*

*Right now, with COVID, it's quite challenging due to the protocols. Some patients, especially older ones, can be quite stubborn. For instance, while Nanay is not a problem, others are. For example, everyone should be wearing face masks and face shields. They often remove them, so every time we make our rounds, we remind them to wear them and explain the benefits of using masks and face shields due to the current COVID cases. (N5)*

Despite having regular hemodialysis sessions, the patient experiences emergency dialysis. In these difficult times, the nurse's assistance and care are most appreciated by the patient's family.

*We wanted her to be included because we felt that once she was treated, she would be okay. However, they didn't want to agree to an emergency. The nurses here at the dialysis center went out of their way to arrange for her treatment outside. We are very grateful to the nurses for organizing this and ensuring that Mama received her dialysis. (PR)*

Furthermore, the different situations of patients compel nurses not only to continue learning but also to rely on prayers to do their jobs well.

*Of course, Ma'am, every time I come in, even though I've been here for a long time, I still feel uneasy. The procedures, especially the needle insertion, are very sensitive. It's important to always keep praying. (N6)*

### **Strategies and Programs to assist elderly HD patients with the new normal in their lives**

Constant reminders about HD patients' treatment's do's and don'ts' are very necessary. Undergoing hemodialysis will always be part of their weekly routine, having in mind and at heart these two while undergoing treatment. While constant reminders from HD nurses play a vital role, other strategies and programs will still impact elderly HD clients' self-care. The

researchers recommend the creation of infographic-like materials. Available reading materials containing important details about care and treatment that HD patients can utilize at home and in the center are necessary. This shall contain specific details only which will allow elderly HD patients an easy grasp of what they need to religiously follow. Comics and leaflets, depicting the real-life scenarios in the hemodialysis centers/institutions, conceptualized and written in Tagalog will capture the patient's level of understanding. The infographic material shall contain positive ways of dealing with the don'ts in treatment they intentionally or unintentionally forget. It could be illustrated in a way that the message will be positively transferred to our target clients and shall be posted in key and accessible areas in the hemodialysis center.

Short clips and videos may also be provided to elderly HD patients. This contains constant reminders and awareness of the treatment don'ts while undergoing hemodialysis in the center. Video viewing of a compilation of real-life experiences of various hemodialysis patients is recommended. This is to motivate patients' adherence to restrictions and strengthen the center's community support.

### **CONCEPTUALIZATION OF MODULE**

Based from the findings of the study, researchers ended up in developing a module that focuses on patient's care and education. This rooted from the real-life situation of both nurses and elderly hemodialysis patients as they both journey into their caring relationship in a hemodialysis setting. The first part of the module provides an overview of hemodialysis as treatment for end-stage renal disease to give the readers a basic information about the disease. This also contains the struggles encountered especially by the elderly patients as they go through hemodialysis treatment. Basically, the contents will be coming from the real-life experiences of the participants who were part of the dialogue. The second part aims to provide knowledge as to how to care for the elderly patients who are undergoing this kind of treatment. Nurses' points of view and personal experience were considered as inputs focusing more on the concepts of Care as how nurses live caring in this situation.

### **CONCLUSION**

Based on the findings, the following conclusions were drawn:

1. Several themes described the experiences of elderly hemodialysis patients as they undergo hemodialysis treatment such as care in reminders and restriction, the center as the community of support, the importance of family care and support, and a multifaceted approach to dialysis treatment.
2. From the point of view of the nurses, their caring experiences centered on the heart as the core of care, find their work as exhausting but fulfilling and require patience in communicating with patients and relatives.
3. The concerns of the elderly hemodialysis treatment were addressed as represented by the following themes: resistance or forgetfulness requires collaborative and consistent support, the financial cost of dialysis is a challenge, patients find comfort in the center's community to combat fear and loneliness, and living up a patient's confidence is a continuous challenge. The caring relationship that could be described in this nursing situation is comparable to a family. Despite constant reminders from nurses about the elderly's resistance and forgetfulness in fluid and dietary restrictions, the former still recognize this as caring and a form of discipline. They also find the center as a community of support. Nurses, on the other hand, realized that caring for elderly hemodialysis patients requires heart as the core of care, though exhausting, they still find their work and service as fulfilling and rewarding.

## RECOMMENDATION

The following constitute the researchers' recommendations based on the findings of the study:

1. To address the concerns of elderly hemodialysis patients, the researchers recommend creation of infographic materials like comics and leaflets, depicting the real-life scenarios in the hemodialysis centers/institutions, conceptualized and written in Tagalog that will capture patient's level of understanding. In addition, video viewing of compilation of real-life experiences of various hemodialysis patients is recommended. This is to motivate patients' adherence to restrictions and strengthen center's community support. This recommendation may be done in collaboration between the hemodialysis center/institution and the college.
2. As providers of care, nurses need to be empowered and updated in the modern strategies to render care especially in this clinical setting. Thus, attending to seminars that strengthen caring and providing them with recreation programs to invigorate selves to carry on the day-to-day work and service is necessary.
3. The researchers, as part of the College of Nursing and Midwifery, could propose an extension program that will facilitate collaboration between the college and the hemodialysis center/institution. Part of it will be the conduct of health teachings in an hour of dialysis class that involves both the patients and relatives. This will be facilitated by the Clinical Instructors together with the student nurses to develop the latter's competencies in communication and interaction while providing education on hemodialysis treatment. Infographic materials can also be created and shared with the HD center/institution to showcase students' talents and creativity.
4. Since elderly patients perceive the center's community as a strong source of support to combat fear and loneliness, programs like seminars and talks on spiritual care and mental health can be conceptualized. This will somehow motivate and boost both nurses' and patients' morale and spirit.
5. May involve other age groups in the study, and widen the scope of participants involved including the experiences of other healthcare providers patient's families, and primary caregivers, for future researchers.

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