

Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City

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LIVED EXPERIENCES OF PATIENTS UNDERGOING HEMODIALYSIS IN ILOILO CITY

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Abstract

Chronic Kidney Disease is a life-threatening condition in which the kidney loses its normal function. Treatment for CKD focuses on slowing the progression of kidney damage, thus it could be fatal without Dialysis. Understanding the lived experiences of patients receiving hemodialysis is important for improving the quality of care and support for these patients. This study was conducted to gain a more profound insight into the experiences of patients undergoing hemodialysis in hospitals and hemodialysis centers, to facilitate a reevaluation of the services offered that could elevate patient satisfaction. Respondents were selected in hemodialysis centers and Hospitals in Iloilo City. A descriptive phenomenological approach was utilized to describe, explore, and understand the patients' experiences by conducting an unstructured interview. Information and data were analyzed using Colaizzi's qualitative phenomenological method. Thirteen patients aged between 18 and 59, minimum of 1 year history of hemodialysis participated in the study. After data analysis, 5 major themes and 14 sub-themes were extracted. These major themes were: (1) Quality of Nursing Care, (2) Access to and Utilization of Support, (3) Patient Coping Strategies, (4) Challenges of Hemodialysis and (5) Treatment Experience and Quality Care Comparison between Hospital and Dialysis Center. The participants themselves validated these experiences upon confirming the findings, providing firsthand insight and clarification into their shared experiences. While not universally applicable, these insights can inform tailored approaches by providers, potentially improving patient satisfaction and quality of life in hemodialysis care.

CHAPTER 1

INTRODUCTION

This chapter serves as the foundation for the research, providing essential background information. It delves into the prevalence of end-stage renal disease, highlighting the life-saving role of hemodialysis treatment. The chapter then justifies the research by outlining the rationale behind the study and the theoretical perspectives that guide the investigation. Furthermore, it presents the specific research questions that will be addressed. To ensure clarity throughout the study, key terms will be rigorously defined, along with their usage within the context of the research. Finally, the chapter acknowledges the researcher's inherent subjectivity and outlines the limitations of the study.

Background and Rationale of the Study

Chronic Kidney Disease is a life-threatening condition in which the kidney loses its normal function. The progressive decrease in glomerular filtration rate (GFR) of less than 60 mL/min/1.73 m² for at least three months. The kidney filters waste products and balances the body's fluids. Chronic kidney disease can damage the levels of fluids and electrolyte balances and wastes to build up in our bodies. Pathologies like CKD are associated with fluid retention, hypertension, diabetes, cardiovascular disease, and immune disorders.

Treatment for CKD focuses on slowing the progression of kidney damage, thus it could be fatal without an Artificial kidney (Dialysis) or a kidney transplant. Previous studies have reported that patients who underwent hemodialysis experienced low quality of life (Hejazi et al, 2021). Patients who experience serious complications affect their

overall health. Both kidney transplantation and hemodialysis reduce the quality of life of patients and compromise their physical, mental, and emotional health. However, one study demonstrated that most hemodialysis patients receive a good quality of life (Taylor & Francis).

Hemodialysis—a form of Kidney Replacement Therapy (KRT)—is still the most prevalent form used by nearly 4 million patients worldwide and accounts for 69% of all KRT and 89% of all dialysis (Bello et al., 2022). According to a Journal of Kidney Diseases by the United States Renal Data System (2017), there has been a 499% approximate increase in the prevalence of dialysis in the Philippines from 2002/03 up to 2014/15, with 315 per million population. As of 2020, the Philippines has an incidence of 164 per million population and a prevalence of 607 per million population (Tang et al., 2020).

Patients receiving hemodialysis often experience a range of challenges and difficulties that can have a significant impact on their quality of life. These challenges may include financial strain due to the high cost of hemodialysis and the need to purchase special dietary products, physical limitations due to the time and energy required for treatment, social isolation due to restrictions on activities and travel, and feelings of dependency on the hemodialysis machine and others for support (International Journal of Nephrology, 2021). These challenges can lead to feelings of stress and depression and may affect patients' ability to fully participate in their daily lives and activities.

Understanding the lived experiences of patients receiving hemodialysis is important for improving the quality of care and support for these patients. By collecting and analyzing data on both Hospital and Dialysis Centers on the challenges and needs of these patients, researchers can gain valuable insights and compare the lived experiences of the patients which can inform the development of interventions and

strategies to improve their quality of life and support their physical, emotional, and social well-being. This research has the potential to benefit patients, caregivers, and healthcare providers alike, as it can provide a deeper understanding of the needs and experiences of patients undergoing hemodialysis, and help to identify areas for improvement in the delivery of care and support for these patients.

Epistemological and Theoretical Perspective of the Study

Constructionism is a learning theory developed by Seymour Papert. He was inspired by Piaget's experiential learning theory and believes that children construct their new knowledge by constructing physical and manipulative materials, like blocks, beads, and robotics kits. Both phenomenology and social constructionism aim to understand objects 'out in the world', or some aspect of an 'essential' reality as it is read from a specific cultural placement which is social constructionism, or from an intuitive act of human consciousness which is phenomenological.

From the perspective of constructionism, we can relate our study by using human consciousness and lived experiences to construct new knowledge that will benefit the patients and their families, Healthcare workers and Dialysis Centers, the Department of Health, and future researchers.

Interpretivism, also known as interpretivist involves researchers to interpret elements of the study, thus interpretivism integrates human interest into a study. Accordingly, "interpretive researchers assume that access to reality given or socially constructed is only through social constructions such as language, consciousness, shared meanings, and instruments". The development of interpretivist philosophy is based on the critique of positivism in social sciences. Accordingly, this philosophy emphasizes qualitative analysis over quantitative analysis.

Interpretivism is “associated with the philosophical position of idealism, and is used to group diverse approaches, including social constructivism, phenomenology, and hermeneutics; approaches that reject the objectivist view that meaning resides within the world independently of consciousness”

From the perspective of interpretivism, the researchers can substantiate the study by integrating the human interest in the study by conforming to ethical considerations and interpreting elements of the study through the data gathered from the respondents.

Micro Theories

Theory of Comfort by Katherine Kolcaba which describes that comfort exists in three forms: relief, ease, and transcendence. If specific comfort needs of a patient are met, the patient experiences comfort in the sense of relief, Ease addresses the comfort in a state of contentment, and Transcendence is a state of comfort in which patients are able to rise above their challenges. When Theory of Comfort is properly implemented as an institution-wide framework for practice, it will enhance comfort of the patients, and will further transcend to quality patient outcomes.

Lydia Hall’s Core, Care, and Cure Theory highlights the importance of caring for the whole person, not just their illness or disease. The theory emphasizes the interrelatedness of the patient, healthcare provider, and environment in the care process. It recognizes that patients are not just passive recipients of care but are active participants in their own care. It allows patients to explore and share feelings with the nurse. Hall’s theory also emphasizes the importance of providing holistic care, which considers not only the physical but also the psychological, social, and spiritual aspects of the patient’s life.

Purpose of the Study

The purpose of this study was to gain a more profound insight into the experiences of patients undergoing hemodialysis in both hospitals and hemodialysis centers, to facilitate a reevaluation of the services offered that could elevate patient satisfaction.

Description of Research Tradition in Phenomenon of Interest

In phenomenology, lived experiences pertain to situated, immediate, activities and encounters in everyday experience, pre-reflexively taken for granted as reality rather than as something perceived or represented. Hemodialysis patients undergo a procedure in which a machine filters wastes, salts, and fluid from their blood when their kidneys are no longer healthy enough to do this work adequately. Patients who have kidney failure face many challenges due to their disease that can leave them feeling fatigued and depressed. This results in physical, psychological, emotional, and spiritual changes. The shared lived experiences of chronically ill patients can greatly affect the decisions and concepts of care that will be given to them. Patients undergoing Hemodialysis require caregiving and assistance in their daily lives. Since dialysis can be life-changing, acquiring and analyzing individuals' experiences can improve their quality of life.

A greater understanding of the lived experiences of a patient undergoing hemodialysis therapy in hospitals and dialysis centers and comparing their experiences are critical in helping the healthcare providers in identifying the needs to improve and changes in practice that would be necessary to deliver a better care and and integrate the best holistic practices into standardized care (Chiaranai, 2016). Many studies have been conducted about giving care to the patient in order to reduce the complications,

minimize the spread of disease, treatments, and reduce stress; however, none of these studies have conducted in investigating the viewpoint of patients undergoing hemodialysis.

Understanding the experiences of the hemodialysis patients who are more likely to have a poor quality of life, more anxious and depressed than the general population. Patients will feel that their illness changes their relationships and affects their social roles (Horne., et.al., 2014). Patients who underwent hemodialysis would also feel the changes in their family life and guilt when they feel dialysis restricts their families' activities (Fry., et.al., 2014) Hemodialysis patients have a different experience with the concept of care thus, receiving the concept from the viewpoint of patients can develop the care provided for them and, using this concept, the healthcare team can design a realistic patient-centered care plan and provide an effective intervention (Shahgholian & Yousefi, 2018).

The methods that are commonly used in Descriptive phenomenological study are Bracketing, Intuiting, Analyzing, and Describing. Bracketing is one of the methods used in phenomenology study which means that the personal biases, assumptions, and preconceptions will be avoided during the conduct of the study. The researchers would bracket any thoughts and feelings based on their previous experiences or knowledge. Intuiting implies that the researcher should be open on the interpretations and meanings that are attributed to the phenomenon by those who experience it. Researchers would then proceed in the process of Analyzing such as extracting relevant statements, categorizing and making sense of the phenomenon's essential meaning. Describing was the method where the researchers came to terms with the phenomenon to understand and define it.

Philosophical/Conceptual Underpinnings Philosophical Frame of Interest

This study was anchored on the philosophy of phenomenology of Edmund Husserl, which states that: the lived experiences in a phenomenon is a person's consciousness that describes "the things themselves". To understand the reality of the phenomenon one needs to understand that it cannot be grasped directly by others since it is only available through perceptions of one's reality that the representations of it are in the mind. The philosophical underpinnings of Edmund Husserl phenomenology of embodiment which one person describes and interprets the meaning as they present themselves. Exploring the meaning and gaining understanding of a person's experiences or lived phenomena that are shaped by its consciousness, language, cognitive and noncognitive sensibilities, and personal, social, and cultural pre-understandings.

Statement of the Research Problem/Question

The study was conducted to describe and compare the lived experiences of patients undergoing hemodialysis in Hospitals and Dialysis Centers in Iloilo City. Specifically, this study aimed to answer the question, "What are the lived experiences of the patient undergoing hemodialysis in Hospitals and Dialysis Centers in Iloilo City?"

Significance of the Study

The results of the study would be beneficial to the patient, family, healthcare workers, dialysis centers, Department of Health (DOH), researchers, and future researchers.

Patient. The patient will be able to benefit from this study as it will help them learn and understand what changes, struggles, issues they may face, coping methods they can employ, and what to generally expect in the course of hemodialysis.

Family. This study will benefit families to have knowledge in the management of patients undergoing hemodialysis in their household. It will be able to help them give better support and care in which they will also know the difference in the services offered from Hospitals and Dialysis Centers and choose one that is more convenient for them.

Healthcare workers/Dialysis Centers. This study will help healthcare workers/dialysis centers know how the patient's stay in the center and hospital can affect their overall experience of undergoing hemodialysis and learn what strategies to utilize that can enhance treatment/management, yield support in different aspects of the patient's life and improve the quality of care provided.

Department of Health (DOH) Personnel. This government agency will benefit from this research in terms of consideration on the likes of funding and access to facilities and other modalities. This research will help them refine healthcare policies that can help ease the burden on patients undergoing hemodialysis and improve the overall health care system.

Future Researchers. The findings in this study can be used as reference data for researchers and future researchers planning to conduct related studies.

Definition of Terms

To facilitate the understanding of this study, different terms are defined herein.

Hemodialysis. A procedure where a dialysis machine and a special filter called an artificial kidney, or a dialyzer, are used to clean the blood.

In this study, hemodialysis refers to both the routine clinical procedure undertaken by the participants and their personal encounters with this process.

Lived Experience. Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.

In this study, lived experience pertains to the multifaceted narrative shared by the participants related to the process of receiving hemodialysis treatment in Iloilo City.

Patient. An individual awaiting or under medical care and treatment.

In this study, the patient undergoing hemodialysis is referred to the participant of the study.

Researchers' Subjectivity

As student nurses engaged in this study, our perspectives offer both advantages and potential biases. Researchers' knowledge in the healthcare setting provides a deeper understanding of the participant's experiences. However, our limited clinical experience may also lead to assumptions. Moreover, the demands of nursing education could impose time constraints on data collection and analysis, which can potentially affect the researchers' understanding of the participants' experiences. Additionally, translating the responses to English from the local language, Hiligaynon, may pose challenges in accurately capturing the nuances and cultural subtleties, which may affect the depth of comprehension and interpretation of the lived experiences shared by the participants. To mitigate these potential influences, the researchers' shall engage in ongoing reflection, collaborate with experienced mentors, and maintain open dialogues with participants to ensure a balanced and respectful exploration of their experiences.

Scope and Delimitation of the Study

This study focused on the lived experiences of patients undergoing hemodialysis either in hospitals or dialysis centers in Iloilo City. Since the study was a phenomenological design, the sample size would be small, and purposive sampling could be utilized. The inclusion criteria for the participants included: participant must be currently undergoing hemodialysis in any Hospitals or hemodialysis centers in Iloilo City, is of legal age (18 years old and above), has been undergoing hemodialysis for one year or more, is alert & oriented and will have no difficulty in communicating properly during the interview, and must be willing to participate and disclose information in the interview. Meanwhile, the exclusion criteria included patients who are: 18 years old and below and 60 years old and above, recently underwent surgery, undergoing hemodialysis but are anticipating kidney donors and are planning to undergo surgery, undergoes peritoneal dialysis together with hemodialysis, and have contagious disease.

One limitation of this study was that it was only being conducted in Iloilo City, which means that the findings may not be applicable to other locations or settings. Additionally, the study was **conducted from December 2023 to January 2024**, which means that the findings may be influenced by the specific context and conditions of that time period. Factors such as changes in healthcare policies, technological advancements, and social attitudes may all impact the lived experiences of patients undergoing hemodialysis in Iloilo City during this time period. Another limitation of this study was that it would only be conducted in selected hospitals and hemodialysis centers in Iloilo City. This means that the sample may not be representative of all patients undergoing hemodialysis in the city and may not accurately reflect the experiences of patients receiving treatment in other centers or hospitals.

CHAPTER 2

REVIEW OF RELATED LITERATURE

This chapter provides an overview of hemodialysis, focusing on its historical development, advantages, disadvantages, and common side effects. It explores the differences in hemodialysis treatment between first world and third world countries, specifically Japan and the Philippines. Additionally, the chapter reviews related studies conducted globally and in the Philippines, highlighting the lived experiences of hemodialysis patients and factors influencing their quality of life. This synthesis underscores the multifaceted nature of hemodialysis and its implications for patient care, setting the stage for subsequent chapters of this qualitative study on hemodialysis patients in Iloilo City.

Review of Related Literature

Hemodialysis

As the number of patients undergoing dialysis therapy continues to increase, hemodialysis remains the most commonly used form of dialysis in almost all countries. Hemodialysis is a medical treatment used to remove excess waste and fluids from the blood, similar to how healthy kidneys function. It helps to regulate blood pressure and maintain proper levels of minerals such as potassium, sodium, and calcium in the blood (U.S. Department of Health and Human Services, 2022). The history of hemodialysis dates back to the early 20th century, when the first successful kidney dialysis treatment was performed on a patient with acute kidney failure. However, it was not until the 1960s that hemodialysis became widely available as a treatment for chronic kidney disease (The History of Dialysis, 2022).

Since its development, hemodialysis has had a significant impact on the world of medicine and has changed the lives of countless individuals. One of the main advantages of hemodialysis is that it can be performed on an outpatient basis, meaning that patients do not need to stay in a hospital. Additionally, hemodialysis can be performed several times a week, which allows patients to have more flexibility in their schedules. However, one of the main disadvantages of hemodialysis is that it requires patients to have regular visits to a dialysis center, which can be inconvenient and may disrupt their daily routine. Another disadvantage is that patients may need to restrict their diet and fluid intake during treatment (NHS Choices, 2022). However, it does not come without risks. Some of the most common side effects can include low blood pressure, muscle cramps, itching, sleep problems, anemia, bone diseases, high blood pressure, fluid overload, pericarditis, high or low potassium levels, access site complications, amyloidosis, and depression (Mayo Clinic, 2021) while complications include intradialytic hypotension, dialysis disequilibrium syndrome, dialyzer reactions, hemolysis, air embolism, and vascular access dysfunction (Murdeswar & Anjum, 2022).

Today, hemodialysis is an essential component of the healthcare system and is used to treat millions of patients worldwide (Bello et al., 2022). Its development and widespread availability have greatly improved the outcomes and quality of life for patients with kidney disease, and have contributed to the overall advancement of medicine.

Hemodialysis Treatment in First World Countries vs Third World Countries

Hemodialysis is a common treatment for patients with chronic kidney disease, but the implementation and accessibility of this treatment varies significantly between first world and third world countries.

In Japan, hemodialysis is widely available and covered by national health insurance, with copayments of up to ¥10,000 (US \$90) per month for full access to treatment, including medications and consumable items. Hemodialysis facilities are concentrated in metropolitan areas and rural areas may have limited access, but overall, Japan has high standardization of kidney failure care and some of the best dialysis outcomes in the world. In contrast, the availability and coverage of hemodialysis in the Philippines is more limited. Prior to 2015, the state-run health insurer, Philhealth, only covered 45 hemodialysis sessions per year, or approximately one session per week. In 2015, coverage was increased to 90 hemodialysis sessions per year, with an additional 14 sessions provided by the Philippine Charity Sweepstakes Office. Adults aged 60 and over who are enrolled in Philhealth have free access to 90 hemodialysis sessions per year, but younger individuals are responsible for around US \$48 per year. Due to insufficient capacity to meet hemodialysis demand, the government is promoting peritoneal dialysis (PD) as a more affordable and accessible form of kidney replacement therapy (Tang et al., 2020).

Overall, the hemodialysis treatment options and accessibility in first world countries like Japan are more comprehensive and standardized compared to those in third world countries like the Philippines. This is likely due to differences in resource availability and health care policies between the two countries. These differences in access to care can greatly impact the lived experience of patients undergoing hemodialysis, with those in countries with more limited access potentially facing challenges such as financial burden and limited treatment options.

Review of Related Studies

Hemodialysis in the Philippines

In reviewing the studies on the lived experiences of patients undergoing hemodialysis treatment in the Philippines, two studies were found that explored this topic. The first study, conducted by Suminta and Suminta (2014), identified six themes in the data collected from 36 participants, including the initial reactions to the diagnosis, physical and emotional symptoms, and challenges faced during treatment. The second study, conducted by de Guzman et al. (2009), identified three themes in the language of coping for elderly patients undergoing hemodialysis, including coping strategies such as seeking support and seeking spiritual guidance.

Both studies highlight the importance of coping strategies in the lived experience of patients undergoing hemodialysis, and the role of relationships with friends and family in the coping process. However, there are some differences in the results of the two studies. The themes identified in the first study are broader and encompass various aspects of the participants' lived experiences (Divina, et al., 2012), and the challenges and needs of home caregivers of hemodialysis patients, including costly expenses and negative feelings, stress, and physical difficulties (Torres, et. al., 2021). A final study proposed expanding the coverage of the Philippine Health Insurance for hemodialysis in order to improve patient outcomes and reduce healthcare costs (Garcia, 2019).

These studies highlight the need for further research on the lived experiences of patients undergoing hemodialysis in the Philippines and the development of supportive strategies to address the various challenges faced by these patients.

Hemodialysis Around the World

In reviewing the studies on the lived experiences of patients undergoing hemodialysis treatment across different countries, two studies were found that explored this topic. The first study that was conducted by Shumbusho, G et.al. (2022) in Rwanda, describes the study including its sociodemographic and clinical characteristics associated with their quality of life using Kidney Disease Quality of Life (KDQOL). Results revealed that patients undergoing in-center hemodialysis had low quality of life scores across all domains, with patients younger than 60 years of age and with a higher number of comorbidities having worse quality of life scores. Male, sex, employment, length of dialysis for 13–24 months, hemoglobin of 10–11 g/dl, and lack of comorbidities were all linked to have a higher overall KDQOL score. Given the social and financial barriers to obtaining and maintaining hemodialysis in settings with limited resources, the majority of patients receiving in-center hemodialysis have higher socioeconomic status. The financial constraints and social impact of accessing and maintaining renal replacement therapy in resource-limited settings were also highlighted. Another study by Noto et al., (2021), examined the impact of hemodialysis on health-related quality of life (HEQOL) of Japanese patients, particularly on the diagnosis and duration of hemodialysis. The results of the study showed that Japanese patients reported the highest physical function but also had the highest disease burden when compared with dialysis patients in Europe and the United States. It also reported that most common problems by Japanese dialysis patients were pain/discomfort, tiredness, dry skin, itchiness, and trouble sleeping. Only the duration of hemodialysis was a significant variable, and even then its effect was not large. The study implies that the quality of life (QOL) of hemodialysis patients is influenced by a combination of factors, such as age and disease, and not just the duration of dialysis.

These studies highlight the importance of considering sociodemographic and clinical factors when assessing the quality of life of hemodialysis patients. It also emphasized the need to address financial and social barriers to accessing and maintaining hemodialysis treatment. Overall, the results of these studies emphasize the significance of taking a holistic approach to the care of hemodialysis patients, addressing not only their clinical needs but also their social and emotional needs to improve the quality of life.

Impact of Hemodialysis to Quality of Life of the Patients

Quality of life is a complex and multifaceted concept that can be affected by various factors in hemodialysis patients. Two studies have examined these factors and their impact on quality of life in hemodialysis patients.

In a study by Yonata et al. (2022), the majority of hemodialysis patients had good quality of life, but economic status, number of comorbidities, and education level were found to be significantly related to quality of life. Specifically, low income and high number of comorbidities were associated with lower quality of life scores, while higher education level was associated with higher quality of life scores. Age, duration of hemodialysis, and nutritional status were not significantly related to quality of life in the patients. Another study by Iqbal et al. (2021) also found that patient satisfaction with hospital care was high, but many patients were not satisfied with the healthcare staff, particularly in regards to vascular access and cannulation. Many patients also reported financial concerns due to their inability to work, and the cost of transportation to and from the hospital was a burden for some. Personal satisfaction with the decision to undergo hemodialysis as a long-term treatment varied, with some regretting the decision. Stress and relationships with family and friends were also found to affect quality of life for hemodialysis patients.

Both studies suggest that improving patient satisfaction with care, addressing financial concerns, and providing support for emotional and social issues may help improve quality of life for hemodialysis patients. However, while Yonata et al. (2022) found that economic status, number of comorbidities, and education level were significantly related to quality of life, Iqbal et al. (2021) did not mention these specific factors as having an impact due to the research process. Researchers must not let participants feel embarrassed, forced, offended or judged. The research process must minimize the risks associated with the study thus, informing participants about the sensitive nature of the survey, providing support and assurance of maintaining confidentiality and anonymity in the data collection.

Synthesis of Related Literature

Hemodialysis, a medical treatment for patients with CKD, remains as the most common form of dialysis in most countries, including the Philippines. It started becoming widely used as a treatment for CKD in the 1960s and nowadays, it has a significant impact on the medical field as patients undergoing dialysis continue to increase worldwide. While undergoing hemodialysis, there is a need for the patient to visit the dialysis center several times a week and there is a need to restrict diet and liquid intake which can be inconvenient to the patients. The negative narratives of patients undergoing hemodialysis commonly comes from financial problems, change in lifestyle, and difficulty accessing hemodialysis services.

The experience of hemodialysis patients can vary depending on a range of factors, including their sociodemographic characteristics, clinical condition, and access to healthcare resources. Studies from around the world have explored the experiences of patients undergoing hemodialysis treatment, and many have highlighted the

importance of considering the social and emotional needs of patients in addition to their clinical needs. Financial barriers and the social impact of accessing and maintaining renal replacement therapy in resource-limited settings have also been highlighted as important factors to consider.

The impact of hemodialysis on the quality of life of patients is a complex and multifaceted concept that can be affected by various factors. Studies have identified several factors that may influence the quality of life of hemodialysis patients, including economic status, number of comorbidities, education level, patient satisfaction with hospital care, relationships with family and friends, stress, and personal satisfaction with the decision to undergo hemodialysis. Improving patient satisfaction with hospital care, addressing financial barriers, and developing supportive strategies to address the various challenges faced by patients undergoing hemodialysis are all important considerations in improving the quality of life of these patients.

Hemodialysis can affect an individual's quality of life to a great extent. Some studies suggest that aside from financial concern, the economic status, low financial income, and other associated health conditions are commonly causes of low quality of life. Meanwhile some studies suggest that it is the quality of care given to the patient and the emotional and social support factors that greatly affect the patient's quality of life during hemodialysis.

CHAPTER 3

METHODOLOGY

This chapter provides a comprehensive overview of the methodology employed in this qualitative study, which delves into the lived experiences of hemodialysis patients in Iloilo City. Adopting a descriptive phenomenological approach, this research aimed to capture the nuanced perspectives and everyday realities of individuals undergoing hemodialysis treatment. Through unstructured interviews and rigorous data analysis, this study sought to illuminate the challenges, coping mechanisms, and healthcare needs of hemodialysis patients, contributing valuable insights to improve patient care and support services in the local context.

Research Design

This qualitative study was descriptive phenomenological in nature that sought to describe and understand the everyday experience of an individual on a certain phenomenon in detail. As defined by Creswell (2014), qualitative research explores and understands the meaning individuals ascribe to a social or human problem through in-depth descriptions and interpretations. This process involves emerging questions and procedures; data gathering in the participants' setting; inductively analyzing data to uncover general themes; and interpreting the meaning behind the data. This allows one to gain a deeper insight on the actions, feelings, motivations, of the individual and help increase the researchers' knowledge about a certain phenomenon.

The researchers had analyzed the lived experiences of patients undergoing hemodialysis in selected hospitals and hemodialysis centers in Iloilo City by obtaining them through an interview. Acquiring the viewpoint of patients would help provide the researchers with insights that can help identify which Hospitals or Hemodialysis centers

can provide better care and integrate improved holistic practices to patients undergoing hemodialysis.

Methodology

This study focused on the lived experiences of patients undergoing hemodialysis. The researchers utilized a descriptive phenomenological approach to describe and understand the patient's experiences. Husserl (1982) defined phenomenology as the study of things as they appear and aimed to provide a clear, undistorted description of the ways things are experienced from the first-person point of view. The qualitative methods of inquiry were used to capture the experiences of hemodialysis patients. The researchers had analyzed the lived experiences of patients undergoing hemodialysis by obtaining them through an unstructured interview and validation was done after the saturation point was established.

Participants of the Study

The participants of the study were purposively selected using the inclusion and exclusion criteria. The researchers had chosen hemodialysis patients in selected hemodialysis centers and hospitals in Iloilo City.

Inclusion Criteria. The participants were handpicked by the researchers in which the participant met the following criteria: (1) The participant must be currently undergoing hemodialysis in any Hospitals or hemodialysis center in Iloilo City. The patient undergoing hemodialysis in hospital must only receive care from the said hospital, conversely (and at any hemodialysis center), (2) is of legal age (18 years old up to 59 years of age), (3) has been undergoing hemodialysis for a year or more, (4) is alert & oriented and will have no difficulty in communicating properly during the interview, and (5)

must be willing to participate and disclose information in the interview. The process was repeated until the saturation point was met.

Exclusion Criteria. Subjects did not meet either of the following criteria: (1) Children below 18 years of age (2) Senior Citizens or 60 years or above, (3) Patients who had undergone recent surgeries, (4) Patients with scheduled kidney transplant, or donors, (5) Patients who undergoes peritoneal dialysis combined with hemodialysis, and (6) Patients who have contagious diseases.

Research Setting

In this study, the researchers conducted the data collection in selected Hemodialysis centers and Hospitals in Iloilo City. The researchers selected three study sites (shown in table 1) to conduct their study. The criteria for choosing these study sites were the accessibility of the facilities in Iloilo city and the familiarity of the researchers to the facilities. The consent signing and interview sessions were conducted in the same institution. The researchers gathered the respondents who had undergone Hemodialysis. Each patient was interviewed face-to-face. The respondents had chosen the location which was more convenient for them, so as to ensure privacy during the entire interview.

Table 1. *List of Hospitals/Centers in Iloilo City*

HOSPITALS	CENTERS
Hospital A	Dialysis Center A
Hospital B	Dialysis Center B
Hospital C	
Hospital D	

Data Collection Procedures and Strategy

The researchers looked for patients who were undergoing hemodialysis for a year or more as their participants and adhering to given inclusion criteria. At least three participants were needed for patients undergoing hemodialysis in any Hospitals in Iloilo City and seven participants for patients undergoing hemodialysis in Hemodialysis centers. Formal approval from the Dean of the College of Nursing to conduct the study, accompanied by ethical clearance from RERB. Subsequently, the researchers diligently fulfilled the institutional requirements for conducting the research, including obtaining informed consent from each participant prior to data collection. Then the researchers proceeded in setting a scheduled date for the face-to-face interview. The schedule was based on each participant's preferred time and prioritizing patient confidentiality throughout the process. Data was obtained through unstructured interviews and it was continuously collected through an interview until the saturation point was reached. The researcher provided a letter of confirmation of the study findings for each participant a week after the data collection for confirmation. Researchers were aware that the saturation point was reached when ideas or statements were being repeated and no new information is being added. Data collected were analyzed thereafter.

Ethical Considerations

This study conformed to the principle of ethical considerations before conducting the study to safeguard the participants' affiliation and was subject to the review and approval of the Central Philippine University Research and Ethics Committee. In this study, all principles of ethical considerations listed below were observed and moral standards were maintained, concerning the rights of privacy and confidentiality of participants.

Seeking approval from the RERB office and other related offices/institution

This study obtained ethical approval by the University's Research Ethics Review Board Office. This process is responsible for seeking a review that the possible risk had been considered, minimized and deemed accepted. Researchers were demonstrating that they had adhered to the accepted ethical standards to protect the rights, safety, and dignity of the research participants.

Risk Assessment

Participating in this research study posed minimal risks for the participants, primarily related to the time commitment required for interviews and potential discomfort when discussing personal experiences of hemodialysis. Privacy and confidentiality concerns may also arise as participants share sensitive information. To address these risks, the researchers would ensure interviews were scheduled at participants' convenience, create a supportive environment, offer emotional support, and the option to pause or reschedule interviews if needed. Data protection measures would be strictly implemented, ensuring anonymity and confidentiality.

Benefit Assessment

This study offered several benefits to the participants. By sharing their experiences of undergoing hemodialysis, the participants contributed to the advancement of knowledge in the field. They also had the opportunity to gain insights into their own experiences, challenges, and coping methods associated with hemodialysis. Additionally, their participation could inform healthcare policies, improve the quality of care, and enhance the overall healthcare system for patients undergoing hemodialysis.

Withdrawal Criteria of Participants

Withdrawal from the interview was respected and upheld as a fundamental right of the participants. In the event that a participant decides to withdraw from the study, s/he could do so at any time without facing any consequences or negative impacts. Participants may choose to withdraw from the study based on the following criteria: (1) wish to revoke their consent to participate, (2) subsequent fit into the exclusion criteria after initially consenting, (3), time constraints, or (4) changes in health condition. Throughout the informed consent process, the researchers would strongly emphasize and reinforce this right, ensuring participants feel empowered to make their own decisions about their involvement in the study. Consent was an ongoing process, and participants would have the opportunity to confirm their willingness to continue participating throughout the data collection phase. The researchers maintained an open communication and addressed any concerns or questions raised by the participants to foster a collaborative and ethical research environment.

Anonymity & Confidentiality of Participants

Researchers have ensured privacy and confidentiality, allowing participants to freely express their thoughts and emotions. Before the study began, participants and researchers would agree to keep what was discussed confidential and respect each other's privacy. This means that all personal information of the participants including their signed consent and all files with survey data should be kept confidential and would not be shared without the participant's consent.

Voluntary, Non-Coercive Recruitment of Participants/Respondents

Participants were free to choose to participate and are autonomous. The recruitment process for the research subject shall be completely voluntary without any pressure or coercion. The participants were able to decline and withdraw from the study with no negative consequences or repercussions to their refusal to participate. There would be no coercion to be used for the participants to participate in the study.

Disposal of Research Materials/Data

All research data were retained for one year after the scheduled interview with participants, allowing time for verification. Afterward, all data would be permanently and thoroughly destroyed, with electronic files deleted beyond recovery and physical materials shredded. Detailed documentation of the disposal process would be maintained, ensuring transparency and adherence to ethical data management practices that prioritize participant privacy and confidentiality.

Contribution to Local Capacity Building and Benefits to Local Communities

This study had a potential contribution to Local Capacity Building and brings several benefits to Local communities. It can provide valuable insights into the experiences and needs of the respondents within the local community. It can contribute to local healthcare providers' understanding of the experiences faced by these patients and can help tailor their care and support accordingly. Local healthcare professionals can benefit from the study findings by gaining a deeper understanding of the psychosocial and emotional aspects of patients' lives. It can enable healthcare providers to offer more patient-centered care, thereby improving the quality of treatment. This

study's insight can serve as a foundation for positive changes in healthcare delivery and community support.

Incentives or Compensation for Participants

Participants in this research study did not receive any financial incentives or compensation for their involvement. However, the participant would receive a certificate of appreciation at the end of the interview to express our sign of appreciation for their time, effort and contribution to our study.

Disclosure or Declaration of Potential Conflict of Interest

The researchers involved in this study declared that there are no conflicts of interest that could potentially influence or bias the design, execution, or outcomes of the research.

Data Analysis of the Study

This research study utilized Colaizzi's descriptive phenomenological method to analyze the data that will be obtained. This method contains seven steps and are as follows: (1) The researcher thoroughly reviews all participant accounts; (2) identify statements in the accounts that relate to the phenomenon being studied; (3) determine the meanings of these statements in relation to the phenomenon; (4) group similar meanings into themes; (5) create a detailed description of the phenomenon, including all identified themes; (6) summarize the description into a brief, concise statement that captures the essential aspects of the phenomenon; (7) check the accuracy of the statement with all participants (Morrow, 2015).

Methods to Establish Rigor, Trustworthiness, and Integrity of Data

In many qualitative studies, data collection runs concurrently with data analysis. To guarantee reliability and integrity during the data analysis process, particular criteria of rigor will be applied, such as the usage of triangulation, and negative case analysis.

Rigor is a method of creating trust or confidence in a research study's findings in qualitative terms. It makes it possible for the researcher to stick to the same methods over time. It also paints a true picture of the population that is the subject of the study. Researchers must have faith in the findings of the research in order to base nursing practice on the best available evidence.

Triangulation, which is a component of data analysis, is the process of using many sources of data to support or refute interpretations, claims, themes, and study outcomes. When a subject or notion can be located and supported by a variety of distinct data sources, it has greater credibility and confirmability. The researchers must explore any competing or controversial theories that emerge throughout data collection and analysis in order for the study to be reliable and valid.

A "negative case analysis" is the deliberate search for and study of data that do not concur with or support the researcher's interpretation of the data.

Qualitative researchers must document, systematize, and disclose the techniques of analysis in sufficient detail to allow the reader to assess the process' credibility if they want to be believed that the data analysis was carried out in a precise, consistent, and complete manner.

Data integrity describes the overall accuracy, consistency and completeness of a dataset. Maintaining data integrity also includes making sure that data is accessible to those seeking to validate it.

Dissemination Plan

It is essential to have a plan on how the research outcome would reach a significant number of target audiences. Expected research results were presented at the Research Conference where researchers present their study in front of the panelist. Participants would be provided with the results of the study once the study had been approved. Publications such as CPU Online Journals would be employed as a platform for effectively disseminating the research findings. Electronic media would also be utilized accordingly, so thus it could reach the public whether they are academic or non-academic audience.

CHAPTER 4

RESEARCH FINDINGS AND DISCUSSIONS

This chapter shows the findings and results of the qualitative phenomenological research on the Lived experiences of patients undergoing hemodialysis in Iloilo City.

This chapter is divided into four parts. The first part represents the Lived experiences of each patient undergoing hemodialysis. The second part contains the major themes that emerged from the respondents' verbatim account of their experiences. The third part is the essence of the phenomenon and the last part is the discussion of each major theme.

Experiences of Each Participant

The following were the experiences of the participants undergoing hemodialysis in Iloilo City.

Participant 1:

Participant 1 is a 45-year-old undergoing hemodialysis at Hospital A. He said, "I'm feeling okay right now. I'll be undergoing hemodialysis for three years this coming December. The reason that I'm here is because of my hypertension. I come here three times a week for my dialysis. My experience here so far is fine but I can't compare other services because Hospital A is the hospital I go to for my dialysis. I haven't tried others because some institutions won't do resuscitation if emergencies happen to me and there's a lot of process to go through. Unlike here, it's a complete package. If I possibly die, the service includes bringing you to the morgue. At least here, when an emergency happens, the facility is quick to respond based on the encounters I've seen here with other elderlies who had dialysis with me. Regarding the most challenging part of hemodialysis, the first thing that hit me is depression, because there's the idea that I can't accept that I became ill, still it depends on the personality of people if they easily

adapt to the changes, but for me, I tried to cope with the situation fast because we are taught to handle challenges that way, and I have full support from my family. I'm well taken care of by the nurses and staff, and they would offer help with whatever they can. They also have good attitudes. The one who mainly helps me in my treatment as a whole is my family, especially my in-laws, and I also have a business. I haven't experienced wherein they would respond late if there's a machine defect, and if there is, they always have spares & alternatives."

Participant 2:

Participant 2, a 50-year-old undergoing hemodialysis at Hospital A, shared his experiences saying "I'm from Pavia Iloilo and I started my dialysis here in Hospital A when the pandemic hit in 2019. I am in my fourth year now in treatment and come here twice a week mainly because I eat foods not good for the body like meat which I eat every day. I'm also good at drinking alcohol, getting unlimited rice all the time, and also fast food because I enjoy life a lot and used to roam around the city a lot which resulted in my creatinine being high. Last year I underwent once a week but maybe because I already felt fine, I ate unhealthy foods again which led to high creatinine levels, that's why Dr. Agnes advised me to have my treatment twice a week. The experience was great and because I work here, all of the staff are familiar to me. I was challenged the most last 2017 when my creatinine levels is high which reached 1100 mg/dL and I had an arrest, I thought my hemoglobin was low, I told the doctor that my hemoglobin is only 80 g/dL then the doctor told me I will undergo blood transfusion and get my rest in the hospital but when I entered the hospital, I suddenly felt weak and I slept two hours then when they tried to wake me up, they can't wake me up, I only snore, but then the nurses let me rest, they didn't know that it would be my critical time. My helper told the nurses that It's unusual that I sleep much, she asked them to get my laboratories, the result

shows my creatinine was very elevated. That's when they knew I was then having an arrest so they proceeded to have me undergo an emergency dialysis, I then regained my consciousness after. I was admitted Thursday night, then I got unconscious and regained consciousness not until Sunday. That's how it went, undergoing dialysis for the first time on March 9, 2017. When I was announced as a critical patient, all Internal Medicine came and helped to improve my current status, they put NGT, catheter and IV fluids to me. I have been working for 20 years now which makes me befriend the staffs here along with my wife's company during treatment and If there's an occasion here in the unit, the staffs give me food. I married late and have one child because I'm more into drinking when I was younger which brought me here in dialysis now, but I did not regret it because I already accepted the consequences of my actions. Now even with treatment, I'm not stressed and I also do walking and jogging compared to others with similar situation with mine. I only pay for the miscellaneous, like this dialyzer which costs 200 pesos because my treatment is free due to my PWD card, PhilHealth, hospital dependence, and I also have 50 percent free pay in the hospital. Example I have a bill ranging 5000, the 2500 will be deducted then also with my health insurances, it will eventually decrease until it's free. Yes, there's a lot of benefits if you're an employee. A lot has been saying that if you don't have work and you undergo dialysis, it will be tough to get through it. I agree but I know that I'm lucky because even though this is my current situation now, I've been blessed with a lot of benefits that's why it's very convenient for me and I haven't tried another center and hospitals besides Hospital A. When the lockdown started I was brought to Dialysis Center C, there's no problem because my doctor is the owner of Dialysis Center C. He suggested bringing me to Dialysis Center C because Hospital A was on a lockdown. My experience there was also free because he's my doctor."

Participant 3:

Participant 3, a 54-year-old undergoing hemodialysis at Hospital A1, talked about his experience in hemodialysis, saying, "I tried other services before I came here to Dialysis Center A. I've been on hemodialysis for two years now. The reason for my need to have hemodialysis is because my creatinine is high. I need to have it (hemodialysis) twice a week. In Hospital A, the environment is okay, it's good, the facility is great, and the staff nurses are also great. I have no challenges regarding the dialysis; my wife accompanies me, my sister helps me financially, and the Department of Social Welfare and Development (DSWD) also provides financial support."

Participant 4:

Participant 4 is a 49-year-old undergoing hemodialysis at Dialysis Center B. He shared his experience: "I'm from Balabago, Jaro. I've been undergoing hemodialysis for 4 years already, mainly because of my high blood pressure and sugar levels that trigger it. I do hemodialysis sessions 2 times a week. I have never been to another dialysis center, only here in Dialysis Center B ever since. The facility and the quality service of nurses are okay. The challenge I encountered was during the COVID 19, the transportation was hard since there were no vehicles, so it was hard to schedule treatment. I don't have a job anymore. My daily activities are affected because I can't do heavy work because my fistula might get damaged, that's all. Of course, if there is someone in your family who is sick, everyone is affected, especially financially, that's all. The ones who support me financially are my family and the agency who is helping us like PCSO, Governor's Office, and Mayor's Office. There is a schedule when you can ask for money. Sometimes they have no money, so we also borrow money from other people."

Participant 5:

Participant 5, a 39-year-old undergoing hemodialysis at Dialysis Center B, talked about her experience in hemodialysis saying, "I'll be in my 2nd year of hemodialysis on January 29th. I started at Hospital D, I was there for 7 months. I transferred because I don't have an IJ catheter anymore and the service there is expensive, that's why I transferred here at Dialysis Center B. I have excess water in my body, so I need to have hemodialysis to remove the excess water and clean my blood inside. My schedule is twice a week every Tuesday and Friday. I'm from Nueva Valencia, Guimaras. I usually leave the house at 8am because I'm scheduled for the second shift (10:00 am - 2:00 pm). My perspective about the treatment is that I feel better after the dialysis. At first it was tiring but my body already adjusted. It is financially and emotionally challenging, that is why I emotionally break down sometimes. In terms of daily living, my work was greatly affected. I am not working anymore because the Department of Education (DepEd) asked for a letter from my doctor, but I was not given consent by my doctor to go back to teaching because of the reason that it will stress me out since my body won't be able to handle the face to face set-up. It's too hot in the classroom and it drains me physically which can worsen my health. For now, I stay at home. At first I was withdrawing from socializing, I just stayed at home but then I realized that I shouldn't dwell on the four corners of my house. It's fine now because whenever there are activities or contests in the school, my nephew/nieces ask me for help so I enjoy it a lot. In terms of diet, there are a lot of changes because my doctor restricted me from eating fruits which causes me to have a low heart rate. At home, I busy myself with sewing and reading, sometimes I play brain games to practice my brain. I have a support system, my family and friends. No one accompanies me because I don't want to be accompanied, but my niece is here right now because she has no class and she wants to go with me. I had my sibling with me to accompany me before because my family didn't want me to be alone before, but

now I want to go alone. I have a health insurance, the PhilHealth. I transferred it on indigent membership so that I won't pay monthly, then applied for disability assistance with my SSS so I have financial support, also sometimes the DSWD provides financially when we ask for assistance."

Participant 6:

Participant 6, a 22-year-old undergoing hemodialysis at Dialysis Center A, talked about his experience, "I've been undergoing hemodialysis for 1 year now. I have never been to other dialysis center, only here in Dialysis Center B. The reason was that I had too much intake of soda which caused me to have stones and the doctor wanted to dissolve it earlier when it's still small, but it didn't dissolve because of having excess creatinine. My schedule is twice a week every Tuesday and Friday. It's hard because the center is far from our place. I'm from Guimaras, Iloilo and I usually leave at 7am, but now I went here earlier at 4 am. I usually go here alone but now I have someone to accompany me because I was just discharged last week from the hospital. The reason for my admission was my hemoglobin dropped and I had excess water. I lost weight because of having the treatment twice in the hospital. The hardest challenge in having dialysis is the financial aspect. The Department of Social Welfare and Development (DSWD) helps me. It's hard at work because I can't exert much strength. Nothing changed with my interpersonal relationships. Sometimes I go out but recently, I was restricted to go outside so I stay at home. I just go outside to have my dialysis."

Participant 7:

Participant 7, 45-year-old undergoing hemodialysis at Dialysis Center A, talked about his experience in hemodialysis saying, "I'm from Pototan, Iloilo and I've been undergoing hemodialysis for more than four years now. The reason was that I have a high creatinine and I'm also diabetic. I have dialysis twice a week. My experience here in

Dialysis Center A is good. The treatment is fine, but you can't really say that everything is smooth because different staff are handling you, there are times that the service is good and some days it's not, it really depends on who is the staff that is handling me. But you shouldn't complain much if the finances are limited. I've tried Hospital B before I transferred here, so I went to Hospital B first. Whenever you are admitted, they always give you options which hospitals and centers you want to undergo dialysis. Hospital B referred Dialysis Center A to me because I have no idea about dialysis treatments. First challenge for me is the financial aspect, and the side effects on my body. Even though the service is free, we still pay for the transportation and our food. The environment, facilities, and machines are fine, even though sometimes there is a tendency that it will have defects. As I have told earlier (about the nurses' services) it's not always fine because multiple nurses handle me at different times, you can't even say you are all good at handling people. At least you could say that I won't stay if the service is really poor. My family and my siblings support me financially. I also have support from the government, the dialysis is free from the government and PhilHealth, but we pay for our accessories like cottons, betadine, needles, alcohol, and plasters. Even though the resources are cheap individually, it still adds up to the bill eventually. Also the medications needed, well PhilHealth makes it less expensive."

Participant 8:

Participant 8 is a 52-year-old undergoing hemodialysis at Dialysis Center A. He said: "I have been undergoing hemodialysis for 2 years now because I'm diabetic. I first went to Hospital B and transferred here. I was undergoing dialysis for one year, then went into a stroke. That's why I have limited mobility. I'm slowly trying to move it now, but before, it was paralyzed, half of my body was paralyzed. I had a stroke last October. I have been undergoing dialysis in Dialysis Center A for more than a year now. The

facilities and services are good. The services of the nurses are the best. The equipment is okay. I prefer it here because it's private. For me there's a little difference in the facilities, there's a little edge. It is also more accessible. Everything is hard. For the physical, when you get injections and the process of the treatment is tiring. Also, our finances are fully used when undergoing dialysis. I'm a father of two children and I don't work anymore. Undergoing dialysis affected my lifestyle a lot. I can manage to walk right now, but compared to before, I can barely walk due to my situation. Now I am using a wheelchair. I am able to stand up a little bit. At first, I was always accompanied by my wife, but because she has to go to work, my child accompanies me now because if she doesn't work, we can't afford it. I go back here twice a week. The only support I have is my family. I have my pension, but it's not sufficient."

Participant 9:

Participant 9 is a 51-year old, undergoing hemodialysis twice a week, at Dialysis Center A, shared her experience, "My first hemodialysis was in Hospital B for nine (9) months, then I transferred here at Dialysis Center A. The main reason I undergo hemodialysis is due to Chronic Kidney Disease. The environment here at Dialysis Center A is good. There are nurses who are good, there are also who are not in the mood, but they are even better here compared to others. In terms of the attitude of the Nurses, I find it better here at Dialysis Center A, and also the cleanliness is better here compared to Hospital B. In Hospital B, the nurses are hygienic, but the CR, (shakes her head). The facilities here at Dialysis Center A are good. The most challenging aspect of my hemodialysis was when my hemoglobin decreased. My daughter is the one who supports me in my treatment. My Philhealth insurance also supports me with my finances."

Participant 10:

Participant 10, a 45-year-old undergoing hemodialysis at Dialysis Center A, talked about his experience, "When I was admitted in Hospital C, I underwent hemodialysis, however after admission, I transferred here at Dialysis Center A. The reason for my hemodialysis was because I had severe COVID 19. But before that, since I was young, still in elementary school, I already had glomerulonephritis, which was triggered and exacerbated when I got severe COVID-19. The weakest part of your body can be attacked by COVID, which led to the damage of my kidney. My schedule for hemodialysis is twice a week, every Monday and Thursday. It's been one year and nine months now. My experiences so far have been great. The nurses here are very accommodating. The facilities are also good. The most challenging part was that I used to have an IJ-cath and it was usually easily damaged, that's why I opted for a permanent catheter, which is more convenient. I am still working at College A. My work is not affected by hemodialysis. My financial expenses are from my salary and PhilHealth."

Participant 11:

Participant 11, a 48-year-old from Cabatuan undergoing Dialysis for 2 years now at Dialysis Center A. "The reason why I need hemodialysis is because I have high creatinine. I'm scheduled twice a week. It is financially challenging. I have no work. I get financial support from the Department of Social Welfare and Development (DSWD), they give free medicines. The one who accompanies me for my hemodialysis session is my sister-in-law. Dialysis here in Dialysis Center A is just fine. The staffs are also good."

Participant 12:

Participant 12, a 42-year-old from Guimaras undergoing hemodialysis at Dialysis Center A, shared her experience, "I underwent hemodialysis here at Dialysis Center A and also at Hospital C where I was admitted. I did a lot of sessions there, maybe more

than three times, I was admitted there many times. I like Dialysis Center A more than Hospital C. I started hemodialysis because when I gave birth they took my child, they made me and my husband choose either me or our child and then they found out I have a kidney problem. I undergo hemodialysis twice a week. I have no one with me right now but my husband comes with me to the hemodialysis center when he is not busy. My experience in Dialysis Center A is okay. I was 50/50 when I underwent my first hemodialysis session. I have a child. I can still move and do household chores. My relationship with my family is okay. My husband supports me financially and we also get help from DSWD and PhilHealth financially.”

Participant 13:

Participant 13 is a 46-year-old, from Alimodian, undergoing dialysis for six (6) years now at Dialysis Center A shares her experience, “I have blurred vision, and I gained weight. Back then, my blood pressure often increases and I didn’t have any maintenance. I undergo dialysis twice a week, every Monday and every Thursday. My experience here in Dialysis Center A is satisfactory, the facilities and the staff are good, that is why I lasted here for six years undergoing my dialysis. I did not transfer to Hospital C, because I prefer Dialysis Center A even more. Before, when it was my first time, I had little difficulties in adjusting, but as time went by, I got used to my treatment. My older sister is the one who supports me in my treatment. I have my Philhealth Insurance, but I also seek assistance from DSWD. My overall experience here at Dialysis Center A is highly satisfactory because if not, I would have left here a long time ago.”

Themes

The Data gathered were analyzed using Colaizzi's descriptive phenomenological data analysis method and coding process to categorize the detailed information into themes. Upon basis on the experiences of the participants, the succeeding themes were drawn:

Major Theme 1: Quality of Nursing Care

Quality of nursing care in dialysis has a crucial role in determining the overall service provided to patients undergoing dialysis treatment which encompasses varied perspectives on good nursing staff attitudes, inconsistency of care approach and properly maintained equipment.

Subtheme 1: Good Nursing Staff Attitudes

Participants highlight the importance of positive attitudes and quality service from nursing staff such as having good attitudes, great and best.

Participant 1 shared, "I'm well taken care of by the nurses and staff, and they would offer help with whatever they can. They also have good attitudes."

It was echoed by Participant 3, "The staff nurses are also great."

Participant 4 expressed a more neutral assessment, describing, "The facility and the quality service of nurses are okay."

Participant 8 expressed high praise stating, "The services of the nurses are the best."

Participant 10 also acknowledged the nurses, stating, "My experiences so far have been great. The nurses here are very accommodating. The facilities are also good."

Additionally, Participant 11 stated, “Dialysis here in Dialysis Center A is just fine. The staff are also good.”

Subtheme 2: Inconsistency Of Care Approach

Patients note variations in experiences with different nurses and express concerns about inconsistent service quality.

Participant 7 offered a different perspective noting, “The treatment is fine, but you can’t really say that everything is smooth because different staffs are handling you, there are times that the service is good and some days it’s not, it really depends on who is the staff that is handling me.”

He also further added, “As what I have told earlier (about the nurses’ services) it’s not always fine because multiple nurses handle me at different times, you can’t even say you are all good at handling people. At least you could say that I won’t stay if the service is really poor.”

Participant 9 provided a nuanced view, acknowledging, “There are nurses who are good, there are also who are not in the mood, but they are even better here compared to others. In terms of the attitude of the Nurses, I find it better here at Dialysis.”

Subtheme 3: Properly maintained equipment that reduces the risk of malfunctions that could harm patients that includes:

> Alternatives with equipment:

Participant 1 shared, “I haven’t experienced wherein they would respond late if there’s a machine defect, and if there is, they always have spares & alternatives.”

Participant 7 pointed out, “The environment, facilities, and machines are fine, even though sometimes there is a tendency that it will have defects.”

Major Theme 2: Access and Utilization of Support

This theme encompasses the various ways in which participants accessed and utilized support systems to navigate the challenges of undergoing dialysis treatment. It explores the availability and effectiveness of government funding, the impact of geographical distance to care facilities, and the crucial role of social support networks.

Subtheme 1: Difficulty with Distance of Care Facilities

Patients highlight the physical and logistical challenges of transportation, particularly those traveling from remote areas like Guimaras to Iloilo for treatment.

Participant 4 stated, "The challenge I encountered was during the COVID-19, the transportation was hard since there were no vehicles, so it was hard to schedule treatment."

Participant 5 shared, "I'm from Nueva Valencia, Guimaras. I usually leave the house at 8am because I'm scheduled for the second shift (10:00 am - 2:00 pm)... At first it was tiring but my body already adjusted."

Participant 6, stated "It's hard because the center is far from our place. I'm from Guimaras, Iloilo and I usually leave at 7 am, but now I went here earlier at 4 am."

Subtheme 2: Limited Government Funding

Patient experiences reveal limitations in government funding for hemodialysis, despite some assistance from programs like PhilHealth and DSWD.

Participant 2 stated, "I only pay for the miscellaneous like this dialyzer which cost 200 pesos because my treatment is free due to my PWD card, PhilHealth, hospital dependence, and I also have 50 percent free pay in the hospital. Example, I have a bill ranging 5000, the 2500 will be deducted, and then also with my health insurances, it will eventually decrease until it's free. Yes, there's a lot of benefits if you're an employee."

Participant 3 shared, "My wife accompanies me, my sister helps me financially, and the Department of Social Welfare and Development (DSWD) also provides financial support."

Participant 4 shared, "Of course, if there is someone in your family who is sick, everyone is affected, especially financially, that's all. The ones who support me financially are my family and the agency who is helping us like PCSO, Governor's Office, and Mayor's Office. There is a schedule when you can ask for money. Sometimes they have no money, so we also borrow money from other people."

Participant 5 shared, "I have a health insurance, the PhilHealth. I transferred it on indigent membership so that I won't pay monthly, then applied for disability assistance with my SSS so I have financial support, also sometimes the DSWD provides financially when we ask for assistance."

Participant 6 shared, "The Department of Social Welfare and Development (DSWD) helps me."

Participant 7 shared, "My family and my siblings support me financially. I also have support from the government, the dialysis is free from the government and PhilHealth, but we pay for our accessories like cottons, betadine, needles, alcohols, and plasters. Even though the resources are cheap individually, it still adds up to the bill eventually. Also the medications needed, well PhilHealth makes it less expensive."

Participant 9 stated, "My daughter is the one who supports me in my treatment. My Philhealth insurance also supports me with my finances."

Participant 10 shared, "My financial expenses are from my salary and PhilHealth."

Participant 11 shared, "I get financial support from the Department of Social Welfare and Development (DSWD), they give free medicines."

Participant 12 stated, "My husband supports me financially and we also get help from DSWD and PhilHealth financially."

Participant 13 also shared, "I have my Philhealth Insurance, but I also seek assistance from DSWD."

Subtheme 3: Great Social Support System

Patient experiences reveal the importance of social support networks, with some preferring to undergo treatment alone while others value the presence of family members or friends.

Participant 5 shared, "I have a support system, my family and friends. No one accompanies me because I don't want to be accompanied, but my niece is here right now because she has no class and she wants to go with me. I had my sibling with me to accompany me before because my family didn't want me to be alone before, but now I want to go alone."

Participant 6 stated, "I usually go here alone but now I have someone to accompany me because I was just discharged last week from the hospital." He also further added, "Nothing changed with my interpersonal relationships."

Participant 8 shared, "At first, I was always accompanied by my wife, but because she has to go to work, my child accompanies me now, because if she doesn't work, we can't afford it." He also further stated, "The only support I have is my family."

Participant 12 stated, "I have no one with me right now, but my husband comes with me to the hemodialysis center when he is not busy. My relationship with my family is okay."

Major Theme 3: Patient Coping Strategies

Coping strategies explore how patients developed hobbies and physical activities to enhance their well-being and manage the emotional challenges associated with hemodialysis.

Subtheme 1: Hobbies and Activities

Participants utilized hobbies and activities to potentially manage the impact of hemodialysis on their lives.

Patient 5 stated, "At first I was withdrawing from socializing, I just stayed at home but then I realized that I shouldn't dwell on the four corners of my house. It's fine now because whenever there are activities or contests in the school, my nephew/nieces ask me for help so I enjoy it a lot."

She also added, "At home, I busy myself with sewing and reading, sometimes I play brain games to practice my brain."

Subtheme 2: Physical Activities

Participants utilize physical activities like exercise to manage the impact of hemodialysis.

Patient 2 stated, "Now even with treatment, I'm not stressed and I also do walking and jogging compared to others with similar situation with mine."

Major Theme 4: Challenges of Hemodialysis

Subtheme 1: Physical Limitations

Participants reflect on the limitations imposed by hemodialysis treatment, including restrictions on physical activity and the need to prioritize health over previous lifestyle routines.

Participant 4 stated, "My daily activities are affected because I can't do heavy work because my fistula might get damaged, that's all."

Participant 5 stated, "In terms of daily living, my work was greatly affected. I am not working anymore because the Department of Education (DepEd) asked for a letter from my doctor, but I was not given consent by my doctor to go back to teaching because of the reason that it will stress me out since my body won't be able to handle the face to face set-up. It's too hot in the classroom and it drains me physically which can worsen my health. For now, I stay at home."

She also further added, "In terms of diet, there are a lot of changes because my doctor restricted me from eating fruits which causes me to have a low heart rate."

Participant 6 shared, "It's hard at work because I can't exert much strength."

He also further stated, "Sometimes I go out but recently, I was restricted to go outside so I stay at home. I just goes outside to have my dialysis."

Participant 8 expressed, "Everything is hard. For the physical, when you get injections and the process of the treatment is tiring."

He also further added, "I'm a father of two children and I don't work anymore. Undergoing dialysis affected my lifestyle a lot. I can manage to walk right now, but compared to before, I can barely walk due to my situation. Now I am using a wheelchair. I am able to stand up a little bit."

Participant 10 stated, "The most challenging part was that I used to have an IJ-cath and it was usually easily damaged, that's why I opted for a permanent catheter, which is more convenient."

Participant 12 stated, "I started hemodialysis because when I gave birth they took my child, they made me and my husband choose either me or our child and then they found out I have a kidney problem. I was 50/50 when I underwent my first hemodialysis session."

Participant 13 also shared her experience, "I have blurred vision, and I gained weight. Back then, my blood pressure often increases and I didn't have any maintenance."

Subtheme 2: Financial Burden

Participants highlight the significant financial strain of hemodialysis treatment, emphasizing the difficulties in maintaining employment and the strain on finances due to treatment-related costs.

Participant 4 pointed out, "If there is someone in your family who is sick, everyone is affected, especially financially, that's all."

Participant 6 stated, "The hardest challenge in having dialysis is the financial aspect."

Participant 7 expressed, "First challenge for me is the financial aspect, and the side effects on my body. Even though the service is free, we still pay for the transportation and our food."

He also further added, "... the dialysis is free from the government and PhilHealth, but we pay for our accessories like cottons, betadine, needles, alcohols, and plasters. Even though the resources are cheap individually, it still adds up to the bill eventually. Also the medications needed."

Participant 8 stated, "Our finances are fully used when undergoing dialysis." He also mentioned, "I have my pension, but it's not sufficient."

Participant 11 expressed, "It is financially challenging. I have no work."

Subtheme 3: Emotional Adjustments

Participants highlight the emotional toll of hemodialysis, including feelings of depression and struggle to accept their illness and emotional breakdown.

Participant 1 expressed, “Regarding the most challenging part of hemodialysis, the first thing that hit me is depression, because there’s the idea that I can’t accept that I become ill, still it depends on the personality of people if they easily adapt to the changes, but for me, I tried to cope with the situation fast because we are taught to handle challenges that way, and I have full support from my family.”

Participant 5 shared, “It is financially and emotionally challenging, that is why I emotionally break down sometimes.”

Major Theme 5: Treatment Experience and Quality Care Comparison between Hospital and Dialysis Center

Subtheme 1: Readily Available Medical Support

Participant 1 expressed, “My experience here so far is fine but I can’t compare other services because Hospital A is the hospital I go to for my dialysis. I haven’t tried others because some institutions won’t do resuscitation if emergencies happen to me and there’s a lot of process to go through. Unlike here, it’s a complete package. If I possibly die, the service includes bringing you to the morgue. At least here, when an emergency happens, the facility is quick to respond based on the encounters I’ve seen here with other elderlies who had dialysis with me.”

Subtheme 2: Better Facility Environment

Participant 9 emphasized, “I prefer the nurses here in Dialysis Center A and the environment here is cleaner compared to Hospital B because the center (Hospital B) is clean but the comfort rooms are not.”

Subtheme 3: Increased Comfort

Participant 12 shared, “I underwent hemodialysis here at Dialysis Center A and also at Hospital C where I was admitted. I did a lot of sessions there, maybe more than

three times, I was admitted there many times. I like Dialysis Center A more than Hospital C."

Participant 13 shared, "My experience here in Dialysis Center A is satisfactory, the facilities and the staff are good, that is why I lasted here for six years undergoing my dialysis. I did not transfer to Hospital C, because I prefer Dialysis Center A even more."

She also added that, "My overall experience here at Dialysis Center A is highly satisfactory, because if not, I would have left here a long time ago."

Table 2. *Summary of Major Themes and Subthemes***Summary of Major Themes and Subthemes**

Major Theme 1	Subthemes
Quality of Nursing Care	Good Nursing Staff Attitudes
	Inconsistency of Care Approach
	Properly maintained equipment reduces the risk of malfunctions that could harm patients that includes: Alternatives with equipment
Major Theme 2	Subthemes
Access and Utilization of Support	Difficulty with Distance to Care Facilities
	Limited Government Funding
	Great Social Support System
Major Theme 3	Subthemes
Patient Coping Strategies	Hobbies and Activities
	Physical Activities
Major Theme 4	Subthemes
Challenges of Hemodialysis	Physical Limitations
	Financial Burden
	Emotional Adjustments
Major Theme 5	Subthemes

Treatment Experience and Quality Care Comparison between Hospital and Dialysis Center	Readily Available Medical Support
	Better Facility Environment
	Increased Comfort

Essence of Phenomenon

This research study utilized Colaizzi's descriptive phenomenological method to analyze the data that were obtained. There were 5 major themes that emerged. These Major themes were (1) Quality of Nursing Care; (2) Access and Utilization of Support; (3) Patient Coping Strategies; and, (4) Challenges of Hemodialysis, (5) Treatment Experience and Quality Care Comparison between Hospital and Dialysis Center. Participants emphasized the impact of nursing staff attitudes on care quality, underscoring their positive disposition and consistent service. They noted variations in experiences with different nurses and stated how well they are taken care of and many praised nurses for their care. The care approach given however, when multiple nurses attend to one participant highlight concerns of inconsistent service and compromised overall care. This highlights the importance of nurses' demeanor, professionalism, and empathy towards patients. Participants commended the excellent facilities and equipment, noting the clean and organized environment. However, they acknowledged that equipment defects may occur occasionally but are promptly addressed. They also compared these facilities to others where they received treatment first. This theme underscores the importance of a conducive physical environment in nursing care, enhancing overall quality for both patients and staff.

In line with Major Theme 2: The findings elucidate that access and utilization of support, as perceived by participants, are integral facets in navigating the financial strain of hemodialysis treatment. The arduous nature of travel, particularly via public transportation, further compounds these difficulties. Government support channels, primarily through PhilHealth, are underscored as important in alleviating the financial burdens associated with this medical intervention. Although participants acknowledge the role of health insurance in mitigating treatment and miscellaneous expenses, there

remains a recurrent theme of enduring financial challenges in meeting the sustained demands of medical care. Despite the existence of insurance coverage, a prevalent sentiment emerges among participants regarding the persistent and formidable nature of financial responsibilities inherent in managing chronic health conditions. This underscores the inadequacy of insurance benefits alone in fully addressing the complex and enduring financial implications of chronic healthcare needs. Consequently, it emphasizes the imperative for the establishment of comprehensive support mechanisms tailored to ameliorate these multifaceted financial strains, thereby ensuring equitable access to healthcare services and mitigating disparities in health outcomes. A recurrent theme among participants is the significance of familial involvement in their healthcare journey, with many indicating reliance on family members for assistance during treatment sessions. However, participants also stated instances of attending appointments alone when familial support is unavailable, highlighting a sense of independence amidst healthcare endeavors. With great social support system it maintains positive impact to the treatment process of the participants.

In Major Theme 3: The patients coping strategies are intricately linked to the level of support they receive, particularly from their personal activities. Participants highlight the adoption of coping mechanisms, such as adhering to structured daily routines, as instrumental in fostering a semblance of normalcy and control amidst the tumultuous nature of their condition. These coping strategies serve as anchors amidst the upheavals caused by chronic illness, facilitating adaptation and resilience in the face of adversity. Engaging in familiar activities provides a sense of comfort and structure for individuals grappling with illness. Some cope with stress by embracing acceptance, while others seek solace in physical exercise. Furthermore, participation in recreational activities like sewing, reading, and playing digital games can enhance cognitive function. Despite initial tendencies towards social withdrawal, many patients eventually rediscover their

sense of purpose, which aids in preserving their identity and self-esteem amidst illness-related struggles.

In Major Theme 4: The challenges associated with hemodialysis, as reported by participants, are multifaceted and influenced by diverse factors. Lifestyle adjustments and work constraints are also highlighted by participants, underscoring the necessity for reduced workload and increased rest to accommodate the taxing demands of their condition. Moreover, dietary restrictions pose further complexity to their management, emphasizing the intricate nature of the challenges faced by hemodialysis patients. Financial strain emerges as a significant hurdle, particularly evident in prolonged treatment scenarios where resources may prove insufficient to adequately sustain patient care. Additionally, logistical challenges, exacerbated by limited transportation options during the pandemic, impede patients' access to treatment facilities. Emotional breakdowns are also common among patients contending with illness. For instance, one participant shared experiencing depression upon confronting their diagnosis. However, responses to adaptation vary widely among individuals and participants often strive to swiftly cope through the unwavering support of their families.

In Major Theme 5: Participants shared different healthcare experiences based on where they went for treatment whether in hospitals or hemodialysis centers. They noticed a big difference between these two types of institutions. People talked about how private hospitals may cost more, but they provide a lot of different medical services in one package. They thought this was a good deal because it covers many health needs all at once. In public hospitals, patients are often directed to special places like dialysis centers when they need specific types of medical care. These centers are set up to meet these particular needs and are seen as better than the general services in public hospitals. People liked them because they give personalized care, focusing on what each patient needs. The stories from the participants show that healthcare can be

different depending on where you go for treatment. Private hospitals offer a lot of different services, but they can be expensive. On the other hand, public hospitals focus more on sending patients to special places when they need specific care. These special places are really good at giving personalized care. Understanding these differences is important for making sure patients get the care they need.

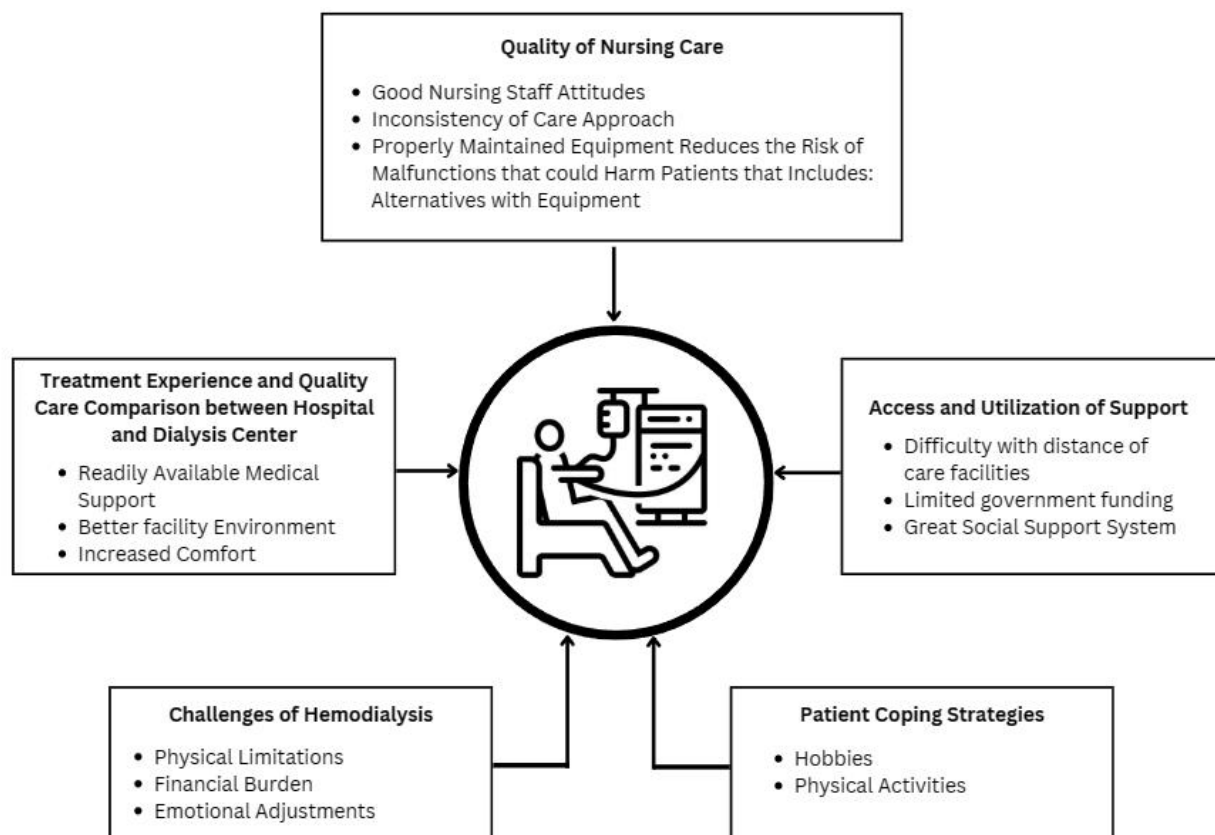


Figure 1. Lived Experiences of Hemodialysis Patient.

Discussions

Hemodialysis serves as a lifeline for individuals with end-stage renal disease, playing a pivotal role in managing symptoms, prolonging life expectancy, and allowing patients to maintain a certain level of function and well-being (Murdeswar & Anjum, 2023). Even with advancements in hemodialysis technology, the treatment itself can be demanding and require ongoing support from caregivers, both at home and in treatment facilities (Kim & Lee, 2022).

Quality of nursing care emerges as a critical consideration, encapsulating the pivotal role of nurses in patient care, the influence of the Attitudes of Nursing staffs, Inconsistent of Care Approach and Properly maintained equipment that reduces the risk of malfunctions that could harm patients that includes: Alternatives with equipment. Additionally, access and utilization of support, which includes financial assistance and comprehensive healthcare coverage is essential for alleviating the significant financial burden associated with hemodialysis treatment. However, Difficulty with Distance to Care Facilities and Limited Government Fundings still hinder the effectiveness of their support. Furthermore, the Great Social Support System can further strengthen the coping of patients. Moreover, patient coping strategies found having hobbies and activities and physical activities. On the other hand, Challenges of hemodialysis including physical limitations, financial burden and emotional adjustments, underscores the importance of holistic support and interventions tailored to individual needs. Lastly, Treatment Experience and Quality Care Comparison between Hospital and Dialysis Center, such as readily available medical support, better facility environment and increased comfort significantly impact patients compliance with treatment. This study sheds light on the lived experiences of patients undergoing hemodialysis in Iloilo City.

Quality of Nursing Care

Ensuring quality of care in hemodialysis is a complex endeavor that extends beyond just the technical aspects of treatment and plays a critical role in shaping the experience of dialysis patients (Dabrowska-Bender et al., 2018). It requires a multifaceted approach that considers various elements influencing patient experiences and clinical outcomes.

Participants expressed appreciation for nurses with "good attitudes", "the best" and those who were "accommodating." Given the demanding nature of hemodialysis, this highlights the critical role of nurses in hemodialysis care. Patients who consistently receive high-quality care from nurses who exhibit positive attitudes are more likely to continue care in their facilities. According to Sabouri et al (2023), Positive thinking interventions could improve hope and increase adherence to treatment among the patients under hemodialysis probably by reducing hopelessness and emphasizing the positive aspects of a patient's lives. When patients consistently perceive nurses as having positive attitudes and providing quality care, their satisfaction with the healthcare experience is enhanced. This positive perception not only leads to greater adherence to hemodialysis treatment but also fosters trust, communication, and a sense of partnership between patients and healthcare providers, ultimately contributing to improved treatment outcomes and quality of life.

According to Camedda et al (2023), the relationship established between the nurse-patient aims to achieve specific health-enhancing and therapy-supportive behaviors. This therapeutic relationship between the nurse and patient seems to have a significant importance for patients with end-stage renal disease who undergo repeated hemodialysis treatments. However, challenges like heavy workload and understaffing can hinder emotional support from nurses, affecting care quality (Hosien, Shahdadi, &

Rahnama, 2018), as indicated by a participant's attribution of care discrepancies to staff variations. This highlights the need for healthcare facilities to cultivate a culture of patient-centered care. Inconsistent care approaches could affect the quality of care, thus, nurses should take time to introduce themselves to patients, familiarize with patient's history and care preferences and strive to maintain consistency in their care approach.

Nurses in dialysis facilities are responsible for fostering a culture of safety and creating policies and practicing the reduction of errors and improving patient safety. While errors in dialysis care can cause harm and death to patients (Kliger 2015). In the event of equipment defects one of the participants stated that the facilities have alternatives.

Access and Utilization of Support

The provision of holistic support is crucial for patients undergoing hemodialysis treatment. However, limitations in access and utilization can hinder the effectiveness of this support. Understanding these barriers is essential for developing strategies to improve access and ultimately enhance patient outcomes.

Transportation difficulties add to the difficulty of attending regular hemodialysis sessions. To access their life-sustaining treatment, hemodialysis patients face significant challenges related to waiting times for public transport and long travel times. Patients often face long travel times where they also need to wake up early to get ready and go to dialysis centers. An international study by the Dialysis Outcomes and Practice Patterns study (DOPPS) in 2008 suggests a connection between longer travel times for dialysis and both a decline in health-related quality of life and a greater likelihood of mortality. Similarly, traveling in a 'transportation van' or during inclement weather adversely affects adherence to treatment schedules and contributes to worse outcomes. This can lead to increased stress, fatigue, and logistical issues (Chan et al., 2014). The

physical and emotional toll of navigating these transportation hurdles may deter patients from attending scheduled treatments, leading to inconsistent compliance and suboptimal health management (Lewis, 2022). This highlights the need for improvement of access to hemodialysis treatment through transportation. Expanding public transportation options to ensure frequent and reliable routes to dialysis centers or investing in programs that address the challenges of long travel times, such as offering flexible scheduling options or exploring home dialysis training can be considered to reduce the burden on hemodialysis patients and ensure that they can receive their treatment consistently.

On the other hand, financial challenges often present significant hurdles. While many patients receive essential financial assistance from their families, additional support from government agencies such as PhilHealth, Department of Social Welfare and Development (DSWD) and insurance for Person with Disabilities can provide further relief. However, despite this assistance, the coverage often falls short of fully addressing the financial burden associated with hemodialysis treatment. According to the study conducted by Greenberg et al. (2019). The changing patterns of disease in the developing world calls for change in the goals and global health assistance. Chronic diseases are now the dominant threat to health and are becoming a challenge to economic advancement in developing economies.

The accessibility of Hemodialysis (HD) to all patients who are in need of it has a significant impact on the burden of long-term Hemodialysis in terms of patient outcomes and costs. Inadequate hemodialysis has been shown to affect the survival rates of patients through increased morbidity and mortality and proportionately increased healthcare costs (Garcia, 2019). The importance of formulating policy which can help provide financing options to provide full coverage with adequate hemodialysis to reverse these life-threatening outcomes. One of the primary financial challenges faced by

hemodialysis patients is the high cost of treatment. While government assistance may alleviate some of these expenses, it won't cover the entire costs. One of our participants stated that "There is a schedule when you can ask for money. Sometimes they have no money." stating that there were times the government assistance underscores the limitations and inconsistencies that individuals may encounter when accessing financial aid from government programs. According to the study conducted by Reisinger (2018), lack of social support associated with patient-reported delayed of needed medical care. This association may contribute to the poor health outcomes experienced by those with lack of financial support. One of the participants also mentioned, "the dialysis is free from the government and PhilHealth, but we pay for our accessories like cottons, betadine, needles, alcohols, and plasters. Even though the resources are cheap individually, it still adds up to the bill eventually." Despite the provision of certain services being covered by the government there are still financial burdens associated with ancillary supplies and accessories that highlight the hidden costs that patients may still incur. According to the study of Garcia (2019), expansion of the Philippine Health Insurance Corporation (PhilHealth) hemodialysis coverage of 90 sessions to 156 sessions a year will hopefully decrease the socio-economic burden of the disease.

The PhilHealth Circular aims to establish the policy for availing of the 156 HD sessions benefit packages. Its benefits include facility and dialysis machine, drugs as needed, IV solutions, supplies, dialyzer, and professional fees according to PhilHealth corporation. While financial assistance from families and government agencies can provide crucial support for hemodialysis patients, there remains a need in addressing the limitations and gaps in coverage to ensure that all individuals have access to sustainable healthcare services.

Lastly, social support plays a crucial role in the well-being of hemodialysis patients. Studies have shown that stronger social connections are linked to a longer

lifespan (Cohen et al., 2007). Conversely, hemodialysis patients without family support exhibit a higher risk of death (Aurélié Untas et al., 2011). This highlights the importance of family in a patient's mental and emotional health. A patient's sense of unity and support within their family unit is closely tied to their well-being on hemodialysis (Wang et al., 2015).

Building resilience within the patient and family unit is essential for successful hemodialysis treatment. Research by Kukihara et al. (2020) suggests that strengthening family bonds and communication can lead to a more positive mindset and improved treatment adherence for patients. Furthermore, higher family resilience allows families to leverage social resources and bolster the patient's inner strength, promoting a positive approach to coping with treatment challenges. Conversely, weak family resilience can exacerbate negative emotions and decrease the patient's psychological resilience. These findings highlight the crucial role of family dynamics in promoting mental well-being for patients undergoing hemodialysis (Wang et al., 2024).

Healthcare workers play a crucial role in supporting the well-being of hemodialysis patients by recognizing the critical impact of social support. By incorporating social and family assessments into routine care, healthcare workers can identify patients who might benefit from additional support. Facilitating open communication within families and educating them on how to best support their loved one can further strengthen the family unit. Additionally, connecting patients and families with hemodialysis-specific support groups such as Dialysis PH Support Group Inc. or resources can provide a valuable network of understanding and shared experiences. Finally, offering referrals for mental health professionals can address emotional challenges faced by both patients and families.

Patient Coping Strategies

Coping strategies are essential for improving quality of life in hemodialysis patients as it can empower patients to manage the demands of dialysis treatment, fostering a sense of control and increasing adherence to treatment plans. Overall, coping strategies equip hemodialysis patients to navigate the challenges of their condition and improve their quality of life. Research suggests that effective coping helps patients adjust to the demands and limitations of hemodialysis treatment, leading to a greater sense of control and acceptance (Yadollah et al., 2019).

The participants participate in various hobbies, activities, and physical exercises as adaptive coping mechanisms to navigate the challenges associated with their treatment regimen. This includes engaging in social interactions, participating in school-related events, and pursuing leisure activities such as sewing, reading, and engaging in cognitive game exercises. Furthermore, a significant number of patients integrate walking and jogging into their daily routines, attributing these activities to notable enhancements in both their mental and physical well-being. Consequently, these coping strategies instill a profound sense of empowerment and mastery over their health journey.

According to McQuoid (2017), hobbies and leisure activities are often key sources of meaning, enjoyment, and sense of purpose. It is often a regenerative response to the strains of everyday life, serious leisure can take on a significant role in how a person constructs their sense of self and builds their social world, offering social rewards, new friends, the feeling of being a part of a group that has accomplished something significant, and a sense of being needed. Hobbies and leisure activities are closely linked to a person's social identity and position, and can differ based on

normative restrictions on what is appropriate for a particular context, expectations about social positions and roles, and the resources individuals can draw from.

According to Mansour et al's study (2021), an increase in physical activity is associated with a reduction in the risk of mortality. In addition, physical activity was found to be an independent predictor of mortality in HD patients. Therefore, an increase in this physical activity is very important for the quality of life and well-being. According to the results, the three most important benefits of exercise from the participants' perception included "exercise improves my mood", "exercise prevents muscular wasting", and "exercise improves my appetite." This finding is in line with a study carried out in Australia by Jayaseelan et al. The majority of participants (more than 50%) believed that exercise improves their morale, prevents muscle weakness, and improves their appetite. Engaging in regular physical activities and hobbies can boost energy levels and make it easier to tolerate dialysis sessions and daily routines resulting in increased compliance with dialysis sessions. A study published in the National Institutes of Health (NIH) journal "Kidney International" found that exercise programs for hemodialysis patients improved exercise capacity and muscle strength (Rodgers, 2024). Engaging in hobbies or physical activities can be a great way to manage stress and anxiety, common challenges for dialysis patients. A study in the journal "Nephrology Dialysis Transplantation" found that exercise programs for hemodialysis patients resulted in significant reductions in depression and anxiety scores. Increased motivation and adherence results when patients feel physically and mentally better due to hobbies and activities. Engaging in activities allows patients to feel a sense of control over their lives, which can be empowering and contribute to better treatment compliance (Mirioglu et al., 2024).

Challenges of Hemodialysis

Challenges faced by hemodialysis patients, including physical limitations, financial burden and emotional adjustment can significantly affect patients compliance with hemodialysis due to various reasons.

Hemodialysis often presents a significant challenge to patients' daily lives (Bojarun et al., 2020). The treatment schedule often necessitates lifestyle changes, forcing patients to give up work, hobbies, and even physical activities (Bojarun et al., 2020). Strict dietary restrictions add another layer of burden (Bojarun et al., 2020). Beyond these adjustments, hemodialysis itself takes a toll on physical capabilities. Studies consistently report a decline in physical performance and functional abilities in hemodialysis patients compared to healthy individuals (Baback Roshanravan & Patel, 2019; Watanabe et al., 2018; Kaysen et al., 2011). This decline can manifest in seemingly simple tasks taking longer to complete, impacting daily routines (Watanabe et al., 2018). Reduced mobility due to fatigue and limitations on strenuous activities further disrupts life, restricting social and recreational activities (Bojarun et al., 2020). Research by Kaysen et al. (2011) suggests these limitations are linked not only to a lower quality of life but also to a higher risk of hospitalization and mortality. Adding to these challenges, fatigue is a frequent complaint among hemodialysis patients (Debnath et al., 2021). This fatigue negatively impacts their quality of life and is associated with decreased physical activity, low functional capability, and general muscle weakness (Zyga et al., 2015).

Improving the quality of life for hemodialysis patients requires a multi-pronged approach. One key strategy involves incorporating individualized exercise programs into their routine care (Lambert et al., 2022). These programs should be tailored to each patient's specific needs and limitations. Additionally, research by Motedayen et al. (2014)

suggests that integrating physical rehabilitation into dialysis sessions can be beneficial. This could include exercises like stretching, diaphragmatic breathing, and progressive relaxation, along with positive affirmations to promote a sense of well-being. By combining these physical and mental approaches, healthcare professionals can effectively address fatigue and improve the overall quality of life for hemodialysis patients.

Financial limitations can make it difficult to afford essential aspects of care, including transportation to dialysis centers, medications, and even following a specific diet (Dodd et al., 2018). The fear of this financial burden can even lead families to forgo dialysis altogether for their loved ones. A common coping strategy for those struggling with the costs is to reduce the frequency of dialysis sessions or cut back on medications, which can have serious consequences for their health (JSTOR, 2018). This problem is particularly acute in low- and middle-income countries, where patients often receive a late diagnosis due to limited access to healthcare. As a result, these populations experience higher rates of under-dialysis (receiving inadequate treatment) and mortality. (JSTOR, 2018).

Chronic illness diagnoses are often accompanied by significant emotional distress. Research suggests that individuals facing multiple stressors before diagnosis, or with a history of depression, are particularly vulnerable. However, even those with seemingly fewer life stressors can be deeply impacted by a chronic illness diagnosis (American Psychological Association, 2013). This emotional toll highlights the critical need for emotional adjustment in patients, as they grapple with the reality of their chronic illness and potentially ongoing hemodialysis treatment. Helping patients learn to manage these feelings is crucial for promoting a fulfilling life. This can involve developing coping strategies, finding support systems, and seeking professional help when needed (American Psychological Association, 2013).

Research indicates that coping strategies used by individuals in coping with chronic diseases could help explain some differences in ability to adjust to the challenges experienced while living with chronic diseases and their disease survival rates (Kakuya Niihata et al., 2017). This is further supported by research by Gurkan et al. (2015) who found that hemodialysis patients, compared to kidney transplant patients, exhibited lower utilization of functional coping strategies and experienced higher levels of anxiety and depression. Social support is another crucial factor for hemodialysis patients. Studies like Kukihara et al. (2020) highlight the importance of social support in building resilience and overall well-being. Furthermore, psychological interventions can significantly improve mental health in these patients, leading to a better quality of life, as demonstrated by Barelo et al. (2022).

Treatment Experience and Quality Care Comparison between Hospital and Dialysis Center

Although there are studies regarding preferences between home hemodialysis, peritoneal dialysis, and in-center hemodialysis (Walker et al., 2017), the literature lacks exploration regarding preferences between receiving hemodialysis treatment in hospitals versus dedicated hemodialysis centers. Our study sought to address this gap and offered preliminary insights into this matter. Participants highlighted various considerations informing their preferences. Some participants prioritized the presence of emergency care facilities, often found in hospitals, while others favored hemodialysis centers for perceived cost-effectiveness, convenience, or cleanliness. Ultimately, the choice between a hospital and a dialysis center seems to be driven by individual needs and circumstances.

Participants mostly preferred receiving treatment in institutions wherein there is readily available medical support, better facility environment and increased comfort. The

hospitals are significant contributors to natural resources depletion and environmental change (McGain et al. 2019). One research conducted by Amer 2015, improving the environmental cleaning process in hemodialysis wherein maintenance of a clean environment at healthcare facilities is an important factor in reducing the risk of cross infection (Amer et al., 2015). Mostly our respondents would prefer receiving their care in the institution that has a better facility environment.

Patient satisfaction is a measure of care quality that assists hemodialysis settings in determining the effectiveness of their services while meeting the patient's satisfaction (Nuairi et al., 2022). A comfort-focused environment can help alleviate some of their physical and emotional stress associated with the process.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter presents a concise overview of the study's objectives, hypotheses, methodology, and significant findings. Additionally, it encompasses the derived conclusions and offers recommendations based on the research outcomes.

The main purpose of this study was to gain a more profound insight into the experiences of patients undergoing hemodialysis in both hospitals and hemodialysis centers, to facilitate a reevaluation of the services offered that can elevate patient satisfaction. The study was limited to patients who were currently undergoing hemodialysis in any hospitals or hemodialysis centers in Iloilo City, is of legal age (18 years old and above), has been undergoing hemodialysis for one year or more, is alert and oriented and will have no difficulty in communicating properly during the interview, and must be willing to participate and disclose information in the interview. The researchers employed a descriptive phenomenological approach to describe and understand the patient's experiences. The qualitative method of inquiry was used to capture the experiences of the respondents.

The researchers conducted an unstructured interview to collect the data. The research findings were validated based on the saturation point reached. The data saturation occurred upon the interview of the eighth participant. The researchers interviewed five more participants to confirm data findings. A confirmation was provided to each participant for the validation of the study findings indicating that the participants agreed that the research findings based on their responses were congruent to the lived experience on hemodialysis. A graphical presentation was constructed to explain the data stating the patients' lived experiences.

Summary of Findings

Based on the experiences shared by the participants, the researchers utilized Colaizzi's method of analysis. The data were categorized to formulate meanings into clusters of major themes and sub-themes.

The participants expressed their experiences with different nurses while other patients praised nurses for being great at providing care. There are instances where patients experience different moods from different nurses, indicating inconsistency in the level of care provided. With the facilities and equipment from hospitals and centers, participants expressed their satisfaction noting the clean and organized environment and when equipment defects may occur, it is promptly addressed. Participants also shared varied experiences across institutions due to referrals and available services. They also expressed their physical and logistical challenges on transportation where it was hard to go on scheduled treatment due to their distant location. They also emphasized the importance of a conducive physical environment in nursing care that could enhance overall satisfaction for patients.

Although there is much financial assistance available for hemodialysis patients, the burden financially remains formidable to many. Despite the provision of certain services being covered by the government assistance, it would not cover the entire costs. Therefore, participants expressed financial burden as one of the challenges faced while having Hemodialysis.

Participants who received support and care from family and friends that fostered strong relationships often exhibit better adaptation to their condition. Despite maintaining positive relationships with their families, many patients expressed a desire for independence and reduce excessive reliance on family support, that is why many

participants developed their coping strategies and their emotional adjustment become more manageable as patients navigate the challenges of hemodialysis.

The findings revealed five (5) major themes and fourteen (14) subthemes.

These major themes were: (1) Quality of Nursing Care, (2) Access and Utilization of Support, (3) Patient Coping Strategies, (4) Challenges of Hemodialysis, and (5) Treatment Experience and Quality Care Comparison between Hospital and Dialysis Center.

The 14 subthemes that emerged were: (1) Good Nursing Staff Attitudes, (2) Impact of frequent changes on patient familiarity and trust, (3) Properly maintained equipment reduces the risk of malfunctions that could harm patients that includes: Alternatives with equipment (4) Difficulty with distance to care facilities, (5) Limited Government Funding, (6) Great Social Support System, (7) Hobbies, (8) Physical Activities, (9) Physical Limitations, (10) Financial Burden, (11) Emotional Adjustments, (12) Readily Available Medical Support, (13) Better Facility Environment, and (14) Increased Comfort.

Implications of Theory and Practice

The implications of this study extended to both theory and practice of Katherine Kolcaba and Lydia Hall. On a practical level, the findings of the research highlight the importance of Theory of Comfort that explains how patients undergoing hemodialysis seek relief, ease and transcendence amidst their treatment journey. It highlights the multidimensional nature of comfort , encompassing physical and environmental dimensions as patients navigate the challenges associated with their condition. The findings of the study resonate with the principles of theoretical understanding of comfort as a dynamic process influenced by social support networks, coping strategies and emotional adjustment. Furthermore, integrating this Theory of Comfort into clinical

practice guides hemodialysis nurses in assessing, planning and evaluating interventions aimed at optimizing patient's comfort and quality of life throughout the hemodialysis process.

Relief as a Product of Support Systems: The study showed finding in the context of Relief by Katherine Kolcaba. It emphasizes the importance of support systems in providing relief and comfort to patients undergoing hemodialysis. **Ease through Coping Mechanisms and Acceptance:** Participants experiences highlight the importance of coping mechanisms and acceptance in promoting ease amidst the challenges they faced brought by hemodialysis treatments. **Transcendence through Adaptation:** The process of transcendence emerges as some patients gradually adapt to the demand of hemodialysis treatment.

The study contributes to the Core, Care and Cure theory that explains how patients undergoing hemodialysis experience comfort within the context of their illness. It highlights the importance of addressing the patient's core needs, including physical comfort, social and psychological well-being to promote their holistic healing. Furthermore, the findings of the study showed the significance of promoting a patient's sense of agency and self-care, which aligns with Hall's emphasis on empowering individuals to actively participate in their healing efforts.

The findings of this study also carry several implications for practice in the care of hemodialysis patients. Healthcare policymakers should take note of the financial burden experienced by patients, including transportation to and from dialysis centers, as well as ancillary supplies and medications. This can lead to challenges in maintaining treatment adherence. To mitigate this, there's a need for better coordination between government financial support programs, such as PhilHealth and disability assistance, and healthcare facilities to ensure patients can access financial support more easily. Additionally, healthcare providers can play a crucial role in advocating for patients' financial needs,

and rights, offering guidance on available resources and facilitating access to financial assistance programs.

Moreover, healthcare workers should recognize the importance of social support networks, and efforts should be made to involve family members in the care process whenever possible, as patients rely heavily on emotional and practical support from their social circles to navigate the challenges of hemodialysis. Offering education and counseling services to both patients and their support networks can help foster understanding and collaboration, strengthening the overall support system. Additionally, community-based support groups and peer networks can provide valuable opportunities for patients to connect with others facing similar challenges, offering empathy, shared experiences, and practical advice.

Conclusions

Utilizing a descriptive phenomenological approach, this study delved into the subjective experiences of patients undergoing hemodialysis treatment, both in hospital settings and specialized hemodialysis centers. Employing qualitative methods, particularly unstructured interviews, the study sought to capture the multifaceted dimensions of the patients' encounters with hemodialysis care. Through in-depth conversations with participants who met specific criteria, the research endeavored to uncover the underlying themes and intricacies of their experiences. The researchers observed that the most prominent and common themes among the participants included quality of care, access to and utilization of support, patient adaptation, challenges of hemodialysis, and treatment experience and quality care comparison between hospital and dialysis center. Most of the participants appreciate the care provided to them, and the environment. Some participants prefer getting treatment at hospitals, while others prefer going to specialized centers for hemodialysis. The access to government financial

support helps alleviate the financial burden of treatment, however, it can remain inadequate for the participants. Additionally, participants rely on social support networks and coping strategies to navigate treatment challenges. While some prefer to undergo treatment alone, others find comfort in the presence of family members or friends. Engaging in hobbies and adopting positive coping mechanisms also help the participant adjust to the demands of treatment. Lastly, the participants face significant challenges, including financial strain, travel logistics, and lifestyle adjustments. These experiences were discussed and confirmed by the participants upon the return interview. These findings, however, cannot be applied to all patients undergoing hemodialysis, but with the themes that emerged, providers can tailor their approaches to better meet the diverse needs and preferences of patients, thereby enhancing their quality of life and fostering greater satisfaction with the care they receive. Ultimately, the study's findings hold a potential to catalyze positive transformations within the realm of hemodialysis care, with a focus on prioritizing patient-centered approaches and maximizing the well-being of those undergoing treatment.

Recommendations

Based on the findings of the study, the following measures are recommended by the researchers:

Patients. Patients undergoing hemodialysis should coordinate with their healthcare provider in order to incorporate personalized dietary plans tailored to their nutritional needs, regular monitoring of fluid intake, and engaging in a structured exercise program to improve cardiovascular health and overall well-being. Additionally, implementing psychological support and education sessions can help patients cope with the challenges of hemodialysis and promote adherence to treatment protocols.

Family. For Families, establishing a supportive home environment with members undergoing hemodialysis is crucial to cater to the needs of the individual receiving treatment. This involves providing adequate rest, proper nutrition, and emotional support. Families should proactively monitor symptoms and promptly communicate concerns to healthcare providers. Education on hemodialysis and its impact on daily life is important for family members to understand and adapt. Fostering positivity and resilience within the family can significantly aid in coping with the challenges of hemodialysis.

Healthcare workers/Dialysis Centers. Hospitals and Hemodialysis Centers should prioritize patient-centered care by tailoring treatment plans to meet individual needs and preferences. This approach involves empowering patients to actively participate in decision-making regarding their care. Comprehensive support services, including counseling and support groups, should be readily available to address the holistic needs of patients. Staff training is essential to cultivate empathy and understanding among healthcare professionals, thereby enhancing the patient experience. Facilities must be equipped with modern infrastructure and well-maintained equipment to ensure safe and comfortable treatment environments. Collaboration with community resources can enhance support services, such as transportation assistance and financial counseling. Continuous quality improvement efforts, guided by patient feedback and adherence to best practices, are vital for the ongoing enhancement of hemodialysis care and support services.

Department of Health (DOH) Personnel. The Department of Health (DOH) should consider implementing initiatives to improve accessibility, affordability, and quality of care in their hemodialysis program. This could include expanding the number of dialysis centers, providing subsidies or financial assistance for patients, implementing telemedicine options for remote monitoring, and investing in staff training to ensure high-quality patient care. Additionally, conducting regular evaluations and gathering feedback

from patients and healthcare professionals can help identify areas for improvement and ensure the program meets the needs of those it serves.

Future Researchers. Future researchers have the opportunity to gather more data and evidence, either strengthening or refuting the current study. They might increase their sample size by including participants from various institutions and refine their methodology for more precise and dependable outcomes. Furthermore, they could broaden the scope of the study to involve more institutions, participants, and data collection for a comprehensive analysis.

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APPENDICES

APPENDIX A**CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION**

Central Philippine University
College of Nursing
Jaro, Iloilo city

CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION
(QUALITATIVE RESEARCH)

This is to certify that the study entitled: Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City, entails a central question in accordance with the principle of bracketing and intuiting. The central question is appropriate for the purpose of their study, philosophical underpinnings and definition of terms.

This certification is issued upon the request of the authors: Maryll Chara M. Tillaman, Elvie Marian V. Tingatinga, Francis Wayne T. Tingzon, Geren L. Tobongbanua, Bianca Isabel S. Tordesillas, Kayla Jane C. Trespicios. Issued this 9th day of June, 2023 to the above mentioned student researchers in compliance with their requirements in their research subject.

Respectfully yours,

ALVIN JOHN H. GUSTILO, MAN
CPUCN Research Coordinator

Noted by:

MELBA C. SALE, MAN
Officer-In-Charge, Office of the Dean

APPENDIX B

INFORMED CONSENT FORM



**RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY**
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 333



INFORMED CONSENT FORM (ICF) (VERSION No. 02-2023)

1. KEY INFORMATION ABOUT THE RESEARCHERS

Title of the Study: Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City

Name of Researcher/s: Tillaman, Maryll Chara M.
Tingatinga, Elvie Marian V.
Tingzon, Francis Wayne T.
Tobongbanua, Geren L.
Tordesillas, Bianca Isabel S.
Trespicios, Kayla Jane. C

Research Adviser: Prof. Geoffrey C. Leysa

Department/College: College of Nursing

Institution: Central Philippine University

2. INTRODUCTION/BACKGROUND OF THE STUDY

You are invited to take part in this research study. This form contains information that will help you in deciding whether to participate or not in this study/research. Before you decide to participate in this study, you will be given enough time to read and understand the contents of the informed consent. If there are words or concepts that you do not understand feel free to ask questions at any time, the researchers are willing to explain it to you and your questions will be answered to your satisfaction. The study will begin once you have signed the informed consent form.

This study will focus on the lived experiences of patients undergoing hemodialysis either in hospitals or dialysis centers in Iloilo City. Understanding the lived experiences of patients receiving hemodialysis is important for improving the quality of care and support for these patients. The results of this study will be beneficial to the patient, family, healthcare workers, dialysis centers, Department of Health (DOH), researchers, and future researchers.

3. PURPOSE OF THE RESEARCH

The purpose of this research study is to gain a more profound insight into the experiences of patients undergoing hemodialysis in both hospitals and hemodialysis centers, to facilitate a reevaluation of the services offered that can elevate patient satisfaction.

4. TYPE OF RESEARCH INTERVENTION/DATA GATHERING INSTRUMENT

The researchers will focus on the lived experiences of patients undergoing hemodialysis. The researcher will use a descriptive phenomenological approach to describe and understand the patient's experiences. The qualitative methods of inquiry will be used to capture the experiences of hemodialysis patients. The researcher will analyze the lived experiences of patients undergoing hemodialysis by obtaining them through an interview and validation will be done after the saturation point is established.

5. PARTICIPANT SELECTION (INCLUSION & EXCLUSION CRITERIA)

You are chosen as a participant based on the following criteria:

(1) The participant must be currently undergoing hemodialysis in any Hospitals or hemodialysis center in Iloilo City. The patient undergoing hemodialysis in hospital must only receive care from the said hospital, conversely (and at any hemodialysis center). (2) is of legal age (18 years old up to 59 years of age), (3) has been undergoing hemodialysis for a year or more, (4) is alert & oriented and will have no difficulty in communicating properly during the interview, and (5) must be willing to participate and disclose information in the interview. The process will be repeated until the saturation point will be met.

The following are excluded: (1) Children below 18 years of age (2) Senior Citizens or 60 years or above, (3) Patients who had undergone recent surgeries, (4) Patients with scheduled kidney transplant, or donors, (5) Patients who undergoes peritoneal dialysis combined with hemodialysis, and (6) Patients who have contagious diseases.

6. VOLUNTARY PARTICIPATION

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give any reason.

7. PROCEDURE

You will be given consent and proceed in setting a scheduled date for the face-to-face interview. The schedule will be based on each participant's preferred time. The respondents may choose which location may be more convenient for them, so as to ensure privacy during the entire interview. Data will be continuously collected through an interview until the saturation point is reached. All research data will be retained for one year after the scheduled interview with participants, allowing time for verification. Afterward, all data will be permanently and thoroughly destroyed, with electronic files deleted beyond recovery and physical materials shredded.

8. DURATION OF THE STUDY

This study will be conducted from November 2022 to January 2024.

For interview:

The scheduled interview will be based on each participant's preferred time. Data will be continuously collected until the saturation point is reached. Patients are allowed to disregard any uncomfortable questions for them, to take breaks during the interview and have the consent to continuously take part or dismiss the interview if any intolerable situations occur.

Researchers are aware that saturation point is reached when ideas or statements are being repeated and no new information is being added. Data collected will then be analyzed.

9. RISKS AND INCONVENIENCES

There are minimal risks for the participants, primarily related to the time commitment required for interviews and potential discomfort when discussing personal experiences of hemodialysis that is involved in this study. If you are uncomfortable with the questions /procedure you do not have to answer them/proceed. The researcher will ensure interviews are scheduled at participants' convenience, create a supportive environment, offer emotional support, and the option to pause or reschedule interviews if needed.

10. BENEFITS

This study might help patients and their families by providing them with insights on what to expect during hemodialysis treatment and how to cope with it. Healthcare workers and dialysis centers can use the findings to offer more patient-centered care, thereby improving the quality of treatment. It can provide valuable insights into the experiences and needs of the respondents where he or she resides. The Department of Health can also use the results to refine healthcare policies and future researchers can use it as reference data.

11. REIMBURSEMENTS

You will not receive any financial incentives or compensation for participating in this study. However, you will receive a certificate of appreciation at the end of the interview as the study's participants to express our sign of appreciation for your time, effort and contribution to our study.

12. CONFIDENTIALITY

The information you have provided is solely for the purpose of this study. Your identity will be kept private and confidential to the extent provided by law. You will be assigned an ID number and your data will be stored with utmost respect to your privacy.

13. RIGHT TO REFUSE OR WITHDRAW

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give any reason. If at any time you withdraw from the study, your data will be discarded properly.

14. DECLARATION OF CONFLICT INTEREST

The researchers declare that there are no conflicts of interest that could potentially influence or bias the design, execution, or outcomes of the research.

15. STORAGE AND DISPOSAL OF RESEARCH DATA/MATERIALS

The electronic copy of the data will be kept in a computer that only the researchers has/have access to. Hard copies will be stored in a private file case that only the researcher(s) will have access to for One year (1) and will be disposed of after the scheduled interview has been done and allowing time for verification after the conduct of the study with participants through permanently deleting and thoroughly destroying the electronic files beyond recovery and physical materials shredded.

16. SHARING OF RESULTS/DISSEMINATION PLAN

The results of this study will be presented at the Research Conference where researchers present their study in front of the panelist. The researchers will also provide the results to participants once the study has been approved. Publications such as CPU Online Journals will be used as a platform for effectively disseminating the research findings. Electronic media will also be utilized accordingly, so thus it can reach the public whether they are academic or non-academic audience.

As a participant, you are informed that the research findings will be shared more broadly through publications and conferences.

17. WHO TO CONTACT

If you have any questions or clarifications regarding your participation in the study, you may contact:

Lead Researcher: Kayla Jane C. Trespicios
Address: Poblacion, Leon, Iloilo City
Contact Number: 09270780570
Email address: kaylajane.trespicios@cpu.edu.ph

If you have questions pertaining to your rights as a participant, you may contact:

Joy G. Raso, PhD.
 Chair, CPU Research Ethics Review Board
 Email: researchethics@cpu.edu.ph
 Phone: 329-1971 (local 3336)

18. CERTIFICATE OF CONSENT

I have read the foregoing information, or it has been read and explained to me in a language/dialect I know and understand. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant _____
Signature of participant _____
Date _____
MM/DD/YYYY

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done.

- 1.
- 2.
- 3.
- 4.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher/person taking the consent Kayla Jane Trespicios

Signature of Researcher/ person taking the consent 

Date: _____

MM/DD/YYYY

APPENDIX C

TECHNICAL APPROVAL SHEET



Central Philippine University
 Jaro, Iloilo City
College of Nursing
The First Nursing School in the Philippines, 1906

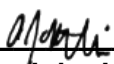


Bachelor of Science in Nursing
ENDORSEMENT SHEET FOR ETHICS REVIEW
 (Technical Panel Approval Sheet)

This undergraduate thesis proposal entitled **Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City**, prepared and submitted by **Kayla Jane C. Trespicios, Elvie Marian V. Tingatinga, Maryll Chara M. Tillaman, Francis Wayne T. Tingzon, Geren L. Tobongbanua, Bianca Isabel S. Tordesillas** in partial fulfillment of the requirements for the degree of BACHELOR OF SCIENCE IN NURSING, has been presented in a Proposal Review on **May 12, 2023**.
 Further, the suggestions and recommendations of the technical panel have been complied with.

This proposal is now recommended for ethical review.

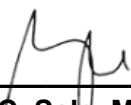
Approved by:



Prof. Alvin John H. Gustilo
 Chair/Panelist



Dr. Raymund H. Partisala
 Chair/Panelist



Melba C. Sale, MAN, RN
 OIC, College of Nursing

APPENDIX D

TURNITIN SIMILARITY CERTIFICATION

**REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER**

Central Philippine University

Jaro, Iloilo City

Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.phWebsite: rcecc.cpu.edu.ph

March 16, 2023**CERTIFICATION**

This is to certify that the research proposal entitled “**LIVED EXPERIENCES OF PATIENTS UNDERGOING HEMODIALYSIS IN ILOILO CITY**” by **Tillaman, Maryll Chara M., Tingatinga, Elvie Marian V., Tingzon, Francis Wayne T., Tobongbanua, Geren L., Tordesillas, Bianca Isabel S. and Trespicios, Kayla Jane. C** has undergone Turnitin Similarity Checking with a passing percentage of **17%** and have passed the requirements (Chapter 1-3).

Prepared by:

Handwritten signature of Pinky E. Lutero-Tongol.

PINKY E. LUTERO-TONGOL

Staff -in-charged

Approved by:

Handwritten signature of Lenny Rose P. Mucho.

LENNY ROSE P. MUCHO, EdD.

Director, RCECC

**REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER**

Central Philippine University

Jaro, Iloilo City

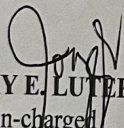
Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.phWebsite: rcecc.cpu.edu.ph

March 26, 2024

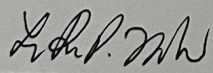
CERTIFICATION

This is to certify that the research paper entitled **“LIVED EXPERIENCES OF PATIENTS UNDERGOING HEMODIALYSIS IN ILOILO CITY”** by **Maryll Chara M. Tillaman, Elvie Marian V. Tingatinga, Francis Wayne T. Tingzon, Geren L. Tobongbanua, Bianca Isabel S. Tordesillas, and Kayla Jane C. Trespicios** has undergone Turnitin Similarity Checking with a passing percentage of 9% and has passed the requirements (Chapter 1-5).

Prepared by:


PINKY E. LUTERO-TONGOL
Staff-in-charge

Approved by:


LENNY ROSE P. MUCHO, EdD.
Director, RCECC

APPENDIX F
CURRICULUM VITAE



Overview

Name: Kayla Jane C. Trespicios
Age: 21
Address: Poblacion, Leon, Iloilo City

Current Year Level: BSN Level 4
Contact Number: 09270780570
Institution Email:
kaylajane.trespicios-20@cpu.edu.ph

Education

<u>NAME OF INSTITUTION ATTENDED</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR</u>
Leon Central Elementary School	Elementary	2008 - 2014
Leon National High School	Junior High School	2014 - 2018
Colegio de San Jose	Senior High School	2018 - 2020
Central Philippine University	Undergraduate - BSN	2020 - Present

Relevant Experience

A Research II requirement of the Special Curricular Program in Science, Technology and Engineering in Leon National High School entitled "Squash (*Cucurbita maxima*) as Feed Additive for Broiler Chicken (2016-2018)

Research Adviser: Prof. Geoffrey Leysa, MAN

Education: B.S.N -1991, MAN - 1996, DMgt - Ongoing

Relevant Experience:

- Participated and conducted research with the Social Science Research Institute (SSRI)
- The Kabalaka Reproductive Health Center (One of those was Sexual Behavior of Filipino Migrant Workers)

CURRICULUM VITAE



Overview

Name: Maryll Chara M. Tillaman
 Age: 22
 Address: Surallah South Cotabato

Current Year Level: BSN Level 4
 Contact Number: 09503405197
 Institution Email:
 maryllchara.tillaman-20@cpu.ph

Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
Surallah Central Elementary School	Elementary	2008 - 2014
Libertad National High School	Junior High School	2014 - 2018
Mindanao State University	Senior High School	2018 - 2020
Central Philippine University	Undergraduate - BSN	2020 - Present

Relevant Experience

A Research II requirement of the Special Curricular Program in Science, Technology and Engineering in Libertad National High School about the Correlational study between Science Class Students and Regular Class Students (2016-2018)
 Adviser: Bernard Cariaga

A Research Study about the "The Chemical Antibody in Zinnia Flower" - Senior High School (2019-2020).
 Adviser: Jessica Aban

Research Adviser: Prof. Geoffrey Leysa, MAN

Education: B.S.N -1991, MAN - 1996, DMgt - Ongoing

Relevant Experience:

- Participated and conducted research with the Social Science Research Institute (SSRI)
- The Kabalaka Reproductive Health Center (One of those was Sexual Behavior of Filipino Migrant Workers)

CURRICULUM VITAE



Overview

Name: Francis Wayne T. Tingzon
 Age: 21
 Address: San Matias Dingle, Iloilo

Current Year Level: BSN Level 4
 Contact Number: 09503758098
 Institution Email:
 franciswayne.tingzon-20@cpu.edu.ph

Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR</u>
ATTENDED		
Dingle Central Elementary School	Elementary	2008 - 2014
Mater Carmeli School Dingle	Junior High School	2014 - 2018
Mater Carmeli School Dingle	Senior High School	2018 - 2020
Central Philippine University	Undergraduate	2020 - Present

Relevant Experience

“Effects of Calamansi (*Citrofortunella Microcarpa*) to the Mortality Rate of Golden Apple Snail (*Pomacea Maculata*)” (2014-2015)

“A Comparative Analysis on the Preferred Learning Source of Junior of High School Students of Mater Carmeli School” in Compliance with Academic Requirements in School Year 2017-2018 (2017-2018)

The Effects of Used Diaper Gel and Ash Mixed in Soil as Fertilizer on the Growth and Yield of Eggplant (*Solanum melonganum*) (2019-2020).

Research Adviser: Prof. Geoffrey Leysa, MAN

Education: B.S.N -1991, MAN - 1996, DMgt - Ongoing

Relevant Experience:

- Participated and conducted research with the Social Science Research Institute (SSRI)
- The Kabalaka Reproductive Health Center (One of those was Sexual Behavior of Filipino Migrant Workers)

CURRICULUM VITAE



Overview

Name: Elvie Marian V. Tingatinga
 Age: 21
 Address: Sambag Jaro, Iloilo City

Current Year Level: BSN Level 4
 Contact Number: 09667788258
 Institution Email:
 elviemarian.tingatinga-20@cpu.edu.ph

Education

<u>NAME OF INSTITUTION ATTENDED</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR</u>
Jaro I Elementary School	Elementary	2008 - 2014
Iloilo National High School	Junior High School	2014 - 2018
Iloilo National High School	Senior High School	2018 - 2020
Central Philippine University	Undergraduate - BSN	2020 - Present

Relevant Experience

A developmental study was presented to Iloilo National High School - School of the Future last March 2018, entitled "Indoor Plant Moisture Sensor Joint with Beeper-Reactive Water Motor Using Arduino Uno", in partial fulfillment of the requirements for completion of Junior High School.

Research Adviser: Jano S. Tabor

A capstone project presented to the faculty, Senior High School Department, Iloilo National High School last April 2020, entitled "In Vitro Screening of Musa sapientum var. compressa Peel and Heart Crude Extract as Anticoagulant", in partial fulfillment of the requirements for graduation In Senior High School (GAS).

Research Adviser: Hemmie S. Hapin

Research Adviser: Prof. Geoffrey Leysa, MAN

Education: B.S.N -1991, MAN - 1996, DMgt - Ongoing

Relevant Experience:

- Participated and conducted research with the Social Science Research Institute (SSRI)
- The Kabalaka Reproductive Health Center (One of those was Sexual Behavior of Filipino Migrant Workers)

CURRICULUM VITAE



Overview

Name: Geren L. Tobongbanua
 Age: 21
 Address: Balabag, Pavia, Iloilo
 18@cpu.edu.ph

Current Year Level: BSN Level 4
 Contact Number: 09274269746
 Institution Email: geren.tobongbanua-18@cpu.edu.ph

Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
Camp Jamindan Elementary School	Elementary	2008 - 2014
Jamindan National High School	Junior High School	2014 - 2018
Central Philippine University	Senior High School	2018 - 2020
Central Philippine University	Undergraduate - BSN	2020 - Present

Relevant Experience

A research study entitled “*Salong* Tree Resin as a Substitute for Commercial Candles” presented to Jamindan National High School as a requirement for the research subject in Special Science Class (2014-2015).

Research Adviser: Ms. Joecylil Ignacio

An experimental research study entitled “The Potential of Pineapple (*Ananas comosus*) as a Source of Electricity” presented to Jamindan National High School as a requirement for the research subject in Special Science Class (2015-2018).

Research Adviser: Mrs. Rochel Robles

A research study entitled “The Efficacy of Red Onion (*Allium cepa*, LINNAEUS, 1753) Bulb Extract Against Gram Positive Bacterium” presented to the Faculty of Central Philippine University Senior High School - Science, Technology, Engineering, and Mathematics (STEM), Nursing MedTech, Pharmacist, and Lifestyle (NMPL) Program (2019-2020).
Research Adviser: Nicolas Guanzon Jr., Ph.D.

Research Adviser: Prof. Geoffrey Leysa, MAN

Education: B.S.N -1991, MAN - 1996, DMgt - Ongoing

Relevant Experience:

- Participated and conducted research with the Social Science Research Institute (SSRI)
- The Kabalaka Reproductive Health Center (One of those was Sexual Behavior of Filipino Migrant Workers)

CURRICULUM VITAE



Overview

Name: Bianca Isabel S. Tordesillas
 Age: 21
 Address: Egana, Sibalom, Antique
 20@cpu.ph

Current Year Level: BSN Level 4
 Contact Number: 09055202690
 Institution Email: biancaisabel.tordesillas-

Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
The Cardinal Academy	Elementary	2008 - 2014
St. Anthony's College	Junior High School	2014 - 2018
St. Anthony's College	Senior High School	2018 - 2020
Central Philippine University	Undergraduate - BSN	2020 - Present

Relevant Experience

A research study entitled "Length and Weight in Relation to Sexual Maturity of Oxeye Scads *Selar boops* in San Jose, Antique" as requirement for Practical Research 2 of the Academic Track Science, Technology, Engineering and Mathematics (STEM) in St. Anthony's College (2019-2020)
 Research Adviser: Segrid V. Manderico

A research study entitled “Activated Powdered Cashew *Anacardium occidentale* Linn. Shell and Vegetable Oil Mixture as Shoe Polish” as requirement for Research Capstone Project of the Academic Track Science, Technology, Engineering and Mathematics (STEM) in St. Anthony’s College (2019-2020)

Research Adviser: Miguel Ramon M. Calibjo, M.S., M.A., C.S.E.

Research Adviser: Prof. Geoffrey Leysa, MAN

Education: B.S.N -1991, MAN - 1996, DMgt - ongoing

Relevant Experience:


- Participated and conducted research with the Social Science Research Institute (SSRI)
- The Kabalaka Reproductive Health Center (One of those was Sexual Behavior of Filipino Migrant Workers)

APPENDIX G


GANTT CHART

APPENDIX H

ETHICAL CLEARANCE



RESEARCH ETHICS REVIEW BOARD
 CENTRAL PHILIPPINE UNIVERSITY
 Lopez Jaena St., Jaro, Iloilo City, Philippines
 329-1971 to 79 local 3336



ETHICAL CLEARANCE

RERB Form No.22-2
 Version No.: 04
 Date of Effectivity: 17 May 2023

Date of Approval: October 6, 2023

RERB Code: 2023-212-UG-TRESPICIOS et al.

Protocol Title: "LIVED EXPERIENCES OF PATIENTS UNDERGOING HEMODIALYSIS IN ILOILO CITY"

Version No. 03

Researcher/s: **TILLAMAN, MARYLL CHARA M.
 TINGATINGA, ELVIE MARIAN V.
 TINGZON, FRANCIS WAYNE T.
 TOBONGBANUA, GEREN L.
 TORDESILLAS, BIANCA ISABEL S.
 TRESPICIOS, KAYLA JANE. C**


Upon resubmission of the following documents, Research Proposal Chapters 1, 2, and 3 with references and Informed Consent Form, the above protocol is hereby **APPROVED** by the CPU-RERB. This ethical clearance is valid from **October 6, 2023 to October 6, 2024.**

The researcher/s are hereby required to submit the following:

- ✓ Progress Report on or before **November 6, 2023** to researchethics@cpu.edu.ph
- ✓ Final Report Form and one (1) copy of the completed protocol **within one (1) month** after completion of the study.

For any amendment or alteration in the protocol that will change the nature, or the level of risk involved after approval, the Research Ethics Review Board must be notified through writing and accomplishing the following forms as needed: Protocol Deviation Form, Serious Adverse Events, Amendment Form, and/or Early Termination Report.

Very truly yours,


JOY G. RASO, PhD.
 Chair, CPU-RERB

Date: 10/6/23

APPENDIX I

ETHICAL CLEARANCE OF A SELECTED HOSPITAL

RESEARCH ETHICS COMMITTEE

November 21, 2023

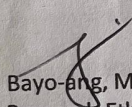


Elmer Q. Pedregosa, M.D., M.P.H., M.H.A., F.P.C.H.A
Hospital Administrator
Iloilo Mission Hospital

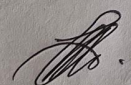
Dear Dr. Pedregosa,

This is in connection with the study entitled "**Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City**" that will be conducted by Kayla Jane C. Trespicios and her group of the College of Nursing of Central Philippine University. The study underwent ethics review and was approved for implementation by the Central Philippine University RERB. In this regard, I am therefore asking for your approval to have their research conducted in our institution with adherence to their approved protocol.

Truly yours,


Maricar A. Bayo-ang, MD, DPPS, FPRA
Chairman, Research Ethics Committee
Iloilo Mission Hospital

Approved by:


Elmer Q. Pedregosa, M.D., M.P.H., M.H.A., F.P.C.H.A
Hospital Administrator
Iloilo Mission Hospital

APPENDIX J

LETTER TO DEAN



CENTRAL PHILIPPINE UNIVERSITY
 Jaro, Iloilo City, Philippines
COLLEGE OF NURSING
The First Nursing School in the Philippines, 1906
 Bachelor of Science in Nursing



LETTER FOR APPROVAL OF THE DEAN

October 15, 2023

Central Philippine University
College of Nursing
Jaro, Iloilo City

Dear Sir/Madam:

Good day and Warm Christian greetings!

We are the fourth year students from the Central Philippine University- College of Nursing, and as part of our requirements, we are required to conduct our research study entitled **“LIVED EXPERIENCES OF PATIENTS UNDERGOING HEMODIALYSIS IN ILOILO CITY”**.


Iloilo Mission Hospital, RSI Dialysis Center and Hartman Dialysis Center, Inc has been selected to be the study site of our research study. In line with this, we humbly ask for your approval to allow the researchers to conduct the interview. Each patient will be interviewed face-to-face. The respondents may choose which location may be more convenient for them, so as to ensure privacy during the entire interview and the schedule will be based on each participant’s preferred time, and this is purely voluntary.

To assist you in reaching a decision, we have attached our Research Ethics Clearance. Rest assured that all data collected will be treated with confidentiality and for academic purposes only. We are hoping that this request will merit the approval of your good office. Your approval would be much appreciated in the completion of our study. Thank you very much!

Respectfully yours,


TRESPICIOS, Kayla Jane. C
 Research Leader

NOTED:


PROF. GEOFFREY C. LEYSA, RN.
 Research Adviser

APPENDIX K

LETTER TO HOSPITAL ADMINISTRATORS

**CENTRAL PHILIPPINE UNIVERSITY**

Jaro, Iloilo City, Philippines

COLLEGE OF NURSING*The First Nursing School in the Philippines, 1906*

Bachelor of Science in Nursing



Date: November 20, 2023

ELMER Q. PEDREGOSA, MD, MPH, MHA, FPCHA

Hospital Administrator

Iloilo Mission Hospital

Mission Rd, Jaro, Iloilo City, Iloilo

Thru:

DR. MARICAR BAYO-ANG

Chairman, Iloilo Mission Hospital

Research Ethics Committee

Dear Dr. Pedregosa:

Greetings!

We, the fourth-year students of Central Philippine University College of Nursing, are currently conducting research entitled, "**The Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City.**" The purpose of this study is to gain a more profound insight into the experiences of patients undergoing hemodialysis in both hospitals and hemodialysis centers, to facilitate a reevaluation of the services offered that can elevate patient satisfaction.

In line with this, we would like to request permission to interview patients who have undergone hemodialysis treatment for more than a year in Iloilo Mission Hospital, regarding their lived experiences. These interviews will be scheduled at the convenience of the patients and in coordination with the hospital staff, to minimize any inconvenience. If a patient chooses to have the interview conducted at the hospital/dialysis center, we kindly request permission to utilize the facility for that purpose as well.

We assure you that our research study will adhere to the highest ethical standards, maintaining the confidentiality and anonymity of all participants. We will obtain informed consent from each patient prior to conducting any interviews. Furthermore, all data collected during the research will be treated with utmost discretion and used exclusively for research purposes.

Thank you for considering our request. We look forward to your positive response and are eager to initiate this study with your hospital's support.

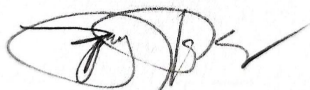
Sincerely yours,



KAYLA JANE C. TRESPICIOS

Research Leader

Noted by:



PROF. GEOFFREY C. LEYSA, RN

Research Adviser



MELBA C. SALE, MAN, RN

Acting Dean, College of Nursing



CENTRAL PHILIPPINE UNIVERSITY
 Jaro, Iloilo City, Philippines
COLLEGE OF NURSING
The First Nursing School in the Philippines, 1906
 Bachelor of Science in Nursing



Date: November 20, 2023

LANI L. PALMARES

General Manager
 R.S.I. Dialysis Center
 Brgy. Dungon A, Jaro, Iloilo City

KEITH ANTHONY V. TUBOLA

Operations Manager

WELMIE M. AGUSTIN, RN

Head Nurse (R.S.I.)

Dear Madam Palmares:

Greetings!

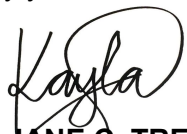
We, the fourth-year students of Central Philippine University College of Nursing, are currently conducting research entitled, **"The Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City."** The purpose of this study is to gain a more profound insight into the experiences of patients undergoing hemodialysis in both hospitals and hemodialysis centers, to facilitate a reevaluation of the services offered that can elevate patient satisfaction.

In line with this, we would like to request permission to interview patients who have undergone hemodialysis treatment for more than a year in R.S.I. Dialysis Center, regarding their lived experiences. These interviews will be scheduled at the convenience of the patients and in coordination with the hospital staff, to minimize any inconvenience. If a patient chooses to have the interview conducted at the hospital/dialysis center, we kindly request permission to utilize the facility for that purpose as well.

We assure you that our research study will adhere to the highest ethical standards, maintaining the confidentiality and anonymity of all participants. We will obtain informed consent from each patient prior to conducting any interviews. Furthermore, all data collected during the research will be treated with utmost discretion and used exclusively for research purposes.

Thank you for considering our request. We look forward to your positive response and are eager to initiate this study with your hospital's support.

Sincerely yours,

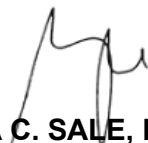


KAYLA JANE C. TRESPICIOS
Research Leader

Noted by:



PROF. GEOFFREY C. LEYSA, RN
Research Adviser



MELBA C. SALE, MAN, RN
Acting Dean, College of Nursing



CENTRAL PHILIPPINE UNIVERSITY
 Jaro, Iloilo City, Philippines
COLLEGE OF NURSING
The First Nursing School in the Philippines, 1906
 Bachelor of Science in Nursing



Date: November 20, 2023

EDGARDO M. CABRILLOS

President/CEO

Hartman Dialysis Center, Inc.

Uy Bico Building, Yulo St., Iloilo City Proper, Iloilo City

Thru:

ADEL GRACE M. NOFUENTE

Operations Manager

Dear Dr. Cabrillos:

Greetings!


We, the fourth-year students of Central Philippine University College of Nursing, are currently conducting research entitled, **“The Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City.”** The purpose of this study is to gain a more profound insight into the experiences of patients undergoing hemodialysis in both hospitals and hemodialysis centers, to facilitate a reevaluation of the services offered that can elevate patient satisfaction.

In line with this, we would like to request permission to interview patients who have undergone hemodialysis treatment for more than a year in Hartman Dialysis Center, Inc., regarding their lived experiences. These interviews will be scheduled at the convenience of the patients and in coordination with the hospital staff, to minimize any inconvenience. If a patient chooses to have the interview conducted at the hospital/dialysis center, we kindly request permission to utilize the facility for that purpose as well.

We assure you that our research study will adhere to the highest ethical standards, maintaining the confidentiality and anonymity of all participants. We will obtain informed consent from each patient prior to conducting any interviews. Furthermore, all data collected during the research will be treated with utmost discretion and used exclusively for research purposes.

Thank you for considering our request. We look forward to your positive response and are eager to initiate this study with your hospital's support.

Sincerely yours,



KAYLA JANE C. TRESPICIOS

Research Leader

Noted by:



PROF. GEOFFREY C. LEYSA, RN

Research Adviser



MELBA C. SALE, MAN, RN

Acting Dean, College of Nursing

APPENDIX L**LETTER TO PARTICIPANTS**

CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
The First Nursing School in the Philippines, 1906
Jaro, Iloilo City, Philippines



Date: _____

Dear Mr/Mrs: _____

Greetings!

We are the Fourth-Year nursing students of Central Philippine University College of Nursing and are presently undertaking research entitled *Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City*. In partial fulfillment of the requirements for the course Bachelor of Science in Nursing.

In accordance with this, we are conducting interviews with patients who have been on hemodialysis for more than a year.

We are requesting your valuable time and effort to participate in our study by allowing us to be one of our participants and answer our questions during the interview. The interview will take around an hour or less until the data saturation has been reached. The interview will be informal and this will take place depending on your availability and convenience. We would like to explore your experiences and perspectives on being on hemodialysis. We will make sure to keep all of your responses respected and confidential. As a gift of appreciation for participating to our interview, we will give you a token of gratitude because your participation will be valuable for our research and findings. If you have concerns, we will be glad to welcome any of your questions.

Your prompt response to my request is much appreciated. Thank you so much, and God bless you!

Respectfully Yours,



KAYLA JANE C. TRESPICIOS

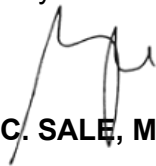
Research Group Leader

Noted by:



PROF. GEOFFREY LEYSA, RN.
Research Adviser

Approved by:



MELBA C. SALE, MAN, RN

Acting Dean, College of Nursing

APPENDIX M

CENTRAL QUERY FOR UNSTRUCTURED INTERVIEW



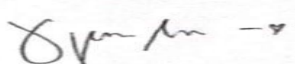
CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
The First Nursing School in the Philippines, 1906
 Jaro, Iloilo City, Philippines





CENTRAL QUERY FOR UNSTRUCTURED INTERVIEW

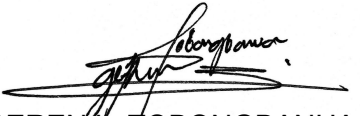
QUESTION
<p>“What are the lived experiences of the patient undergoing hemodialysis in Hospitals and Dialysis Centers in Iloilo City?”</p>

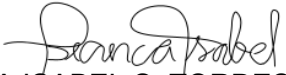
Researchers:


MARYLL CHARA M. TILLAMAN
 Signature Over Printed Name


ELVIE MARIAN V. TINGATINGA
 Signature Over Printed Name

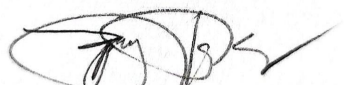

FRANCIS WAYNE T. TINGZON
 Signature Over Printed Name


GEREM L. TOBONGBANUA
 Signature Over Printed Name


BIANCA ISABEL S. TORDESILLAS
 Signature Over Printed Name


KAYLA JANE C. TRESPICIOS
 Signature Over Printed Name

Adviser:


GEOFFREY C. LEYSA, MAN, RN
 Signature Over Printed Name

APPENDIX N**CONFIRMATION OF THE STUDY FINDINGS***Confirmation of the study findings*

I am aware that I participated in the study conducted by Tillaman, Maryll Chara M., Tingatinga, Elvie Marian V., Tingzon, Francis Wayne T., Tobongbanua, Geren L., Tordesillas, Bianca Isabel S., Trespicios, Kayla Jane. C entitled: **Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City**. I understand that before I signed the informed consent to participate in the study, I was informed that the results/findings from the study will be discussed, validated, and confirmed by me if it reflects my lived experiences with hemodialysis in Iloilo City.

In this connection, I confirm that the results/findings of the study were documented thoroughly by the researcher and were understood by me. Clarifications and questions were sought during the return interview and were clarified and answered truthfully by the researcher. Moreover, I had validated all the transcripts transcribed by the researcher which reflects all my responses and experiences during an in depth interview.

Thereby agree that all the results/findings in this research reflect my lived experiences

Signature of the Participant over Printed name

Date

Signature of the Participant over Printed name

Date

APPENDIX O

SUMMARY OF MAJOR THEMES AND SUBTHEMES

Major Theme 1	Subthemes
Quality of Nursing Care	Good Nursing Staff Attitudes
	Inconsistency of Care Approach
	Properly maintained equipment reduces the risk of malfunctions that could harm patients that includes: Alternatives with equipment
Major Theme 2	Subthemes
Access and Utilization of Support	Difficulty with Distance to Care Facilities
	Limited Government Funding
	Great Social Support System
Major Theme 3	Subthemes
Patient Coping Strategies	Hobbies and Activities
	Physical Activities
Major Theme 4	Subthemes
Challenges of Hemodialysis	Physical Limitations
	Financial Burden
	Emotional Adjustments
Major Theme 5	Subthemes
Treatment Experience and	Readily Available Medical Support

Quality Care Comparison between Hospital and Dialysis Center	Better Facility Environment
	Increased Comfort

APPENDIX P

VERBATIM AND TRANSCRIPTS

Participant 1

Verbatim

“Okay lang. Wala (may nabatyag).”

“3 years by December... oh sini na.”

“Hypertension (reason for hemodialysis).”

“Three times a week.”

“Uhm... okay man ti galing di wala man ko comparison kay diri man lang ko ever since.

Huo (when asked if he’s only been in Hospital A) waay man ko ga try sagwa kay kung mag emergency ka indi ka nila pag e resuscitate. Dayon kung mag sulod ka naman di (from other facilities) damo-damo ka pa sang requirements. Unlike kung diri (ka na daan), kompleto na, kung mapatay ka diritso ka nalang morgue (laughs). Indi ah, at least kung diri ya, tanan tawgon para e emergency ka. Tanan nga doctor e tawgon. Sang na experience ko di sa iban nga mga tigulang (other patients), ti ari di sa sulod mo, tinguhaan gid nila nga buhion ka gid ya.”

“Ah ang first nga ma strike sa imo, depression gid ya. Oo (emotional). Kay ti daw indi mo na mabaton bala nga sigi ka maskit, daw masakiton ka na, daw pa bug-at ka. Pero depende na na dayon gani sa personality sang tao kung paano (mag cope) kung dasig siya. Ako dasig lang ko maka cope up mo kay ti... daw... pag padako samon daw ano mo... dapat bala kung may mga problem dapat bawi gid. Daw amo na bala. Hapos lang sa akon mag bawi kag may support sa family.”

“Ah ano man, well taken care off ka gid nila (hospital staffs). Daw wala gid ah. Kung ano available nila ma bulig, ma bulig gid sila.”

“Oo” - when asked when the environment is okay.

“Ah, oo. Okay man. Indi man sila (nurses) ano (bad).”

“Sa kabilugan (who supports his treatment)? Family. Mga in-laws ko. And then, ti may business man ko mo.”

“Ah, indi wala (experienced slow response from nurses). Kung may guba ang machine may alternate gid sila ya.”

“Anong aim niyo sang interview nyo bale, quality experience sang Hospital A?”

Transcript

“Im okay right now.”

“Three years this december.”

“Because of hypertension.”

“Three times a week.”

“My experience so far is fine but I can’t compare it to other services because Hospital A is the only Hospital I go to for my dialysis.”

“Yes (have only been in Hospital A), I haven’t tried others because some institutions won’t do resuscitation if emergencies happen to me and there’s a lot of process to go through. Unlike here (Hospital A) it’s a complete package. If I possibly die, the service includes bringing you to the morgue. At Least here, when an emergency happens, the facility is quick to respond based on the encounters I’ve seen here with other elderlies who had dialysis with me.”

“First thing that hits me is depression, because there’s the idea that I can’t accept that I became ill but it depends on the personality of people if they easily adapt to the changes, but for me, I tried to cope with the situation fast because we are taught to handle challenges that way, and I have full support from my family.”

"I'm well taken care of by the nurses and staff, and they would offer help with whatever they can."

"Yes [staffs have good attitudes]"

"As a whole (who financially helps in dialysis)?, my family. Especially my in laws, and I also have a business."

"I haven't (experience machine defects, and late services response), if there's a defect in the machine, they always have spares and alternatives."

"What is your aim with this interview? To know the quality of Hospital A?"

Participant 2

Verbatim

"50 (year old), Ma'am"

"Huo (hemodialysis only in Hospital A)

"Start sang pandemic. 2019. Mga 4 years."

"Syempre nag kaon sang mga foods nga bawal pareho sang karne kay kontra na sang kidney. Everyday ga karne. Then number 2, drinking master ako eh. Dason unli rice.

Fast foods permi. Bal-an mo hambog man ko sang una sang soltero pa ko. Enjoy life.

Bilog nga siyudad ni, nalibot ko ni ka lagaw nga lagaw."

"Ako? Taga Pavia. Sa Monticello ko, may balay ko to."

"Two times (every week) na. Sang last year, once lang. Once lang ko ga pa hemodialysis. It's because siguro may okasyon naman, nag kadto ko kag nag waswas kaon. Ti amo na nag taas naman creatinine. Balik ko ni Doc sa twice (a week)."

"Doc V, si Doc A."

“Okay na okay eh (experience in Hospital A). Syempre kay tungod nga diri ko gaubra, tanan nga staff nurse kilala ko. Sa dietary department (work), sa dalom. Tanan nga staff nurse kag tanan nga PGI halin sa School A kilala ko tanan.”

“Yes, of course (good services). Yes (good quality care). Oo, okay na di.”

“Sang nabudlayan ko sang last 2017. Pag taas to ka crea ko nga ga 1,100 ($\mu\text{mol/L}$), na arrest ko. Kay siling ko tani nag nubo lang bala ang hemoglobin ko. Siling ko kay Doc V *“Doc nubo hemoglobin ko, 18 nalang.”* “Bal na *“E transfuse ta kaw.”* Ti siling ko *“Sige ah. Matulog lang ko to sa ospital, ma pahuway-huway lang ko to. Ma pa transfuse lang ko.”* amo lang na. Pag sulod ko di sa ospital, daw nag lain matyag ko kag gulpi lang ko na tulogan, mga two hours nga tulog akon, kung pukawon nila ko indi ko ma ka kwan na... indi na ko nila ma pukaw. Ga huragok lang ko nga ga huragok (makes a snoring noise) daw amo na. Dason ging kwaan ko ka staff nurse, nga siling na, *“Sige lang, si sir maga pahuway lang na. Pa bay-e niyo lang.”* Pero waay na sila kabalo nga amo na, dead-end ko na siguro. Nag hambal ang akon timbang nga siling niya *“Indi na ya si sir palatulog nga amo na. May problema gid na siya Ma’am. Kwa e niyo bala laboratory, crea ya bala, basi taas na na.”* Pag kuha crea, taas-taas. Diritso ko, abot sa sulod didto pa lang ang dialysis sa center namon, didto sa pihak pa, na arrest na ko gali, natulogan na ko. Gin dialysis ko nila dayon. Pag dialysis nila, dugay ko (regain consciousness), thursday sulod ko, sang gab e. Thursday, friday, saturday, tulog. Pag sunday muklat ko. Amo na ang life ko sa pag dialysis sakon. First time ko gin dialysis to.”

“Kay nag announce ang ospital nga “Si S. 50-50” tanan nga IM, nga internal medicine, nag kaladto sakon, binuligan nila ko kung pano nila ako baliswaoon-baliswaoon, pang takdan kaw ka mga oxygen, takdan kaw ka tubo sa ilong, takdan kaw ka catheter, tanan. Tanan mo nga kwan, may dextrose, may oxygen, damo-damo.”

“March 9, 2017 (that happened)”

“Ma sulod sa 20 years na (works in Hospital A). Mga staff nurse di, kung maka ubra kamo kung diin-diin. After three years, going to America naman. Mostly, amo na di. Waay di may ga tinir. Kilala ko na tanan, mga friends ko, igo makita ko sa facebook, ato na sa Germany.”

“Si Misis ko (accompanies him). Isa kabilog (child). Waay pa (graduate) kay syempre nag paayaw ko sinoltero sa siyudad, nag asawa ko treynta y singko (35) nako ya. Late na ko nangasawa ay kung mabuot ako siguro dise otcho palang ako nangasawa na ko ya (laughs). Pansin ko ya sang una tanduay sa babaw lamesa. Indi ka ma dialysis kung mabuot ka ah. Ti intsakto man?”

“Waay man ko nag hinulsol nga na dialysis ko kay na accept ko naman sa kaugalingon ko nga akon man ni gin himo, indi man ni sa inyo, daw amo na. Ti kita mo maskin na dialysis ko waay takon ga pa stress sa itsura ko. Maskin mal-am na ko gaydugay lantawa bala itsura ko. Ila sang iban na dialysis, indi sila ya ka lakat, indi sila ka jogging. Ako ya ga jogging pa ko kag naga walking pa ko.”

“Ti diri karon may Christmas party sa dialysis (department), duholan naman na nila ko karon kay bal-an nila may supporter man ako (laughs).

“Sakon (financial support)? Libre ko di. Amo lang ni baydan ko, dialyzer, 200 pesos. Kay ga service ko di mo. May PWD ko. Hospital dependence ‘ko. Dason, may 50% ako nga kwaon nga pay sa hospital. Libre na ang 50%. Halimbawa ma bill’an ka cinco mil (5,000 pesos) di, e kwaon ang 50% ti two five (2,500 pesos), kwaon pa ka PhilHealth, kwaon pa ka PWD, kwaon pa ka hospital dependency, ti ano pa bayran mo? Ti wala ka na bayran. Amo na ang bilin ang two hundred (200 pesos). Ti damo dayon ga pa dialysis nga may mga abroad ga hambal gani *“Sir kung diri ka sir, kung alang-alang waay ka ubra, maputo tikoy ka gid diri.”* Siling ko *“Oo Ma’am, ako na swertehan lang ko gani bisan amo ni sitwasyon ko may nag sapar sakon.”* Amo na, that’s why nga very convenient diri.”

“Oo kay diri ko naka sandig. Sang pag lockdown gin dala ko sa Dialysis Center c, it’s because nga ang akon doctor owner sang dialysis center C. Siling ya, “*Sir dal-on ta ka sa Dialysis center C kay lockdown ng (Hospital A)*” “*Okay Doc*” Ti pag abot sa Dialysis center C sobra pa gid sa libre. Waay man ko bayad sa Doctor.”

“Sa Mabini street, sa kilid sang SPED (Special Education). Kundi SPED school dira, na muh na ang linya da. Amo na.”

Transcript

““Yes [undergoes dialysis from the start]”

“I started when the pandemic hit. In 2019”

“Four years now”

“I ate foods not good for the body like meat because it’s not good for our kidneys. I eat meat everyday. Second is, I’m a master in drinking alcohol and my rice is unlimited, also fast foods because I enjoy life a lot. I used to roam around the city.”

“I’m from Pavia”

“Twice a week, Last year I undergo once a week but maybe because I already felt fine, I ate unhealthy foods again which led to a high creatinine levels, that’s why the doctor advised me to have my treatment twice a week.”

“Dr. A [attending physician]”

“It’s really okay [experience in Hospital A]”

“Because I work here, all the staff nurses and the PGIs from CPU are familiar to me”

“Yes of course [the facilities] Yes [the care given]”

“I was challenged most last 2019 when my creatinine levels is high which reached 1100mg/dL and I had an arrest, I thought my hemoglobin was low, I told the doctor that my hemoglobin is only 80g/dL then the doctor told me I will undergo blood transfusion and get my rest in the hospital but when I entered the hospital, I suddenly felt weak and I

slept two hours then when they tried to wake me up, I only snore but then the nurses let me rest, they didn't know that it would be my dead end, then my helper told the nurses that I don't sleep too much, that there's a problem with me, she asked them to get my laboratories especially my creatinine because it would be high. The dialysis unit was a bit far from where I was. I was then having an arrest and they proceeded to have me undergo dialysis, after a while I then regained my consciousness. I was admitted thursday then friday I gained consciousness not until saturday when I was unconscious again. That's how it went, undergoing dialysis for the first time"

"When I was announced as a critical patient, all Internal Medicine came and helped how to improve my current status, they put NGT, catheter and IV fluids to me"

"March 9, 2017 [the incident]"

"Approximately 20 years now [as an employee in Hospital A]"

"Yes I'm well acquainted with everyone. They come and go especially the ones getting experiences and go abroad eventually"

"I'm with my wife [companion with treatments]"

"I have one child. Not yet [graduate]. I enjoyed my life in the city so I married late, I was already 35 then."

"If I was a good kid, I married at a young age, but then I'm more into drinking that's why it brought me having dialysis now, but I did not regret undergoing dialysis now because I already accepted that this is the consequences of my doing before. Now even with treatment, I'm not stressed and I also do walking and jogging compared to others with similar situation with mine"

"I think there is a christmas party here in the dialysis unit, they will just give me food later because I have lots of supporters here"

"My treatment is free [asked about financial support]. I only pay for the miscellaneous like this dialyzer which cost 200 pesos"

"I have a PWD card, hospital dependence, and I also have 50 percent free pay in the hospital. Example I have a bill ranging 5000, the 2500 will be deducted then also with Philhealth, PWD, and hospital dependence, it will eventually be free. I only need to pay the resources used"

"Yes [there's a lot of benefits if you're an employee]"

"A lot has been saying that if you don't have work and you undergo dialysis, it will be tough to get through it. I agree but I know that I'm lucky because even though this is my current situation now, I've been blessed with a lot of benefits that's why it's very convenient for me"

"I haven't [tried other centers/hospitals] because this is where I have support"

"When the lockdown started I was brought to Dialysis Center C, there's no problem because my doctor is the owner, he suggested to bring me to Dialysis Center C because Hospital A was on a lockdown, my experience there was also beyond free because he's my doctor"

"It's a center near M St"

Participant 3

Verbatim

"54 (year old)"

"Kaagi na (other services). Sa highway (Dialysis center A)"

Raised two fingers - when asked how long he's been having hemodialysis.

"Nag taas creatinine"

Raised two fingers - when asked how many times he goes for hemodialysis in a week.

“Okay man (experience), okay (environment), mayo man (facilities), okay man (staff nurses’ services) ”

shakes head - when asked about any challenges he encountered due to hemodialysis.

nod head when asked if it's his wife that always accompanies him.

“Sister ko (supports financially)”

“DSWD (helps financially)”

Transcript

“I tried other services”

“I tried in Dialysis center A”

“Two years (on dialysis)”

“Because my creatinine is high”

“Twice a week (frequency)”

“It's okay. The environment is good”

“It's great (the facilities)”

“They are great (the nurses/staffs)”

“There's none (challenges during dialysis)”

“My wife accompanies me”

“My sister helps (in financial support)”

“The DSWD (government financial support)”

Participant 4

Verbatim

“49 (year old)”

“Sa Balabago, Jaro (address)”

“Oo” - when asked if he’s only been at Dialysis Center B

“4 years na (having dialysis)”

“Highblood ko kag sugar ko nag trigger”

“Duwa. Ka duwa (in a week)”

“Oo” - when asked if his experience at Dialysis Center B is fine.

“Pag COVID (most challenging experience). Wala salakyan. Ang transportation ang budlay. Kung diri sa sulod (center) ya, waay ah.”

“Waay na (work).”

“Pigado kay indi kaw ka pamug-at eh. Ang imo di nga kwan, ang fistula mo indi mo ma bug-at (physical work) kay maguba man.”

“Syempre basta may sakit ang isa ka pamilya tana, sa inyo pamilya, tanan kamo apektado. Indi lang sa sakit, sa pinansyal nga bagay. Amo lang na, sa pinansyal nga bagay dako ang epekto.”

“Family ko (financial support), kami eh, kag ang agency nga gina pangayuan sang bulig. PCSO, Governor’s office, Mayor’s office. Kung totally nga kwan, may mga schedule kung sano ka pwede ka pangayo. Kung kis-a wala man, syempre imo gid kwan, imo gid personal nga gasto. Ga utang.”

Transcript

"49"- his age

"Balabago, Jaro"- his address

"Yes"- he is only having his hemodialysis therapy at Dialysis Center B.

"Already 4 years"- undergoing hemodialysis

"Highblood and Sugar levels trigger it"- reason for having hemodialysis.

"2 times"- hemodialysis sessions every week.

"Yes, the facility and nurses are ok"- the quality of service.

" During covid the transportation is hard there is no vehicles"

"not anymore"- he has no job.

"You can't do heavy work because my fistula might get damaged, that's all"- Affects his activities of daily living.

"Of course, If there is someone in your family who is sick, everyone is affected, especially financially, that's all"- his relationship with his family and financial problems.

"My family, all of us and also the agency who is helping us like PCSO, Governor's Office and Mayor's Office. There is a schedule when you can ask for money . Sometimes they have no money and we also borrow money"- Financial source.

Participant 5

Verbatim

"Ma two years na ko sa January 29 (2024)."

"Nag start ko sa Hospital D for 7 months."

"Kay wala na ko IJ (catheter) kag masyado na ka mahal so nag transfer na ko di. Yes (lesser cost in Dialysis Center B), didto ya (Hospital D) mahal."

"Kay I can't ano, excrete sang water. So I need to, um, hemodialysis, para e clean ang blood ko kag e remove ang excess nga water sa sulod (body)."

"Twice (a week). Every tuesday and friday."

"Sa Guimaras. Sa Nueva Valencia."

"Kay second shift man lang ko, usually ga halin ko sa balay 8 (am)."

"Feel better after dialysis. No (side effects), sang una gina experience ko gid ya eh, kapoy. Pero subong daw okay na, naka adjust na."

“Challenging? Financially and emotional. Sometimes naga break-down ko mo. Tak-an ko kung kis-a. Kapoy.”

“Sa work, wala ko ni Doc gin tagaan sang permit cause ang DepEd naga ask nga dapat may letter ko halin kay Doc. So wala gin tagaan, so wala na ko kabalik sa teaching kay hambal ya ma stress lang ko, ma trigger lang, mabalik naman liwat. Kay ang face-to-face kuno indi ko kaya, masyado ka init sa classroom. So wala na ko nag balik teaching. Ara lang ko sa balay.”

“Sang una, natak-an ko mag guwa, tak-an ko mag storya, ara lang ko sulod balay. Pero later na realize ko, indi man pwede lang nga sa four corners sang balay lang. So okay lang, kay kung may mga activity sa school mga hinablos ko kag mga teachers nila, ako ila na pangayuan ka bulig, sa contest. Okay man.”

“Sa diet. Oo, damo sila ano (restrictions). Kay ako daan, kung tam-an ko ka kaon prutas, gin pa bawalan ko ni Doc kay naga naba akon heart rate. So bawal ko sa mga fruits pero kung kis-a (laughs) break the rules.”

“Sa balay damo ko na kuwit. Kis-a ga gansilyo, kis-a ga basa, pero usually ga basa gid ko ya. Tapos kis-a gina practice ko lang na para sa brain, mga hampang bala nga ma wili ko. Mga brain games.”

“Oo (have a support system). Tanan gid sila (family and friends).”

“Wala (accompany) kay indi ko gusto updan. Pero hinablos ko ara da subong kay wala sila klase. Ang utod ko, usually may upod gid ko, indi nila gusto nga ako lang isa. Pero subong kay gusto ko ako lang isa, so ga lakat ko ako lang isa.”

“Oo(have financial support), PhilHealth. Wala na ko subong ga bayad. Gin saylo ko siya sa indigency para indi na ko mag bayad. Tapos gin apply’an ko naman disability ang akon SS so may monthly gid ko. Tapos ga pangayo man kami sa government. Ang DSWD ga provide man sila financial.”

Transcript

"I'll be on my 2nd year on January 29"

"I started at Hospital D (first started the treatment) for 7 months"

"Yes" -transferred

"I transferred because I dont have an IJ catheter anymore and the service is expensive so I transferred here (Dialysis center B)"

"Because I have an excess water, so I need to have a dialysis to remove the excess water and clean my blood inside"

"Twice a week every tuesday and friday" - frequency

"Im from Guimaras, in Nueva Valencia"

"I usually leave the house at 8am because I'm scheduled on second shift"

"I feel better after the dialysis" (perspective with treatment"

"At first it was tiring, my body already adjusted"

"It is challenging financially and emotionally, I breakdown sometimes"

"In work, I was not given a consent to go back to teaching because it will stress me out because I can't handle the face to face set-up. It's too hot in the classroom and it drains me physically. For now, I stay at home" - How it affects the daily living

"At first I was irritated in socializing, I just stay at home but I realized I shouldnt dwell on the four corners of my house, so it's fine now because whenever there are activities in the school through my nephew/nieces, they ask me for help so I enjoy it a lot"

"Yes (a lot of changes in my diet) because the doctor restricted me to eat fruits which causes me a low heart rate"

"At home, I busy myself with sewing, usually I read, sometimes I play brain games to practice my brain"

"Yes (I have a support system) all of them"

“None (who accompanies you) Because I don’t want to be accompanied but my niece is her right now because there’s no class”

“I have my sibling with me (to accompany me) because they usually dont want me to be alone, but now I want to go alone”

“Yes (I have health insurance) I have my PhilHealth. I tranferred it on Indigency so that I won’t pay monthly then applied for disability assistance with my SSS so I have support then sometimes the DSWD provide financially when we ask for assistance.”

Participant 6

Verbatim

“Huod (Dialysis in Dialysis Center B only)”

“1 year na”

“Kay halinan manIng to kang ligad kauna bala nga tam-an ako inom softdrinks te kay natubu-an ako ka bato te kay gamay palang an bala gusto ka Doctor tani tunawon lang sang bulong pero kay waay natunaw daw naglala bala haw. Amo nga daw pat*y- ko. Tapos amo ra gin diaylsis ako dayon.”

“Wala (gin surgery). Waay kay hindi nila pag operahan kay taas creatitine ko te budlay panubo-on”

“Ikad-uwa ko magpa dialysis every tuesday kag friday”

“Budlay eh (experience), layo daan. Guimaras pa halin. Alas syete ga halin. Pero kang una ano ko mo ang pang agahan bala, kundi alas kwatro gru to”

“Kang ligad to ako lang (upod makadto pa dialysis), subong may upod na ko kay daw kang ligad semana lang ako nakagwa sa hospital mo.”

“Daw nag nubo bala akon hemoglobin, kag daw na tam-an ako ka tubig bala te gin pa ti gin three times(dialysis) ko sa hospital ti nag nubo kilo ko.”

“Financial gid” “Sa DSWD lang”

“Huod (same dialysis center/hosp)”

“Daw kis a man lang(headache), kang ligad e tung nag nubo akon hemoglobin amo malang to.”

“Daw kabudlay gid e kay daw indi ka nagid kapa mwersa mayad”

“Daw way man daw okay man (relationship)”

“Waay (Hobbies) Ga lagaw lang kis a pero subong daw gina bawalan ko. Huod sa balay lang ko, mag dialysis lang e amo lang na galakat ko”

Transcript

“Yes (undergoing treatment only in Dialysis center BB)”

“1 year” - undergoing dialysis

“I had too much intake of soft drinks which caused me to have stones and doctor wanted to dissolve it earlier when it’s still small, but it didn’t dissolve because of having excess creatinine”

“Twice a week every tuesday and friday”

“It’s hard because the center is far from our place” - experience

“I’m from guimaras”

I usually leave at 7am, but now I went here earlier at 4am”

“Recently I went here alone but now I have someone to accompany me because I was just discharged last week from the hospital”

“My hemoglobin dropped and I had excess water” (reason of admission)

“I lost weight because of having the treatment twice in the hospital”

“Financial (the hardest challenge in dialysis)”

“In DSWD (insurance, financial support)”

“Sometimes (do u drink?) when my hemoglobin dropped”

“It’s hard (at work) because I can’t exert much strength”

“Nothing changed (interpersonal relationship)”

“Nothing (Hobbies to manage the situation)”

“I sometimes go out but I was restricted to go outside recently so I stay at home. I just go out to have my dialysis.”

Participant 7

Verbatim

“Taga pototan kag edad 45”

“Okay lang”

“4 years sobra na”

“Taas creatinine ko, diabetic ako”

“Twice lang” - (kapila mag dialysis sa isa ka semana)

“Okay lang” (ang experience sa Dialysis center A dialysis center)

“Okay man ang treatment, hindi man na siling nga ma okay gid ang tanan kay sari-sari man naga handle sa imo eh. Minsan may ara man nga hindi maayo, may ara man nga maayo man. Balos balos lang pero atleast hindi kaman siguro mag tinir sa isa ka bagay kun pigado gid”

“Huod” - diri gd halin sang una sa Dialysis center A

“Ah kwan eh, Hospital B. Te kay before man ikaw i kwan syempre maagi gid ikaw Hospital B kun diin ikaw gin admit”

“Huod Hospital B tapos Dialysis center A” “Bisan sino lang nga pasyente basta nga kung diin ikaw gin admit kung diin ikaw nga i treat nga dialysis, hospital to kung diin lang imo nga dialysis.”

“Sympre gin refer te malay mo ya timu sang una sang mga muna.” “Wala” -idea about dialysis center.

“Sympre first financial, ang kwan mo kapoy sa lawas mo. Te tuod nga libre man ang kwan (Dialysis) pay te pamasaha mo, indi man pwde ra nga hindi ikaw magkaon, hidni kaw mamasaha, hindi ikaw mag travel”

“Huod” - sa pototan pa halin

“Okay man” - Ang environment facilities. “Okay man ang machine, pay te hndi mo man na ya ma kwan, ky ang machine na ya maguba na ya may tendency ma guba may ano man” “Ay sympre, okay man eh. Ano na gani siling ko nga hindi man siling nga tanan okay kay kung kaisa ang isa kag isa masiling mo kamo tanan okay kamo haw? Symre diba may adlaw, may oras, may minutos man nga ralain man treat nyo sa isa kag isa diba? Amo man kami gawa na pero te atleast hindi kaman siguro mag tinir gid kun pigado gd ang kwan”

“Atleast kung mag sawa ka bala”

“Te sympre ang pamilya eh, kag utod lang” “May ara, may ara nga kwan. Libre ang dialysis sa iban man Philhealth kaso lang ang gina baydan mo di ya accessories mo, cotton, ang betadine, mga gauze, dagom, alcohol, plaster.” “Ang pagkaon mo na ya personal mo na ya na kwa” “Ang diri sa sulod ang gina baydan mo amo lang man na”

“Te sympre bisan gamay gamay lang man masipot man na” “Mga kinanlanon mo na bulong, mga mu na ya gina bulig man ang Philhealth”

Transcript

“Im from Pototan and I’m 45 years old”

“Im fine right now”

“More than four years now”

“I have a high creatinine. I’m also Diabetic”

"Twice a week"

"My experience here [Dialysis Center A] is fine"

"The treatment is fine, but you can't really say that everything is smooth because different staffs are handling you, there are times that the service is good and some days it's not, but you shouldn't complain much if the finances are limited"

"Yes [receiving dialysis from the beginning]"

"I've tried Hospital B before I transferred here, I went to Hospital B first"

"Whenever you are admitted, they always give you options which hospitals and centers you want to undergo dialysis"

"Hospital B referred Dialysis center A because I have no idea about dialysis treatments"

"First challenge for me is the financial aspect, and the side effects on my body, even though the service is free, we still pay for the transportation and our food"

"Yes [Travels from Pototan]"

"It's fine [the environment and facilities], the machines are fine, even though sometimes there is a tendency that it will have defects"

"As what I have told earlier [about the nurses' services] it's not always fine because of multiple nurses handle me at different times, you can't even say you are all good at handling people"

"At least you could say that you won't stay if the service is really poor" "My family and my siblings [helps with financial support]"

"I also have support from the government, the dialysis is free from the government and PhilHealth but you pay for your accessories like cottons, betadine, needles, alcohols, plaster. Even though the resources is cheap individually, it still adds up to the bill eventually"

"Also the medications needed, well PhilHealth makes it less expensive."

Participant 8**Verbatim**

"2 years (undergoing hemodialysis)"

"Ah, diabetes"

"Ang una sa Hospital B, oo tapos nag saylo diri (Dialysis center A)"

"Ano man eh, ah na stroke man ko mum. Na dialysis ko one year, tapos na stroke ko dayon" "Ano ni ngaa ang ride side ko hindi sa gawa kahulag. Mahulag hulag ko subong pero te sang una waay gid ni sya. Paralyzed half body"

"Ah last year, October"

"Oo naka one year"

"Okay man (facilities kg services)" "The best man (nurses)" "Okay man ang equipment"

"Diri kay private mum (Dialysis center A)" "Kung ako na anohan ko sa facility manlng daw gamay manlng ah" "Mas hapos lang i access"

"Tanan (physically, emotionally kg financially)" "Sa physical man ya gina ijectionan ka di, ang imo nga financial ubos don gid" "Social waay eh, ang emotional amo man ay te sympre father ako sang duwa ka ano te way kana ga ubra mum"

"Dako eh, dako gd" (Na apektohan sang hemo ang abilidad mag ubra kg lagaw)"

"Subong gaamat amat palang ako, last time hindi ko kalakat gid ya. Amo na gani subong naga ano lang ko wheelchair" "Makatindog gamay lang"

"Asawa ko sang una garing kay may ubra sya te kundi bata ko naman eh. Kay te kun hindi sya ka ubra waay man eh"

"Taga Zarraga"

"Twice a week"

(Financial) “Waay dun gid ah. Pamilya lang gid.” “Ara subong, subong ang may pensyon ako na gamay manlng te hndi man kaya”.

Transcript

“2 years now (Undergoing hemodialysis)”

“Because I am diabetic”

“I undergone my first dialysis in Hospital B and transferred here [in Dialysis center A]”

“I was undergoing dialysis for one year, then went into a stroke. That’s why I have limited mobility. I’m slowly trying to move it now, but before, it was paralyzed the half of my body was paralyzed”

“I had a stroke last year, October”

“Yes [one year undergoing dialysis in Dialysis center A]”

“It’s good [the facilities and service]”

“The Best [the nurse services]”

“It’s okay [the equipments]”

“I prefer it here [compared to Hospital B] because it’s private”

“For me there’s a little difference in the facilities [f you compare the services in private institutions] there’s a little edge”

“Yes [more accessible]”

“Everything is hard [mentally, physically, emotionally, financially]”

“For the physical, when you get injections and the process of the treatment is tiring, also, our finances is fully used when undergoing dialysis”

“It is the same with social because I’m a father of two children and I don’t work anymore”

“It affected me so much [undergoing dialysis with a changed lifestyle]”

"I manage to walk right now, but compared to before, I can barely walk due to my situation. Now I am using a wheelchair"

"A little bit [if able to stand up]"

"At first, I was always with my wife, but because she has to go to work, my child accompanies me now because if she doesn't work, we can't afford it"

"I go back here twice a week"

"The only support I have is my family"

"Yes, I have [receiving help from the government] I have a pension, but I can't suffice with the needs during treatment"

Participant 9

Verbatim

"Twice-a-week (On how many times she undergoes hemodialysis a week)."

"Indi. Ang first year ko sa Hospital B"

"Waay ko 'to naabutan one year. Mga ano lang, nine months."

"Kidney ko guba. Yes."

"May jan nga daw nami, may jan mn kung kaisa nga daw gina-abot man eh. Pero mas nami sanda ma'am."

"Sa mga nurse, mas namian ko di. Kag ang kalimpyo, mas malimpyo di ya kumpara sa Hospital B, kay ang sa Hospital B, limpyo pero ang CR (indi)".

"Sang naga nubo akon nga hemoglobin."

"Bata ko. Duwa."

"Oo, Philhealth."

Transcript

The environment is okay [environment]

“Some nurses are okay, some are quite (ginaabot) (attitude of nurses), but their (Dialysis center A nurses) much better ma’am”

“I prefer nurses here (Dialysis center A) and the environment here is cleaner compared to Hospital B because the center (Hospital B) is clean but the cr (is not).” [Compare experiences of nurses in Dialysis center A and Hospital B]

“The facilities are okay”

“When my hemoglobin is low”

“My 2 children is supporting me financially”

“We also use Philhealth”

Participant 10

Verbatim

“Sa ibang Center wala. Sang admitted sa Hospital C pero after sang admission diri ako nag sulod sa Dialysis center A”

“Severe covid and then before bal-an may glomerulonephritis ako ya so gamay pa ako elementary days may glomerulonephritis ako so nag trigger sya sang nag COVID 19 ako nag severe. So the weakest part of your can attacked by the COVID so amo na nagka damage akon kidney”

“Two times a week, every monday and thursday”

“1 year and 9 months”

“Okay gid sya ya, very accommodating gid ya ang nurses diri, ang facilities nami man”

“Pinakabudlay sang may J-cath ka diri pinakabudlay actually, kay usually naga guba sya dayon that’s why na nag patakod kami sang permanent diri sa dughan para nga mas convient sa patient”

“Yes po (ga work gypon), so gin employed ako sa College W” “No no no (wala ga affect sa work)”

“Salary (financial aspect)” “Yes po (financial support sa philhealth)”

Transcript

“When I was admitted in Hospital C (I underwent hemodialysis) however, after admission, I transferred here at Dialysis center A.”

“Because of Severe COVID, but before that, when I was young since elementary, I already had glomerulonephritis, which was triggered and exacerbated when I got severe COVID-19, so the weakest part of your body can be attacked by COVID, which led to the damage of my kidney.”

“Twice a week, every monday and thursday.”

“One year and nine months.”

“It was great. The nurses are here are very accommodating.”

“The facilities are also good.”

“The most challenging part wast that I used to have a J-cath, however, it is usually easily damaged, that’s why I opted for a permanent cath, which is more convenient for the patient.”

“Yes, I am still working at College W.”

“My work is not affected [by hemodialysis].

“(my) salary and philhealth (financial support for hemodialysis)”

Participant 11**Verbatim**

"48 (year old)"

"Cabatuan (address)"

"2 years (in hemodialysis)"

"Twice (a week)"

"Huo (have only been in Dialysis center A)"

"Taas creatinine"

"Financial"

"Wala (work)"

"Sa DSWD (financial support). Indi (free) ah. Ti kay may ano man ang DSWD, ga pang hatag man libre mga bulong."

"Bayaw ko (accompany)"

"Okay lang man (Dialysis center A facility). Okay man (staff)."

Transcript

2 years undergoing hemodialysis

Twice a week

"High creatinine" - reason for undergoing hemodialysis

"Financial challenges"

"None" - work

"In DSWD. DSWD gives free medicines" - financial support

"My sister in law" - accompanies her during dialysis session

"It's just fine" - Dialysis in Dialysis center A

"Just good also" - staffs

Participant 12**Verbatim**

"Huo (42 year old)"

"Sa Guimaras (address)"

"Dialysis (in other facilities)? Diri pa lang. Diri tsaka sa Hospital C. Diyan ako na admit sa Hospital C."

"Damo na (hemodialysis sessions in Hospital C). Sobra (three sessions). Kay ilang beses ako to na admit bago ako... mag t-two years sa dialysis."

"Mas... diri ko... mas hiyang ko di (in Dialysis center A)."

"Pag bata ko (reason for dialysis). Ka duha ko na bata. Na ano sya, kinuha nila. Pina ano nila... pina ano sa sulod. Pina pili nila bana ko kung ako o siya (child). Tapos pag ka ano na nila na bal-an nga may kidney problem ako."

"Duwa. Sa isang linggo, kaduwa."

"Wala (accompany). Minsan eh, kung indi siya (husband) busy."

"Okay man (experience in Dialysis center A)."

"Na budlayan ko mag dialysis? Noong una eh. Noong una kong dialysis. Damo ko na ano. Nag 50-50 na ko. Ilang beses ako mag 50-50. Noong bago pa lang ko na dialysis."

"Huo (have a child)."

"Okay man (in their house). Kaya ko man mag kilos. Kaya ko man maglinis ng balay o ano. Kaya man."

"Wala (work). Sa balay lang"

"Okay man, hu0 (relationship with husband and other people)."

"Bana ko (supports financially)."

"May ano man kami. Mga disability (benefits). Huo (in PhilHealth).

Transcript

"Yes" referring to her 42 years old.

"at Guimaras" where she lives

"Here at Dialysis Center A and also at Hospital C where I was admitted" where she underwent hemodialysis.

" A lot, maybe more than 3 times,I was admitted there many times (Hospital C)" how many sessions of hemodialysis therapy did she have at Hospital C.

"I like it more here" referring that she likes Dialysis Center A than Hospital C

"When I gave birth they took my child, they made me and my husband choose either me or our child and then they found out I have a kidney problem" Why she started hemodialysis therapy.

"2 times" she undergoes hemodialysis 2 times a week.

"No one, my husband comes with me when he is not busy" her companion when she undergoes hemodialysis.

"It's ok" her experience at RSI

"My first dialysis, I was 50/50" her hardest experience

"Yes" asked if she have a child

"It's ok I can still move and do household chores" her experience despite undergoing hemodialysis.

"It's ok" her relationship with her family

"My husband" her husband supports her financially.

"DSWD and PhilHealth" agencies that help them financially.

Participant 13**Verbatim**

"46" age

"6 years na" undergoing dialysis

"Waay" tried other hospital

"Alimodian"

"Kay indi ako kakita tapos nanghabok ako. Kay dati ga taas akon blood pressure wala ako nagpa maintenance."

"Twice a week"

"Nami man, okay lang, okay gid, huo. Amo na nagdugay ko dire kag wala ko nag saylo sa Hospital C kay namian ko di."

"Nami gid e"

"Wala man gid ko nabudlayan. Sang una e sang ga adjust pako pero subong okay lang man, naka adjust naman, natural lang"

"Magulang ko"

"Balo ko wala ko bata"

"Huo e may philhealth man ako kag nagapangayo man ako sa DSWD"

"Manog 7 yrs na ako"

"Okay gid e. Kung hindi okay naghalin nako tani"

Transcript

"46-year-old"

"Alimodian" current address

"6 years now" undergoing dialysis

"I have blurred vision, and I gained weight."

"Back then, my blood pressure often increases and I didn't have any maintenance. I undergo dialysis twice a week, every Monday and every Thursday."

"My experience here in Dialysis Center A is satisfactory"

"the facilities and the staff are good, that is why I lasted here for six years undergoing my dialysis."

"I did not transfer to Hospital C, because I prefer Dialysis Center A even more."

"Before, when it was my first time, I had little difficulties in adjusting, but as time went by, I got used to my treatment.

"My older sister is the one who supports me in my treatment."

"I have my Philhealth Insurance, but I also seek assistance from DSWD."

"My overall experience here at Dialysis Center A is highly satisfactory because if not, I would have left here a long time ago.

APPENDIX Q

CERTIFICATE FROM GRAMMARI



COLLEGE OF ARTS AND SCIENCES
CENTRAL PHILIPPINE UNIVERSITY
Department of Languages, Mass Communication, and Humanities

CERTIFICATION



This is to certify that the research entitled **Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City** by *Tillaman, Maryll Chara M., Tingatinga, Elvie Marian V., Tingzon, Francis Wayne T., Tobongbanua, Geren L., Tordesillas, Bianca Isabel S., and Trespicios, Kayla Jane C.* was checked and verified for grammar and other mechanics of writing.

Issued this 25th of May, 2024.

RHYS DE LA BANDA CAMACHO, MA English (major in TESOL)
DLMCH Faculty
This University

APPENDIX R

DECISION FORM

 <div style="text-align: center;"> <p>RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336</p> </div> 				
DECISION FORM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">RERB Form No. 22-1</td> </tr> <tr> <td style="padding: 2px;">Version No. 04</td> </tr> <tr> <td style="padding: 2px;">Date of Effectivity: 17 May 2023</td> </tr> </table>	RERB Form No. 22-1	Version No. 04	Date of Effectivity: 17 May 2023
RERB Form No. 22-1				
Version No. 04				
Date of Effectivity: 17 May 2023				

Date: July 27, 2023

**NAME OF PROPONENT: TILLAMAN, MARYLL CHARA M.
 TINGATINGA, ELVIE MARIAN V.
 TINGZON, FRANCIS WAYNE T.
 TOBONGBANUA, GEREN L.
 TORDESILLAS, BIANCA ISABEL S.
 TRESPICIOS, KAYLA JANE. C**

Institution: CENTRAL PHILIPPINE UNIVERSITY

Re: "Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City"

RERB code: 2023-212-UG-TRESPICIOS et al.

Dear Mr/Ms Trespicios,



This is to acknowledge receipt of your request and the following supporting documents dated **June 15, 2023**:

1. Letter of application for research ethics review addressed to CPU- RERB Chair
2. Accomplished RERB Application (Form 07-1)
3. Full protocol/Research proposal (Chapters 1, 2 and 3) with references.
4. Validated Research Instrument/Questionnaire for Quantitative Research
5. Certificate of Validation for researcher-made questionnaire preferably from (3) three experts in the field, not by the adviser and panel members
6. Informed Consent Form (CPU-RERB template)
7. Certificate of Technical Review/Approval sheet of proposal signed by (3) three members of the technical panel and the Dean
8. Turnitin Similarity Certificate from CPU-RCECC
9. Budget (if applicable)
10. Curriculum Vitae/Resume of the Researcher/Investigator and Co-Researchers with 2x2 photograph
11. GANTT Chart/Timelines/Table of schedule
12. Official Receipt of Ethics Review paid to Account No. A098
13. Two (2) Hard Copies (Soft Bound in Blue or Black cover) of the above documents placed inside a long clear plastic envelope
14. Soft Copy of the above documents emailed to researchethics@cpu.edu.ph

The above documents underwent **Expedited Review** which generated the following list of recommendations:

1. Provide conceptual and operational definition of key terms in the study.
 2. Please update the Gantt Chart to reflect the entire duration of the study. Then reflect on the Scope and limitation the duration (months & year).
- This form contains the CPU-RERB recommendations. Please comply within (15) days and wait for the Ethical Clearance before the conduct of the study.

APPENDIX S
RESUBMISSION FORM

	<p>RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336</p>	
RESUBMISSION FORM	RERB Form No. 08-1	
	Version No. 03	
	Date of Effectivity: 17 May 2023	

INSTRUCTION TO THE RESEARCHER/s: This form shall be filled-out by the researcher upon receipt of the Decision form. Obtain an electronic copy of this form and provide the information required in the space provided. This form shall be signed by the researcher and adviser before submission to rec-resubmission@cpu.edu.ph

GENERAL INFORMATION			
Title of the Study	Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City		
Version number/Date	04		
RERB Code	2023-212	Study Site:	Hemodialysis Centers and Hospitals
Name of Researcher	Tillaman, Maryll Chara M. Tingatinga, Elvie Marrian V. Tingzon,	Contact Information	Tel No.
	Francis Wayne T. Tobongbanua, Geren L. Tordesillas, Bianca Isabel S. Trespicios, Kayla Jane C.		Mobile No. 0927078070
Co-researcher (if any)			Fax No.
			Email: kaylajane.trespicios-20@cpu.edu.ph
Institution of researcher/s	CENTRAL PHILIPPINE UNIVERSITY		
Address of	Lopez Jaena St., Jaro, Iloilo City, Philippines		

Institution	
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RERB Recommendations	Response of Researcher	Section and Page Number of Revisions
Provide conceptual and operational definition of key terms in the study	Chronic Kidney Disease Hemodialysis. Lived Experience. Patient.	Section 2, Page 9 & 10
Update Gantt Chart to reflect the entire duration of the study. Then reflect on the Scope and limitation the duration (months & year)	Conducted from November 2022 to December 2023	Section 2, Page 11
Follow CPU Qualitative Format	Epistemological and Theoretical Perspective of the Study Purpose of the Study Definition of Terms Researcher's Subjectivity Methodology	Section 2, Page 4, 5, 9, 10, 11 and 21
Discuss the Epistemology and theoretical perspective that inform the research methodology	In the perspective of constructionism we can relate our study by using human consciousness and their lived experiences to construct new knowledge that will benefit the patients and their families, Healthcare workers and Dialysis Centers, Department of Health and future researchers. In the perspective of interpretivism we can relate our study by integrating the human interest in the study by conforming to ethical considerations and interpret elements of the study through the data gathered from the respondents.	Section 2, Page 4 & 5
Explicitly state the inclusion and exclusion	Inclusion Criteria: (2) is of legal age (18 years old	Section 2, Page 20 & 21

criteria in Participants of the study section, including age of the participants so that we will know if you need to submit Informed Consent or Assent Form.	up to 59 years of age) Exclusion Criteria: (1) Children below 18 years of age (2) Senior Citizens or 60 years or above	
Indicate the initial Number of Selected Study Sites. Discuss criteria in choosing your study sites	The researchers selected six initial study sites (shown in table 1) to conduct their study. The criteria for choosing these study sites are the accessibility of the facilities in Iloilo city and the familiarity of the researchers to the facilities.	Section 2, Page 21
Revise Ethical Considerations. Should be written after the Research Instrument. The	<ul style="list-style-type: none"> - Seeking approval from the RERB office and other related offices/institution - Risk Assessment - Benefit Assessment - Withdrawal Criteria of Participants - Anonymity & Confidentiality of Participants - Voluntary, Non Coercive Recruitment of Participants/Respondents - Disposal of Research Materials/Data - Contribution to Local Capacity Building and Benefits to Local Communities - Incentives or Compensation for Participants - Disclosure or Declaration of Potential Conflict of Interest 	Section 2, Page 23, 24, 25, 26, & 27
Provide separate section for Dissemination Plan		Page 30
Revise Informed Consent Form follow the latest version	Revisions Done separate from the Full protocol	

Researcher/s:

Signature

MARYLL CHARA M. TILLAMAN

Signature over Printed Name

Date: 08/14/2023



ELVIE MARIAN V. TINGATINGA

Signature over Printed Name

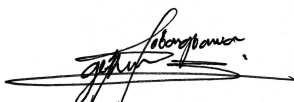
Date: 08/14/2023



FRANCIS WAYNE T. TINGZON

Signature over Printed Name

Date: 08/14/2023



GEREN L. TOBONGBANUA

Signature over Printed Name

Date: 08/14/2023



BIANCA ISABEL S. TORDESILLAS

Signature over Printed Name

Date: 08/14/2023

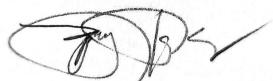


KAYLA JANE C. TRESPICIOS

Signature over Printed Name

Date: 08/14/2023

Adviser:





GEOFFREY LEYSA

Signature over Printed Name

Date: 08/16/2023

APPENDIX T

PROGRESS REPORT FORM

	RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
PROTOCOL REVIEW OF PROGRESS REPORT	RERB Form No. 09-1	
	Version No. 01	
	Date of Effectivity: 17 May 2023	

INSTRUCTIONS TO THE RESEARCHER/s:

This form is required thirty (30) days after your Data Collection. Obtain an electronic copy of this form and supply

All information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

GENERAL INFORMATION

Title of Study	Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City		
RERB Protocol No.	2023-212-UG-TRESPICIOS et al.	Study Site	Iloilo Mission Hospital, RSI Dialysis Center, and Hartman Dialysis Center
Name of Researcher	Tillaman, Maryll Chara M. Tingatinga, Elvie Marian V. Tingzon, Francis Wayne T. Tobongbanua, Geren L. Tordesillas, Bianca Isabel S. Trespicios, Kayla Jane C.		
Contact No.	09270780570	Email Address	kaylajane.trespicios-20@cpu.edu.ph
Co-researcher (if any)			
Institution	Central Philippine University		
Address of Institution	Lopez Jaena St., Jaro Iloilo City, Philippines		

Ethical clearance effectivity period:	May 17, 2024
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PROGRESS REPORT

1. Start of study: December 19, 2023
2. Expected end of study: January 26, 2024
3. Number of enrolled participants: 13
4. Number of required participants: 7-10
5. Number of participants who withdrew: 2
6. Deviations from the approved protocol: None
7. New Information (literature or in the conduct of the study) that may significantly change the risk-benefit ratio: None
8. Issues/problems encountered: None

Recommendations (For RERB use only)	
DECISION: (For RERB use only)	<input type="checkbox"/> Ask for further information <input type="checkbox"/> Noted and Accept report
Comments of Primary Reviewer (For RERB use only)	

RERB Primary Reviewer: (For RERB use only)

Signature over Printed Name

Date:

Researcher/s:



TILLAMAN, MARYLL CHARA M.


TINGATINGA, ELVIE MARIAN V.


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TRESPICIOS, KAYLA JANE C.
Signature Over Printed Name

Date: March 27, 2024



Adviser:


PROF. GEOFFREY LEYSA, MAN
Signature Over Printed Name

Date: March 27, 2024

APPENDIX U

ACCOMPLISHED FINAL REPORT FORM

 RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
FINAL REPORT FORM	RERB Form No. 13-1
	Version No. 01
	Date of Effectivity: 17 May 2023

INSTRUCTIONS TO THE RESEARCHER/s:

This form is required upon completion of the study. Obtain an electronic copy of this form and supply all information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

GENERAL INFORMATION

RERB Protocol Number	2023-212-UG-TRESPIC IOS et al.	Date (DD/MM/YYYY)	29/05/2024
Protocol Title	Lived Experiences of Patients Undergoing Hemodialysis in Iloilo City		
Principal Investigator/s	Tillaman, Maryll Chara M. Tingatinga, Elvie Marian V. Tingzon, Francis Wayne T. Tobongbanua, Geren L. Tordesillas, Bianca Isabel S. Trespicios, Kayla Jane C.		
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Co-investigator/s (if any)			
Contact No.		Email Address	
Institution of Researcher/s	Central Philippine University		
Address of Institution	Lopez Jaena St., Jaro Iloilo City, Philippines		
Effective period of Ethical Clearance	From: <u>October 6, 2023</u> To: <u>October 6, 2024</u>		
(*for RERB) Primary Reviewer/s			

Type of Study	<input type="checkbox"/> Clinical <input type="checkbox"/> Epidemiology <input type="checkbox"/> Observational study <input type="checkbox"/> Document Review <input type="checkbox"/> Individual based <input type="checkbox"/> Genetic <input type="checkbox"/> Social Survey <input type="checkbox"/> Others, specify <u>Phenomenology</u>
Review Status	<input type="checkbox"/> Full Board <input checked="" type="checkbox"/> Expedited

FINAL REPORT

1. Start/end of the Study: December 19, 2023 - January 26, 2024

2. Number of enrolled participants: 13
3. Number of required participants: 7-10
4. Number of participants who withdraw: 2
5. Deviations from the approved protocol: None
6. Issues/problems encountered: Time and day availability of Participant
<p>7. Summary of findings:</p> <p>Based on the experiences shared by the participants, the researchers utilized Colaizzi's method of analysis. The data were categorized to formulate meanings into clusters of major themes and sub-themes.</p> <p>The participants expressed their experiences with different nurses while other patients praised nurses for being great at providing care. There are instances where patients experience different moods from different nurses, indicating inconsistency in the level of care provided. With the facilities and equipment from hospitals and centers, participants expressed their satisfaction noting the clean and organized environment and when equipment defects may occur, it is promptly addressed. Participants also shared varied experiences across institutions due to referrals and available services. They also expressed their physical and logistical challenges on transportation where it was hard to go on scheduled treatment due to their distant location. They also emphasized the importance of a conducive physical environment in nursing care that could enhance overall satisfaction for patients.</p> <p>Although there is much financial assistance available for hemodialysis patients, the burden financially remains formidable to many. Despite the provision of certain services being covered by the government assistance, it would not cover the entire costs. Therefore, participants expressed financial burden as one of the challenges faced while having Hemodialysis.</p> <p>Participants who received support and care from family and friends that fostered strong relationships often exhibit better adaptation to their condition. Despite maintaining positive relationships with their families, many patients expressed a desire for independence and reduce excessive reliance on family support, that is why many participants developed their coping strategies and their emotional adjustment become more manageable as patients navigate the challenges of hemodialysis.</p> <p>The findings revealed five (5) major themes and fourteen (14) subthemes. These major themes were: (1) Quality of Nursing Care, (2) Access and Utilization of Support, (3) Patient Coping Strategies, (4) Challenges of Hemodialysis, and (5) Treatment Experience and Quality Care Comparison between Hospital and Dialysis Center.</p> <p>The 14 subthemes that emerged were: (1) Good Nursing Staff Attitudes, (2) Impact of frequent changes on patient familiarity and trust, (3) Properly maintained equipment reduces the risk of malfunctions that could harm patients that includes: Alternatives with equipment (4) Difficulty with distance to care facilities, (5) Limited Government Funding, (6) Great Social Support System, (7) Hobbies, (8) Physical Activities, (9) Physical Limitations, (10) Financial Burden, (11) Emotional Adjustments, (12) Readily Available Medical Support, (13) Better Facility Environment, and (14) Increased Comfort.</p>
<p>8. Conclusions/Recommendations:</p> <p>Conclusions</p> <p>Utilizing a descriptive phenomenological approach, this study delved into the subjective experiences of patients undergoing hemodialysis treatment, both in hospital settings and specialized hemodialysis centers. Employing qualitative methods, particularly unstructured interviews, the study sought to capture the multifaceted dimensions of the patients' encounters with hemodialysis care. Through in-depth conversations with participants who met specific criteria, the research endeavored to uncover the underlying themes and intricacies of their experiences. The researchers observed that the most prominent and common themes among the participants included quality of care, access to and utilization of support, patient adaption, challenges of hemodialysis, and treatment experience and quality care comparison between hospital and dialysis center. Most of the participants appreciate the care provided to them, and the environment. Some participants</p>

prefer getting treatment at hospitals, while others prefer going to specialized centers for hemodialysis. The access to government financial support helps alleviate the financial burden of treatment, however, it can remain inadequate for the participants. Additionally, participants rely on social support networks and coping strategies to navigate treatment challenges. While some prefer to undergo treatment alone, others find comfort in the presence of family members or friends. Engaging in hobbies and adopting positive coping mechanisms also help the participant adjust to the demands of treatment. Lastly, the participants face significant challenges, including financial strain, travel logistics, and lifestyle adjustments. These experiences were discussed and confirmed by the participants upon the return interview. These findings, however, cannot be applied to all patients undergoing hemodialysis, but with the themes that emerged, providers can tailor their approaches to better meet the diverse needs and preferences of patients, thereby enhancing their quality of life and fostering greater satisfaction with the care they receive. Ultimately, the study's findings hold a potential to catalyze positive transformations within the realm of hemodialysis care, with a focus on prioritizing patient-centered approaches and maximizing the well-being of those undergoing treatment.

Recommendations

Based on the findings of the study, the following measures are recommended by the researchers:

Patients. Patients undergoing hemodialysis should coordinate with their healthcare provider in order to incorporate personalized dietary plans tailored to their nutritional needs, regular monitoring of fluid intake, and engaging in a structured exercise program to improve cardiovascular health and overall well-being. Additionally, implementing psychological support and education sessions can help patients cope with the challenges of hemodialysis and promote adherence to treatment protocols.

Family. For Families, establishing a supportive home environment with members undergoing hemodialysis is crucial to cater to the needs of the individual receiving treatment. This involves providing adequate rest, proper nutrition, and emotional support. Families should proactively monitor symptoms and promptly communicate concerns to healthcare providers. Education on hemodialysis and its impact on daily life is important for family members to understand and adapt. Fostering positivity and resilience within the family can significantly aid in coping with the challenges of hemodialysis.

Healthcare workers/Dialysis Centers. Hospitals and Hemodialysis Centers should prioritize patient-centered care by tailoring treatment plans to meet individual needs and preferences. This approach involves empowering patients to actively participate in decision-making regarding their care. Comprehensive support services, including counseling and support groups, should be readily available to address the holistic needs of patients. Staff training is essential to cultivate empathy and understanding among healthcare professionals, thereby enhancing the patient experience. Facilities must be equipped with modern infrastructure and well-maintained equipment to ensure safe and comfortable treatment environments. Collaboration with community resources can enhance support services, such as transportation assistance and financial counseling. Continuous quality improvement efforts, guided by patient feedback and adherence to best practices, are vital for the ongoing enhancement of hemodialysis care and support services.

Department of Health (DOH) Personnel. The Department of Health (DOH) should consider implementing initiatives to improve accessibility, affordability, and quality of care in their hemodialysis program. This could include expanding the number of dialysis centers, providing subsidies or financial assistance for patients, implementing telemedicine options for remote monitoring, and investing in staff training to ensure high-quality patient care. Additionally, conducting regular evaluations and gathering feedback from patients and healthcare professionals can help identify areas for improvement and ensure the program meets the needs of those it serves.

Future Researchers. Future researchers have the opportunity to gather more data and evidence, either strengthening or refuting the current study. They might increase their sample size by including participants from various institutions and refine their methodology for more precise and dependable outcomes. Furthermore, they could broaden the scope of the study to involve more institutions, participants, and data collection for a comprehensive analysis.