Pathways of Resilience: Holistic Well-being and Life Adaptation among Senior Citizens Undergoing Maintenance Hemodialysis of Thiruvananthapuram

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CERTIFICATE OF APPROVAL

This is to certify that this dissertation entitled "**Pathways of Resilience: Holistic Well-being and Life Adaptation among Senior Citizens Undergoing Maintenance Hemodialysis of Thiruvananthapuram"** is a record of genuine work done by Ms. Nirupama A.V., a fourth-semester Master of Social Work student of this college under my supervision and guidance, and that it is hereby approved for submission.

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DECLARATION

I, Nirupama A.V., do hereby declare that the Dissertation titled "Pathways of Resilience: Holistic Well-being and Life Adaptation among Senior Citizens Undergoing Maintenance Hemodialysis of Thiruvananthapuram" is based on the original work carried out by me and submitted to the University of Kerala during the year 2024 -2026, toward partial fulfillment of the requirements for the Master of Social Work Degree Examination. It has not been submitted for the award of any degree, diploma, fellowship, or another similar title of recognition before.

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ABSTRACT

Chronic Kidney Disease (CKD) is a major global public health concern that often requires maintenance hemodialysis as a life-sustaining treatment. While hemodialysis prolongs survival, it also presents significant physical, psychological, social, and spiritual challenges, particularly among older adults. Existing research has largely emphasized clinical outcomes and treatment effectiveness, with comparatively limited attention to the lived experiences, holistic well-being, and life adaptation of senior citizens undergoing long-term dialysis. This study focuses on the pathways of resilience, holistic well-being, and life adaptation among senior citizens receiving maintenance hemodialysis in Thiruvananthapuram.

A qualitative phenomenological research design was adopted to understand participants' lived experiences. The study included senior citizens aged 60 years and above undergoing maintenance hemodialysis, selected through purposive sampling. Data were collected using in-depth interviews, observation, and field notes, and analyzed through thematic analysis.

The findings highlight that participants experienced multiple challenges affecting their physical health, emotional well-being, social relationships, and financial stability. Despite these difficulties, they demonstrated resilience through personal acceptance, adaptive coping strategies, family support, spirituality, and meaningful social connections. Participants also described significant lifestyle adjustments and emphasized the importance of compassionate healthcare professionals and accessible support systems in enhancing their quality of life.

The study underscores the need to adopt a holistic, person-centered approach to the care of elderly individuals undergoing maintenance hemodialysis. Integrating psychosocial, spiritual, and social dimensions into routine healthcare can strengthen resilience, improve overall well-being, and support successful adaptation to chronic illness. The findings contribute to the field of social work by providing insights that can inform healthcare practice, multidisciplinary interventions, and policy initiatives aimed at improving the quality of life and dignity of senior citizens living with chronic kidney disease.

Key Words: *Chronic Kidney Disease (CKD), Maintenance Hemodialysis, Senior Citizens, Holistic Well-being, Life Adaptation, Resilience*

CHAPTER 1
INTRODUCTION

CHAPTER 1: INTRODUCTION

1.1 Introduction

'Health' and 'well-being' are changing ideas that have become more important in today's world. In the past, health focused mainly on physical functioning and freedom from disease. Over time, this view has broadened to include mental, social, and spiritual aspects. It is now recognized that well-being is a complete experience shaped by many connected factors. This change shows that a person's quality of life depends not just on biological issues but also on their experiences and social surroundings.

Chronic illnesses and the understanding have played a significant role in this shift to analyze an individual in a holistic manner. Previously, these conditions were primarily examined through a medical lens, focusing on diagnosis, treatment, and survival among people with chronic illnesses. Recent studies show that chronic diseases affect many areas of a person's life, including emotional stability, relationships, and independence. All these aspects mould an individual and give them an individualized nature. The individualized nature shapes an individual's daily living and coping strategies. As a result, the concept of quality of life is now essential for understanding health outcomes, especially for those with long-term conditions (Aljawadi et al., 2024).

Among chronic illnesses, chronic kidney disease (CKD) has become one of the major global health issues impacting millions of people worldwide. Over 800 million people globally are suffering from chronic kidney disease. As the disease advances, maintenance hemodialysis often becomes necessary for the survival of CKD Patients. While dialysis is a vital treatment, it also brings various physical, psychological, and social challenges to people undergoing maintenance hemodialysis. Studies show that dialysis significantly impacts patients' quality of life, affecting physical functioning, mental health, and social participation (Barbosa et al., 2017).

The effects of hemodialysis are especially significant for older adults. Seniors on dialysis often deal with multiple health issues, decreased physical ability, and increased reliance on others. These factors all affect their overall well-being. Research indicates that older dialysis patients often place greater importance on maintaining independence and quality of life rather than just surviving, highlighting the need to consider all aspects of their care (So et al., 2022).

In addition to physical challenges, elderly patients on maintenance hemodialysis experience psychological distress, social isolation, and changes in daily routines. Studies have found that these patients often feel anxiety, depression, and reduced involvement in social activities, which further lowers their quality of life (Chung et al., 2024). These experiences show that dialysis is more than just a medical procedure; it alters a person's life as a whole.

Despite these difficulties, many older individuals showed resilience by developing unique strategies to adjust to their conditions. Research shows that patients develop various coping mechanisms, seek support from their family, friends, and healthcare systems, and find meaning in their lives, which helps maintain their well-being. This resilience is crucial for helping individuals undergoing maintenance hemodialysis to manage the challenges of chronic illness while preserving their sense of purpose and dignity (Hall et al., 2020).

However, most existing research has focused on clinical outcomes and survival rates, with little attention to the lived experiences, overall well-being, and coping methods of elderly individuals undergoing maintenance hemodialysis. Also, the holistic aspect of wellbeing, especially its spiritual aspects, received very little attention. So, it is important to understand how these individuals experience life transitions, cope with ongoing challenges, and build resilience within their social and cultural contexts.

Therefore, this study titled *"Pathways of Resilience: Holistic Well-being and Life Adaptation among Senior Citizens Undergoing Maintenance Hemodialysis of Thiruvananthapuram"* aims to fill the gaps that exist in the contemporary world. This study thus aims to understand the lived experiences of elderly individuals on maintenance hemodialysis, mainly focusing on their holistic well-being, life adaptation strategies, and resilience pathways. It thereby contributes to a better understanding of social work practice in maintenance hemodialysis.

1.2 Statement of the Problem

Chronic kidney disease (CKD) has become a very significant global public health issue, impacting a large number of people around the world, and has thereby started getting a lot of attention lately. More than 850 million individuals are estimated to have kidney diseases, making it a leading cause of illness and death (Jager et al., 2019). In India, about 13 to 15% of the population is reported to have CKD. Many of these individuals progress

to end-stage renal disease (ESRD), which requires maintenance hemodialysis for survival (Rajapurkar et al., 2012; Singh et al., 2013).

Maintenance hemodialysis, even though it is life-sustaining, also creates a heavy burden for patients. Studies show that those undergoing maintenance hemodialysis has severe physical complications and challenges. The physical complications includes fatigue, reduced mobility, sleep disturbances, reduced appetite, thirst and other health issues. These problems significantly impact their daily activities and quality of life. (Bossola et al., 2023; Moreels et al., 2023). Older adults face even greater challenges, as aging coupled with chronic illness can lead to increased frailty and dependence, and these issues can affect their overall quality of life.

Along with physical issues, the psychological effects of dialysis are considerable. Studies indicate that many hemodialysis patients suffer from psychological distress, including depression and anxiety, which harms their overall well-being (Aljawadi et al., 2024; Panthi et al., 2023). They often experience social isolation and participate less in daily and community activities, resulting in a lower quality of life (Mushtaque et al., 2024). The financial strain of long-term dialysis can also be significant, especially in developing countries like India, where out-of-pocket healthcare costs remain high (Rajapurkar et al., 2012).

Despite these various challenges, healthcare systems and research primarily aim to understand aspects of medical care and survival rates. There has been little attention paid to the overall well-being of elderly individuals, particularly regarding their emotional, social, and spiritual experiences. The spiritual well-being aspect has been least explored, which has resulted in limited understanding of the holistic well-being of Individuals undergoing maintenance hemodialysis. Along with this, there also exists a lack of understanding of how older patients cope with changes in their lives, like losing their independence, shifting family roles, and the lifestyle adjustments that come with long-term dialysis.

Another important gap is in understanding the resilience and coping strategies of elderly patients undergoing maintenance hemodialysis. The coping strategies and levels of resilience differ for each individual, especially given the unique nature of human beings. It is thus important to understand the individualized nature in order to attain a comprehensive understanding. While some individuals manage to adapt and maintain

well-being despite hardships, the ways they build resilience are poorly studied, particularly in India. Also, the experiences and perspectives of elderly patients are often overlooked, thereby limiting the development of patient-centred interventions in dialysis settings.

Therefore, it is important to investigate the experiences of senior citizens undergoing maintenance hemodialysis. This research thus focuses on their overall well-being, how they adapt to life changes, and the pathways of their resilience throughout their dialysis journey. Addressing these gaps will help to connect the medical treatment with psychosocial care and offer valuable insights for social work aimed at improving the dignity, quality of life, and well-being of elderly individuals living with chronic illness, especially those undergoing maintenance hemodialysis.

1.3 Background of the Study

CKD is a significant health issue that has been diagnosed at a greater rate globally, impacting both rich and poor countries. Recent estimates show that over 850 million people live with kidney diseases, making CKD a top cause of illness and death (Jager et al., 2019). The rise in CKD cases is closely connected to an increase in non-communicable lifestyle diseases such as diabetes and high blood pressure, which are key risk factors for kidney failure.

In India, CKD poses a significant public health challenge. Studies suggest that about 13-15% of the general population is dealing with this condition (Rajapurkar et al., 2012; Singh et al., 2013). The CKD burden gets severe with the late diagnoses, limited healthcare access, and high treatment costs that come along with the procedure. As CKD progresses, many patients require renal replacement therapies, with maintenance hemodialysis being the most common and accessible option.

Maintenance hemodialysis is crucial for CKD patients, as their kidneys aren’t functioning on their own, and the purification process isn't occurring naturally. In such a situation, maintenance hemodialysis determines their survival. It requires them to attend regular sessions multiple times a week, often for long periods or even for the rest of their lives. Even though this treatment is vital to their life extension, it also significantly changes patients' daily routines. Research indicates that people on hemodialysis often experience various physical symptoms, such as fatigue, pain, sleep issues, and reduced

mobility. These problems can diminish their independence and overall quality of life (Bossola et al., 2023a; Moreels et al., 2023a).

The effects of hemodialysis extend beyond its impact on physical health; they also affect the psychological, social, financial, and spiritual aspects of patients' lives. Patients often face psychological impacts such as anxiety, fear, and depression. Their social interactions are limited due to higher fatigue and mobility issues they face due to dialysis, and they also engage less in daily activities (Panthi et al., 2023). Furthermore, the long-term, constant need for treatment and the related costs create a substantial financial burden on patients and their families, particularly in developing countries like India, where healthcare expenses are unaffordable to a majority (Rajapurkar et al., 2012).

This reality is reflected in a recent incident reported in Thiruvananthapuram, where an elderly man allegedly killed his wife, who was undergoing dialysis, and later died by suicide, reportedly due to the inability to cope with the mounting financial burden of treatment. Such incidents highlight the severity of economic and psychological pressures associated with chronic illness and emphasize the urgent need for comprehensive and supportive care systems that go beyond medical treatment(“Fin Distress: Man Kills Wife at Hosp, Ends Life,” 2025).

Seniors are particularly at risk among all patients; aging often leads to physical decline, a higher likelihood of dealing with chronic diseases, and changes in social roles and support systems. When these factors combine with a demanding treatment like maintenance hemodialysis, older adults often experience greater loss of their independence. They slowly become more dependent on caregivers and experience significant changes in their daily lives due to the fatigue they experience after each dialysis session. They also have to depend on others in order to strictly follow their diets as well as to undergo dialysis according to their frequencies. The frequency of dialysis varies for each individual, and their lifestyle changes significantly as they have to undergo dialysis on a weekly basis. Slowly, they have to plan their daily life purely depending on the dialysis schedules. Along with this, they also experience changes in their role within their family and other groups. Older adults also face comorbidities, and they will also be dealing with those health problems, which often contribute to the deterioration in their quality of life. The existing studies show that older patients undergoing hemodialysis generally report a lower quality of life compared to younger

patients going through the same procedure. This emphasizes the need for age-sensitive healthcare approaches (So et al., 2022).

Despite these difficulties, many individuals on maintenance hemodialysis adapt to their situation over time. Research underscores the importance of coping strategies, family support, and finding meaning in their circumstances as ways for patients to manage their chronic illness (Aljawadi et al., 2024). Spiritual beliefs and social support systems are also crucial in promoting psychological resilience and overall well-being.

However, the existing research shows that most studies have focused primarily on the clinical and physiological outcomes of CKD and dialysis. Maintenance hemodialysis affects not only the physical aspects but also the individual as a whole. There are few studies that examine the overall well-being and life adjustments of older adults undergoing maintenance hemodialysis, especially in the context of India. Also, patients' experiences and perspectives are often ignored, limiting a complete understanding of their needs and challenges.

In this study, the researcher aims to understand the lived experiences of senior citizens undergoing maintenance hemodialysis in Thiruvananthapuram district, Kerala. By understanding how they maintain their overall well-being, what their adjustment processes are, and individualized pathways to resilience, the study aims to deepen the understanding of the varied effects of dialysis on each individual at a holistic level, and it also helps to inform social work interventions that enhance dignity, quality of life, and overall well-being.

1.4 Significance of the Study

Chronic kidney disease, along with maintenance hemodialysis, is not only a medical phenomenon but also a multidimensional experience that affects an individual's overall well-being, especially among elderly people. In the present scenario, where the prevalence of chronic diseases is consistently on the rise, it is necessary to understand health from an integrated perspective, not only in terms of physical survival. This particular research becomes relevant because it is focused on the overall well-being of elderly people who undergo maintenance hemodialysis, which is an integral part of their lives, including their physical, psychological, social, and spiritual dimensions.

This research is particularly relevant to the domain of social work, especially because it focuses on the lived experiences of people who are often at the receiving end, particularly within the context of healthcare, where the medical perspective is often considered superior to the psychosocial perspective. The elderly people who undergo dialysis often experience emotional distress, dependency, social isolation, financial difficulties, etc., which need to be addressed from an integrated perspective. This research is particularly relevant to social work because it focuses on people's overall well-being, an integral part of the field. In addition, the research highlights the importance of resilience, life adaptation, elderly people, and chronic illness. In the context of chronic illness, it is often observed that people, especially elderly people, who undergo chronic illness, often exhibit remarkable resilience, drawing their strength from their social support system, finding meaning in their illness, etc. Moreover, the study's relevance is highlighted by its contribution to practice and policy in healthcare.

This study can offer insights for healthcare professionals, social workers, and policymakers, helping them develop comprehensive, patient-focused care strategies. This includes integrating psychosocial support, counselling, caregiver support, and community-based approaches into existing healthcare systems. Moreover, the study has highlighted the need for accessible, affordable care, especially in contexts where financial constraints play a major role in maintaining care (Rajapurkar et al., 2012). A further significant aspect of this investigation lies in its contextual pertinence. The research concentrated on the lived experiences of elderly individuals receiving maintenance hemodialysis within Thiruvananthapuram. This approach has yielded localized perspectives on the experiences of older patients within a particular socio-cultural and healthcare setting. Such specificity is crucial for understanding the context-dependent requirements and challenges faced by the elderly across distinct environments.

Furthermore, the study's relevance is underscored by its contribution to the extant body of knowledge. It has filled gaps in the existing literature on holistic well-being, life adaptation, and resilience among elderly dialysis patients. Most existing studies have highlighted the need for addressing the physical and physiological needs of elderly dialysis patients. However, the study has sought to highlight the need to address the human and experiential aspects of chronic illness. In conclusion, the study's relevance is immense in bridging the gap between medical and psychosocial care, thereby creating a more comprehensive understanding of health and well-being. This study emphasizes the

role of social work in healthcare settings and the need to promote the dignity, quality of life, and well-being of elderly patients undergoing maintenance hemodialysis.

1.5 Chapterization

The present study is organized into six chapters, each dealing with specific aspects of the research in a systematic manner.

Chapter 1: Introduction

This chapter provides an overview of the study, including an introduction to the topic, a statement of the problem, a background of the study, and the relevance and significance of the research. It lays the foundation for understanding the study's context and need.

Chapter II: Review of Literature

This chapter presents a comprehensive review of the literature on chronic kidney disease, maintenance hemodialysis, holistic well-being, life adaptation, and resilience. It includes both national and international studies, helping to identify gaps in existing research and providing a theoretical base for the study.

Chapter III: Methodology

This chapter describes the research design and methodological framework adopted for the study. It includes details such as the study title, objectives, research approach, research design, universe and unit of study, sampling techniques, data collection tools, data analysis methods, and ethical considerations.

Chapter IV: Data Analysis and Interpretation

This chapter presents the data collected from the PARTICIPANTs and provides a thematic analysis of the findings. It includes detailed descriptions of the lived experiences of elderly individuals undergoing maintenance hemodialysis, focusing on themes such as holistic well-being, life adaptation, resilience, support systems, and quality of life.

Chapter V: Findings and Discussion

This chapter summarizes the study's major findings and discusses them in relation to the objectives and the existing literature. It interprets the results and highlights key patterns, insights, and implications emerging from the study.

Chapter VI: Conclusion and Recommendations

This chapter presents the overall conclusions drawn from the study along with suggestions and recommendations. It also includes implications for social work practice at micro, mezzo, and macro levels, and provides directions for future research.

CHAPTER 2
LITERATURE REVIEW

CHAPTER 2: REVIEW OF LITERATURE

2. 1 INTRODUCTION

A literature review is a summary and critical analysis of existing literature on the specific problem chosen by the researcher. It provides a context for the developing research and justifies it. Through literature reviews, researchers can also identify gaps in the literature, thereby helping them explore and understand newer dimensions of a problem.

In this study, the researcher focuses on understanding the holistic well-being of individuals undergoing hemodialysis. Mainly tries to understand how senior citizens undergoing maintenance hemodialysis build resilience to sustain their holistic well-being and adapt to life changes. The researcher conducted an extensive literature review of+ electronic sources. The literatures are classified under the following headings;

- Chronic Kidney Disease and Hemodialysis
- Care and Support System
- Life Adaptation
- Theoretical Frameworks
- Gaps in Existing Literature

2. 2 Review of Literature

Chronic Kidney Disease and Hemodialysis

Chronic Kidney Disease is defined as abnormalities of kidney structure or function that have persisted for a least 3 months and have implications for health. CKD is classified based on Cause, GFR category (G1–G5), and Albuminuria category (A1–A3), abbreviated as CGA. These 3 components of the classification system are each critical for assessing people with CKD and help determine severity and risk ("Editorial Board," 2024). The classification system can be simple or complex. Thus, in simpler terms, CKD is classified by severity, diagnosis, treatment, and prognosis (Levey et al., 2005). Chronic Kidney Disease (CKD) is a growing health concern worldwide, and those who are affected by CKD are also highly prevalent (around 850 million people). CKD is a global public priority. Even though the prevalence and impact of CKD are generally studied in economically developed countries, the burden is greater in developing countries.

Statistics show that CKD patients are twice the estimated number of people with diabetes worldwide, which shows CKD as one of the most common diseases worldwide (Jager et al., 2019). CKD isn't only about kidney failure, but it also includes decreased functioning of the kidneys as well as cardiovascular functioning and diseases. Cardiovascular diseases are a major cause of morbidity and mortality in individuals undergoing maintenance hemodialysis (Cohen-Hagai, 2025). The most common causes leading to CKD are diabetes and hypertension. Along with this, the lifetime management of renal failure increases patients' burden and prognosis. There are studies which suggest reduction of adverse effects through early detection and proper treatment, but in most cases, CKD remain underdiagnosed and unrecognized until it gets worse. However, the most effective ways to address this problem is transplantation, which is really expensive. Thus, the comparatively affordable and highly adopted treatment for CKD is Maintenance Hemodialysis. Maintenance hemodialysis removes toxins from the blood when kidney cannot. It is an ongoing dialysis that takes place about 3 to 5 times a week to clean the blood, usually in a dialysis centre. The most common population undergoing hemodialysis is the elderly. The patients undergoing hemodialysis experience a huge number of symptoms during and after each session, which eventually affect their quality of life (Bossola et al., 2023). The most common physical problem among patients undergoing hemodialysis includes fatigue, cognitive difficulties, and decreased mobility. There are also studies which shows higher rate of fall anxiety among the elderly as well (Moreels et al., 2023b). In addition to these problems, patients undergoing hemodialysis also face financial challenges. There are studies that show that many people who are in need of maintenance hemodialysis stop their treatment due to its high cost. Those with comorbid conditions pay a higher amount during treatment, thereby increasing the financial burden (Jarupala et al., 2024). Another important aspect affected by hemodialysis is oral health. There are studies that show a correlation between oral health-related quality of life and difficulty chewing among those undergoing hemodialysis. This difficulty eventually leads to problems in solid food intake which results in malnutrition and underweight, consequently having an impact on the survival (Rodakowska et al., 2018). All these problems will result in adverse effects on the well-being of the individuals.

Care and Support System

The care for hemodialysis patients is more intense than most of the other chronic diseases, as they require both physical as well as mental care. The care for hemodialysis patients is not limited to days or months; thus, caregivers and support systems play a significant role in the entire process. The hemodialysis patients are highly dependent upon the caregivers as well, mainly the maintenance hemodialysis patients, who need to visit the dialysis centers more often, and they also need to take medications on a daily basis. Thus, studies show that even caregivers find it difficult to maintain their mental stability without becoming exhausted. The study shows that the caregivers often experience hopelessness, internal turmoil, stress, and fear of the future due to the condition of the patient (Ghapanvari & Hosseinigolafshani, 2024). These changes in the caregivers will also affect the patients' well-being more significantly. There are studies that clearly state that those who are undergoing hemodialysis due to their health condition mostly remain socially isolated. This also generates a death anxiety in them, resulting in poor quality of life (Mushtaque et al., 2024). Due to their frequent hospital visits, patients rely more on hospital staff at a higher rate. The patients, along with physical and medical assistance from the hospital staff, often expect psychological assistance as well, mainly an empathetic approach. Along with this, studies highlight that they often expect society to treat them with empathy rather than sympathy and pity. They want society to understand their situation rather than pity them. As maintenance hemodialysis is conducted with the assistance of machinery, it is important to adjust the treatment to the individual's needs and blood pressure. A small change in fixation pressure often results in a drop in blood pressure, and rapid adjustment often leads a weakness and a weak feeling in patients. Thus, studies show patients' concern about advanced machinery in the system (Shahgholian & Yousefi, 2018). Research is also being conducted to introduce various technologies in hemodialysis to provide more advanced machinery that reduces the health risks prevalent in this field. Studies explore the scope of immersive and non-immersive virtual reality programs for hemodialysis patients, and results show that these technological advancements significantly enhance the well-being of individuals undergoing hemodialysis. Such introductions showed significant improvements in mobility, functional capacity, and balance in patients (Martins et al., 2025). The significance of technological advancements is evident from such studies. The medical system is highly focused on providing the most effective and satisfactory services to

patients. This also shows a higher reliance on the care and support system by the patients. Thus, it is clear that the care and support system plays a significant role in the well-being of patients undergoing hemodialysis.

Life Adaptation

People undergoing maintenance hemodialysis will undergo various life adjustments. The population undergoing maintenance hemodialysis is mainly elderly. Thus, they have to adapt to their new life situations. Mostly they will be struggling with post-retirement phase of their life and along with this once started taking maintenance hemodialysis they have to depend upon others in order to fulfil their daily functioning. A study on adaption of patients to chronic diseases highlights that those with CKD has the lowest level of adaptation due to heavy burden of frequent treatments and reduced quality of life, which requires a proper emotional support for them (Laza et al., 2025). There are various factors that contributes to the quality of life of patients undergoing hemodialysis. The result of a study shows that the age of the patient correlates with the quality of life. Those above the age of 60 years is often experiencing lower quality of life than the younger ones. However, the results also shows that those with better education has better quality of life and this may be because of level of understanding they have about their own condition and their treatment patterns. In addition to this, there are also chances for reduction in the quality of life along with increase in the duration of dialysis (Gerasimoula et al., 2015). The dialysis itself is a tiring process and along with these are physical distress that are eventually leading to mental distresses. Thus, there are rising need for adaptation to the newer situation both by the patient and families in order to ensure quality of life. There are also studies which highlights the connection between economic condition and quality of life. Those with a lower economic condition often experiences lower quality of life. There are instances where the patients complained about the transportation cost when they have to travel long distance in order to access the dialysis services (Yonata et al., 2022). Along with the economic condition this also affect their physical health as well. Thus, adaptation to life situation can have a significant role in ensuring the quality of life and wellbeing. Wellbeing doesn't only mean physical wellbeing. A theoretical model highlights the existence of seven dimensions of holistic health such as; Self-Esteem, Body Image, Social Relationships, Environment, Meaningful Work, Health Knowledge and A Sense of Future. The theory suggests them as the pillars that eventually helps in the attainment and maintenance of healthy and balanced wellbeing (dos Santos Silva et

al., 2024). However, the aspects of holistic wellbeing include physical, social, psychological, economic and spiritual wellbeing altogether. All other aspects are extensively being discussed however, there is a high need to shed light on the spiritual wellbeing as well. Especially among the elderly, they also prioritize spirituality along with others. The spiritual is an important phenomenon that strengthens the human existence thus, it became important to incorporate that aspect to the health field. Spirituality often helps in coping with stress that the patients often experience during the hemodialysis. It is really important for the practitioners to understand the spiritual needs of the patients especially the older adults. Such understanding helps in providing individualized care for the patients and may also help in providing a better effective treatment to them. This will also have a greater impact on coping and recovery from their condition (Hodge et al., 2012).Thus, there are studies that highlight the effectiveness of spiritual care by nurses and other medical staff. The study shows that such spiritual care often helps in imparting strength in patients to overcome the condition and also acts as a calm in the storm in most cases. This spiritual aspect also contributes in building a positive connection with the family members which thereby enhances the social wellbeing as well (León-Castro et al., 2023). The wellbeing can also be ensured through leisure activities; studies highlight that hemodialysis patients participating in leisure activities often experience a better wellbeing. However, elderly individuals have limitations in effective participation in the physical leisure activities due to mobility issues. But at the same time, they can be part of social and psychological leisure that eventually help in the wellbeing. Thus, the study highlights the need of professionals in hemodialysis team who also prioritize leisure time for the patients (da Cunha et al., 2022). This will help in ensuring a holistic wellbeing for the patients undergoing maintenance hemodialysis on a greater extent. Thus, it is relevant to ensure the holistic wellbeing of individuals undergoing hemodialysis mainly to ensure a quality of life among them.

2.3Theoretical Framework

The Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984)

The Transactional Theory of Stress and Coping focuses on how individuals interpret and respond to stressful situations. For elderly individuals undergoing long-term hemodialysis, stress arises not only from the physical challenges of the illness but also from the emotional and social burdens that accompany treatment. The diagnosis of

chronic kidney disease, frequent hospital visits, rigid treatment schedules, financial strain, and increasing dependence on family members can all feel overwhelming. According to this theory, what matters most is how the person appraises these situations, whether they see them as unbearable threats or as challenges that can be managed with support and inner strength. Their perception shapes their emotional reactions and determines their ability to adapt.

Coping responses play a crucial role in maintaining psychological well-being. Some patients use problem-focused coping, actively seeking solutions such as arranging dialysis transport, accessing financial aid, improving their diet and health practices, or learning more about their condition. Others rely on emotion-focused coping, finding comfort through spirituality, prayer, social connections, or acceptance of their situation. Both forms of coping can contribute to resilience and a more hopeful outlook.

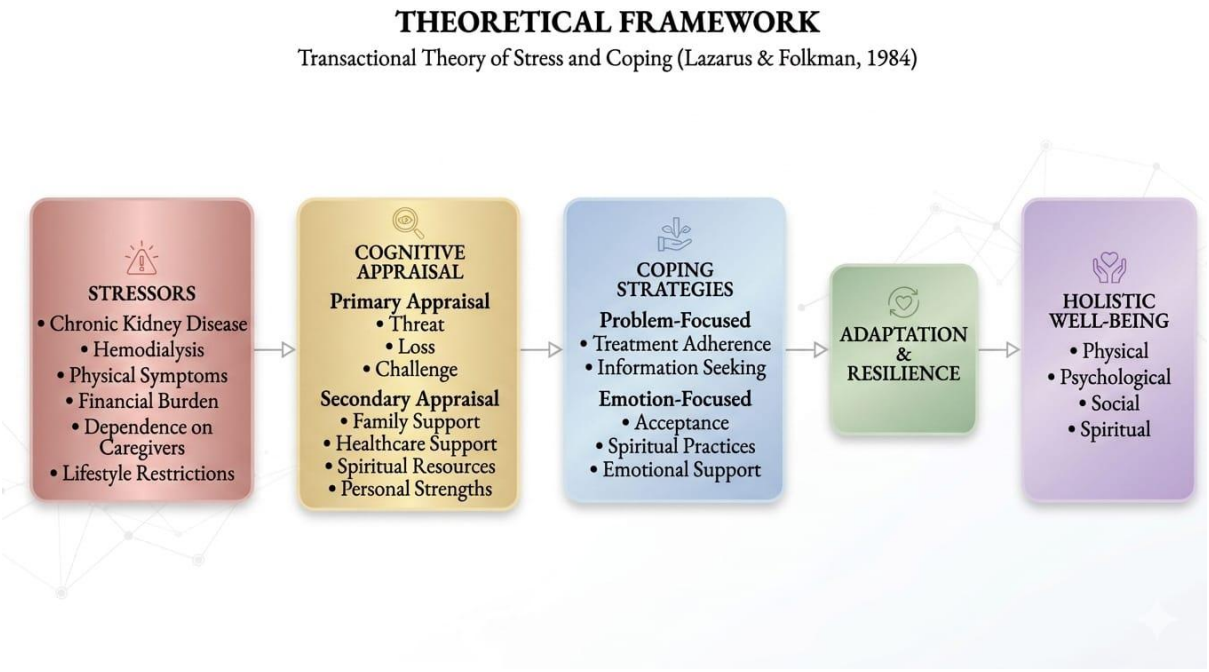

Figure 2.3. 1: Pictorial Representation of the Theoretical Framework

2.4.Theories Connected to the Study

Development Theory (Erikson, 1950)

Erikson's final psychosocial stage, integrity vs. despair, becomes particularly meaningful in the lives of elderly individuals undergoing long-term hemodialysis. In this stage, older adults naturally look back on their lives, evaluating whether their experiences, relationships, and choices created a life of purpose and satisfaction. For

dialysis patients, this period of reflection may be complicated by the realities of chronic illness, dependence on others, and disruption of daily routines and independence. The repeated medical procedures, physical limitations, and uncertainty about the future can intensify feelings of helplessness, grief over lost roles, or regret about things left undone, pushing them toward despair.

However, many individuals also discover strength, resilience, and renewed meaning even in the midst of illness. Supportive family relationships, spiritual beliefs, and opportunities to share life experiences can help them develop integrity, a peaceful acceptance of life as it was lived. When patients feel respected, heard, and involved in decisions about their care, they are more likely to experience dignity and emotional balance rather than hopelessness.

Ecological Systems Theory (Bronfenbrenner, 2005)

Bronfenbrenner's Ecological Systems Theory explains that an individual's development and well-being are shaped by multiple layers of their surrounding environment, from close family relationships to broader social structures. For people undergoing long-term hemodialysis, the microsystem, which includes family members, caregivers, friends, and healthcare professionals, plays a crucial role in providing emotional support, practical help, and motivation. Positive interactions within this layer can improve coping, treatment adherence, and psychological strength. However, strained family relationships, social isolation, or inadequate caregiver support can create stress, leading to anxiety, depression, or withdrawal.

Beyond the immediate circle lies the mesosystem, exosystem, and macrosystem, which also influence the dialysis patient's experience. Hospital policies, availability of financial support, transportation to treatment centers, workplace understanding, and the wider cultural attitudes toward chronic illness all shape how the individual adjusts to dialysis. A supportive healthcare environment, accessible social welfare schemes, and community awareness programs can empower patients, while stigma, economic burden, and lack of policies may worsen their emotional and social difficulties.

Strengths-Based Theory (Saleebey, 1996)

The Strengths-Based Theory looks at people not in terms of what is lacking, but in terms of what is already strong within them. For elderly individuals undergoing long-

term hemodialysis, this perspective shifts the focus from illness and limitations to their resilience, life experiences, and ability to keep going despite difficulties. Living with chronic kidney disease and attending regular dialysis sessions can be physically tiring and emotionally draining. Still, many older adults continue to show quiet strength in their everyday lives. They adjust to strict routines, manage discomfort, and stay committed to treatment. Their past experiences, spiritual beliefs, and family support often serve as important sources of strength, helping them cope.

This theory reminds us that they are not just patients dealing with a problem, but individuals capable of adapting and enduring. When caregivers and professionals recognize these strengths, it can make a real difference. Simple things like listening to their experiences, involving them in decisions, and appreciating their efforts can help them feel valued and respected. In this way, focusing on strengths can help them face the challenges of long-term hemodialysis with greater confidence and a sense of dignity.

DABDA Model (Kübler-Ross, 1969)

The DABDA model, introduced by Elisabeth Kübler-Ross, explains how individuals emotionally respond to loss and difficult life situations through five stages: Denial, Anger, Bargaining, Depression, and Acceptance. For elderly individuals undergoing long-term hemodialysis, these stages can reflect their emotional journey as they come to terms with chronic illness and the changes it brings to their lives. In the beginning, many may experience **denial**, finding it hard to accept the diagnosis or the need for lifelong treatment. This can sound like hoping the condition is temporary or believing things will return to normal soon. As reality sets in, **anger** may arise towards their situation, their body, or even the limitations placed on their daily life. Feelings of frustration about frequent hospital visits or dependence on others are common. Some individuals may move into **bargaining**, where they hold on to "what if" thoughts, such as hoping that strict adherence to treatment or certain changes might reverse their condition. This is often followed by **depression**, where the emotional weight of the illness becomes more apparent. Feelings of sadness, helplessness, or withdrawal may occur, especially when facing physical discomfort, financial strain, or reduced independence. Over time, some may reach **acceptance**, acknowledge their condition, and adjust to it. This does not mean they are happy about the illness, but rather that they find ways to live with it, follow their treatment plan, and regain a sense of

balance in their lives. It is important to understand that these stages are not linear. Elderly individuals may move back and forth between them, or experience multiple emotions at once. Recognizing these emotional responses can help caregivers and professionals provide more empathetic and patient-centered support throughout their dialysis journey.

2.5 Gaps in Existing Literatures

There are several important gaps in the existing literature about the overall well-being of hemodialysis patients. Only a few studies have explored this issue in depth. Almost all studies mainly explore medical and physical aspects, such as treatment effectiveness, survival rates, and clinical complications. This limited focus often ignores crucial areas of well-being, including emotional, social, psychological, and spiritual experiences, which have a huge impact on patients' quality of life. There are only a few studies that examine how elderly hemodialysis patients handle significant life changes related to independent living, family dynamics, and challenges posed by other health conditions. Most importantly, there are very few studies that highlight the voices and experiences of elderly patients. As a result, patient-led insights on how to improve care, provide emotional support, and enhance service delivery receive little attention. The spiritual aspect and distress experienced by maintenance hemodialysis patients are also very underexplored.

Also, there is a lack of studies that use phenomenological methods to directly gather information about hemodialysis patients' holistic well-being. We need more qualitative and patient-centered research to explore personal meaning, coping strategies, and perspectives on life beyond clinical settings. Understanding them holistically will help formulate an inclusive and comprehensive treatment approach in an elderly-friendly manner.

CHAPTER 3

METHODOLOGY

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

Research methodology is a systematic and scientific framework for collecting, analyzing, and interpreting data. This provides an outline of the way research has been carried out. Thus, it includes the methods, tools, samples, and research design, which, in turn, help answer specific research questions to address the research problem. Also, research methodology ensures that the research is valid, reliable, and ethical.

The present study aims to understand the pathways to resilience of senior citizens undergoing maintenance hemodialysis in Thiruvananthapuram, especially in ensuring their holistic well-being and life adaptation once they begin the process.

This chapter describes aspects such as the research approach, research design, themes, setting, population, samples, sampling technique, development and description of instruments, reliability and validity of the tools, ethical considerations, pilot study, data collection procedure, and the plan for data analysis.

Thus, this chapter aims to provide an overview of how the study will proceed and be conducted to produce a reliable and valid study.

3.2. Title of the Research

Pathways of Resilience: Holistic Well-being and Life Adaptation among Senior Citizens Undergoing Maintenance Hemodialysis of Thiruvananthapuram

3.3. Research Questions

3.3.1. General Questions

- How do senior citizens undergoing maintenance hemodialysis in Thiruvananthapuram build resilience to sustain their holistic well-being and adapt to life changes?

3.3.2. Specific Questions

- How do Senior citizens who have been on maintenance hemodialysis describe the lived experiences of holistic well-being?
- How do senior citizens with maintenance hemodialysis adapt to their life transitions?

- What pathways of resilience do senior citizens undergoing maintenance hemodialysis develop to cope with illness-related challenges and sustain wellbeing?
- What suggestions do elderly maintenance hemodialysis patients offer to improve care, support systems, and quality of life for people in their situation?

3.4. Definition of Concepts

Table 3.4 1: Conceptual and Operational Definition

Concept	Conceptual Definition	Operational Definition
Holistic Well-being	Holistic wellbeing refers to the comprehensive care of an individual's physical, mental, emotional, social, and spiritual health (Zaff et al., 2003).	In this study, it refers to the lived experiences of elderly individuals undergoing maintenance hemodialysis, including physical health, emotional responses, social relationships, and spiritual beliefs.
Senior Citizen	A senior citizen is any individual aged 60 years and above (Maintenance and Welfare of Parents and Senior Citizens Act, 2007).	Individuals aged 60 years and above who are undergoing maintenance hemodialysis in the selected setting.
Maintenance Hemodialysis	Maintenance hemodialysis is a medical treatment used for managing chronic kidney disease and renal failure (Agrawal, 2022).	Regular dialysis treatment undergone by participants for a prolonged period (minimum six months), usually multiple times per week.
Life Transition	Life transition refers to periods of change that involve adjustment to new roles, situations, or conditions (Silva, 2025).	Changes experienced by elderly individuals after starting dialysis, including lifestyle changes, dependency, and adaptation to treatment routines.
Care	Care is a set of relational actions aimed at maintaining or improving an individual's well-being (Krause & Boldt, 2017).	Support received by the elderly from healthcare providers, family members, and others during dialysis treatment.
Quality of Life	Quality of life is an individual's perception of their position in life in relation to their goals, expectations, and cultural context (WHO, 1998).	Participants' subjective experiences of well-being, including physical comfort, emotional state, social

		involvement, and sense of independence.
Support System	A support system is a network that provides emotional, informational, and practical assistance (Merriam-Webster, 2022).	The assistance provided by family, friends, and healthcare professionals in helping elderly patients cope with dialysis.

3.5. Conceptual Framework

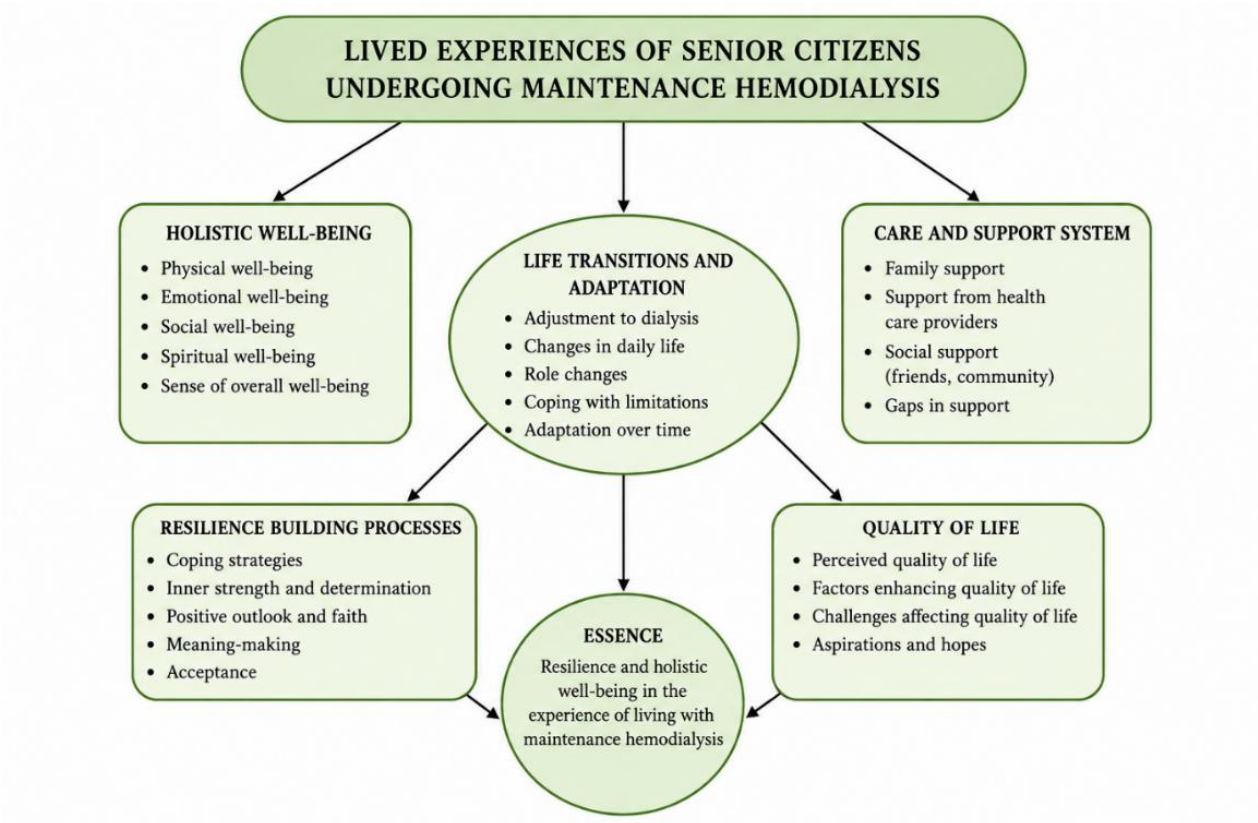

Figure 3.5. 1: Pictorial Representation of Conceptual Framework

The conceptual framework explains the lived experiences of senior citizens undergoing maintenance hemodialysis through five interconnected themes that emerged from the study. It shows that living with dialysis is much more than managing a medical condition; it involves ongoing changes across various aspects of life.

The framework begins with **holistic well-being**, which includes the physical, emotional, social, and spiritual dimensions of participants' lives. These experiences influence how individuals go through **life transitions and adaptation**, where they gradually adjust to

dialysis, changes in daily routines, shifting family roles, and the limitations brought about by ageing and illness.

As participants adapt, they develop different **pathways of resilience**, including coping strategies, inner strength, acceptance, hope, and meaning-making. Their ability to manage these challenges is further strengthened by **care and support systems**, particularly the support from family members, healthcare professionals, and others around them, while acknowledging the gaps that still exist in these systems.

Together, these experiences shape the participants' **quality of life**, which is influenced not only by their physical condition but also by their relationships, emotional adjustment, spirituality, and the support available to them. Overall, the framework illustrates that resilience and holistic well-being are developed through an ongoing process of adaptation, meaningful relationships, and personal strength while living with maintenance hemodialysis.

3.6. Themes

Main Theme 1: Holistic Wellbeing

Sub-themes:

- Physical wellbeing
- Emotional wellbeing
- Social wellbeing
- Spiritual wellbeing
- Total pain (physical, emotional, social, spiritual pain)

Main Theme 2: Life Adaptation and Life Transition

Sub-themes:

- Adjustment to illness
- Changes in routine
- Role changes
- Acceptance and ageing

Main Theme 3: Pathways of Resilience

Sub-themes:

- Coping strategies
- Inner strength

- Meaning-making
- Acceptance and hope

Main Theme 4: Support System and Care

Sub-themes:

- Family support
- Medical support
- Emotional care
- Gaps in support

Main Theme 5: Quality of Life and Suggestions

Sub-themes:

- Perceived quality of life
- Improvement needs
- Advice to others

3.7. Research Design

The present study adopted a **Qualitative Descriptive Phenomenological Research Design**. According to Creswell (2009), phenomenology is a qualitative research approach that seeks to understand and describe individuals' lived experiences in relation to a particular phenomenon. It focuses on how people experience a situation and the meanings they attach to those experiences. This study is grounded in **Edmund Husserl's Descriptive Phenomenology (1901)**, which emphasizes understanding participants' experiences as they describe them, while the researcher consciously sets aside personal assumptions and biases through *bracketing*.

A phenomenological design was most apt for this study because the main aim was to understand the lived experiences of senior citizens undergoing maintenance hemodialysis. The study sought to explore how they experience changes in their physical, emotional, social, and spiritual well-being, how they adapt to life after starting dialysis, and how they develop resilience while living with a chronic illness. Since these experiences are deeply personal and best understood through participants' voices, phenomenology provided the most suitable approach for capturing their meanings and perspectives.

Data were collected from senior citizens aged 60 years and above undergoing maintenance hemodialysis in Thiruvananthapuram through in-depth interviews, observation, and field notes. These methods helped the researcher gain a deeper understanding of the participants' experiences, the challenges they faced, the ways they adapted to their condition, and the sources of strength that enabled them to continue their daily lives. The phenomenological design enabled understanding of the essence of these experiences and provided rich insights into resilience, holistic well-being, and life adaptation among elderly individuals undergoing maintenance hemodialysis.

3.8. Sources of Data

Primary and secondary data were collected using appropriate methods and techniques. Primary sources include firsthand accounts from participants. Secondary sources include biographies, dissertations, journal articles, documents, records, and videos.

3.9. Pilot Study

A pilot study was conducted among 5 senior citizens aged 60 years and above who were undergoing maintenance hemodialysis at SUT Hospital, Pattom, Thiruvananthapuram, before commencing the main study.

The purpose of the pilot study was to assess the feasibility of the research, evaluate the suitability of the interview guide, estimate the time required for each interview, and identify any practical or ethical issues that might arise during data collection. It also helped the researcher assess whether the interview questions were clear, relevant, and understandable to the participants.

Based on the pilot study findings, minor modifications were made to the interview guide. A few questions were rephrased to improve clarity and make them easier for the participants to understand. Additional probing questions were also included to encourage participants to elaborate on their experiences related to resilience, holistic well-being, and life adaptation. The pilot study enhanced the quality of the data collection process and increased the researcher's confidence in conducting the main study.

3.10. Area of Study

Senior Citizens undergoing maintenance hemodialysis in Thiruvananthapuram are included in the phenomenological study. Therefore, Thiruvananthapuram constitutes the study area.

3.11. Research Approach

A qualitative research approach was employed in the present study to understand the lived experiences of senior citizens undergoing maintenance hemodialysis. The approach facilitated an in-depth understanding of participants' perceptions, experiences, resilience-building processes, adaptation to life transitions, and holistic well-being within the context of long-term dialysis treatment.

3.12. Sampling

The study adopted **purposive sampling**, a nonprobability sampling technique in which participants are intentionally selected for their ability to provide rich, relevant information about the phenomenon being studied. According to **Creswell (2013)**, purposive sampling is commonly used in qualitative research to identify participants who have direct experience of the issue under investigation and can provide meaningful insights into their lived experiences.

Purposive sampling was considered appropriate for this study because it aimed to explore the lived experiences of senior citizens undergoing maintenance hemodialysis. Only individuals aged **60 years and above** who had been undergoing maintenance hemodialysis and were willing to share their experiences were included in the study. These participants were selected because they had firsthand experience with chronic kidney disease and long-term dialysis, making them rich sources of information capable of providing detailed insights into resilience, life adaptation, and holistic well-being.

A total of **15 participants** were included in the study. Creswell (2013) suggests that phenomenological studies generally involve **5 to 25 participants**, as the emphasis is on obtaining detailed descriptions rather than achieving statistical representation. The sample size of 15 was found to be appropriate as it allowed for an in-depth exploration of participants' experiences while ensuring sufficient diversity of perspectives.

Data collection continued until **data saturation** was achieved. Saturation was reached when no new themes, ideas, or significant insights emerged from subsequent interviews, and participants' experiences began to reflect recurring patterns. This indicated that sufficient information had been collected to comprehensively understand the phenomenon under study.

3.12.1. Inclusion Criteria

Participants were included in the study if they:

- Those aged 60 years and above.
- Had been undergoing maintenance hemodialysis for at least six months.
- Those capable of providing informed consent.
- Those who are able to participate in an in-depth interview and communicate their experiences.

3.12.2. Exclusion Criteria

Participants were excluded if they:

- Had acute or severe psychiatric conditions that impaired communication.
- Those undergoing peritoneal dialysis.
- Had initiated dialysis within the previous six months.

The criterion of six months of maintenance hemodialysis was adopted to ensure that participants had sufficient experience with the treatment process and could meaningfully reflect on their experiences of adaptation, resilience, and well-being. The inclusion and exclusion criteria ensured the selection of information-rich participants who could contribute effectively to the phenomenological study.

3.13. Methods and Techniques

Data for the study were collected using **in-depth interviews.** In-depth interviews served as the primary method of data collection, as they provided participants with the opportunity to freely share their personal experiences, feelings, and perspectives related to maintenance hemodialysis, life adaptation, resilience, and holistic well-being.

The researcher developed an interview guide based on the study's objectives and an extensive review of relevant literature. The guide consisted of open-ended questions

designed to encourage participants to describe their experiences in their own words. It covered areas such as physical, emotional, social, and spiritual well-being; changes in daily life; coping strategies; support systems; and suggestions for improving care. The interview guide was reviewed by the research guide to ensure its relevance and clarity. It was also refined following the pilot study by rephrasing a few questions and adding probing questions to facilitate more detailed responses.

Observation was used to understand participants' non-verbal expressions, interactions, and the dialysis environment, while field notes were maintained to record contextual information, observations, and the researcher's reflections during data collection. These methods complemented the interview data and contributed to a deeper understanding of the participants' lived experiences.

3.14. Data Analysis

The data collected through in-depth interviews, observation, and field notes were analyzed using **Braun and Clarke's (2006) Thematic Analysis**. After each interview, the recordings were transcribed verbatim and read several times to gain familiarity with the data. Initial codes were then generated by identifying meaningful segments of the participants' narratives. Similar codes were grouped together to develop broader themes and sub-themes that reflected common patterns across the data. The themes were reviewed, refined, and named to ensure they accurately represented participants' experiences and aligned with the study's objectives. Finally, the themes were interpreted and supported with relevant verbatim quotations from the participants to present a comprehensive understanding of resilience, holistic well-being, and life adaptation among senior citizens undergoing maintenance hemodialysis.

3.15. Ethical Considerations

The ethical considerations while collecting the data from the participants are;

- Permission for data collection from the institution
- Informed consent is the right of the participants to withdraw at any stage
- Permission for recording the audio of the participants

- Maintenance of privacy and confidentiality via de-identification
- Referral to Psychological support systems if interviews evoke distress.

3.16. Limitations of the Study

The study has certain limitations that should be considered while interpreting the findings. Firstly, the study was conducted within a limited time frame, which did not permit a longitudinal exploration of participants' experiences or changes in their well-being and adaptation.

Secondly, the study included a relatively small sample of 15 participants. Although the sample size was appropriate for a phenomenological study, the findings cannot be generalized to all senior citizens undergoing maintenance hemodialysis.

The study was conducted in a single hospital in Thiruvananthapuram due to permission-related constraints. As a result, participants' experiences from other healthcare settings or districts may not be reflected in the findings.

Some participants were required to recall past experiences related to the onset of their illness and their adaptation to dialysis. Therefore, the study may be subject to **recall bias**, as participants' memories may not always have been complete or entirely accurate.

The study may also be influenced by **social desirability bias**, as some participants might have provided responses that they believed were socially acceptable or favorable, rather than expressing all their personal thoughts and experiences.

3.17. Conclusion

This chapter presented the research methodology adopted for the study. It described the qualitative descriptive phenomenological research design and its suitability for exploring the lived experiences of senior citizens undergoing maintenance hemodialysis. The chapter explained the study setting, population, inclusion and exclusion criteria, sampling technique, sample size, and the pilot study conducted prior to the main research. It also outlined the methods and techniques for data collection, including in-depth interviews, as well as the process of thematic data analysis. Further, the chapter discussed the ethical considerations throughout the study and acknowledged the research's limitations. The

methodological approach adopted for the study provided a systematic framework for understanding the participants' experiences of resilience, holistic well-being, and life adaptation, thereby forming the basis for the presentation and interpretation of the findings in the following chapter.

CHAPTER 4

DATA DESCRIPTION

CHAPTER 4: DATA DESCRIPTION

4.1 Introduction

This chapter presents a detailed description of the data collected from participants undergoing dialysis. The data were collected through in-depth interviews focused on participants' physical, mental, and spiritual well-being. The purpose of this chapter is to provide a comprehensive account of the participants' lived experiences without interpretation, allowing their voices to be represented as they were expressed during the interaction.

The participants selected for the study are elderly and have been undergoing dialysis for varying lengths of time. Each participant shared their experiences related to the onset of illness, treatment process, physical changes, emotional responses, family support, and coping mechanisms. The narratives reflect diverse experiences shaped by individual health conditions, personal beliefs, and social contexts.

This chapter presents the data in a narrative form for each participant, detailing their experiences. Verbatim expressions have been included wherever necessary to retain the authenticity of the participants' voices. The descriptions focus on physical challenges, emotional experiences, changes in daily life, support systems, and participants' spiritual perspectives.

No interpretation or analysis is carried out in this chapter. The intention is to present the data as is, serving as the basis for further analysis in the subsequent chapter.

4.2 Demography Details

Table 4.2.1: Demographic Details of the Participants

Participants	Age	Gender	Marital Status	Occupation	Education	Dialysis Duration	Frequency (per week)	Other Health Issues
1	78	Male	Married	Retired Govt Employee	B.A. Economics	7 years	3 days	Diabetes, BP, Mild Heart Problem

2	78	Male	Widower	Retired Govt Employee	ITI	6 months	3 days	Diabetes, Eyesight Issues
3	74	Male	Married	Retired Govt Employee	Graduation	2 years	3 days	Diabetes
4	77	Male	Married	Worked Abroad	Diploma in Civil	4.5 years	2 days	Diabetes
5	62	Female	Married	Housewife	MLT (Medical Lab Tech)	1.5 years	2 days	Diabetes, Heart Problem
6	62	Male	Married	Businessman (Self-employed)	8th standard	4 years	3 days	Diabetes, BP
7	82	Male	Married	Engineer (Retired)	MBA	2 years	3 days	Diabetes, Hypertension
8	70	Female	Married	Housewife	SSLC	6 months	2 days	Diabetes, Heart Problem
9	75	Male	Married	Retired Driver (KSRTC)	SSLC	11 months	2 days	Diabetes
10	70	Male	Married	Retired (PWD)	SSLC	15 years	3 days	Diabetes, BP, Heart Problem
11	70	Male	Unmarried	Retired (Gulf)	B. Com	4 years	3 days	Diabetes, BP, Stroke-related
12	82	Male	Widower	Retired (KSEB)	2nd standard	3 years	2 days	BP

13	65	Male	Married	Contractor (Self-employed)	+2	8 years	3 days	Diabetes, Neuropathy, Heart Problem
14	63	Male	Married	Retired Bus Driver (Gulf)	SSLC	6 months	2 days	Diabetes, BP, Heart Problem
15	70	Male	Married	Retired (LIC)	Graduation	1 year	2 days	Diabetes, BP

The study included 15 senior citizens undergoing maintenance hemodialysis in Thiruvananthapuram. Participants ranged in age from 62 to 82 years, with the majority (13) being male and two being female. Most participants were married, while two were widowers and one was unmarried.

The participants represented diverse occupational backgrounds, including retired government employees, engineers, business owners, drivers, contractors, and homemakers. Their educational qualifications varied from primary education to postgraduate level, reflecting a wide range of socioeconomic and educational backgrounds.

The duration of maintenance hemodialysis ranged from six months to 15 years. Eight participants were undergoing dialysis three times a week, while seven attended dialysis twice a week. Most participants had one or more coexisting medical conditions, with diabetes being the most common, followed by hypertension, heart disease, stroke-related complications, neuropathy, and visual impairment. The diversity in demographic characteristics, educational backgrounds, occupations, dialysis duration, and associated health conditions provided rich and varied perspectives, enabling a comprehensive understanding of the lived experiences, resilience, holistic well-being, and life adaptation of senior citizens undergoing maintenance hemodialysis.

4.3 Case Description

4.3.1. Participant 1

The participant shared that his kidney disease developed gradually over time. Having lived with diabetes since his early thirties and coming from a family with a history of diabetes, he was not surprised when he was diagnosed with kidney disease at the age of 62. He viewed the illness as something that was always a possibility in his life.

Reflecting on his diagnosis, he remarked, *"I knew this day would come. Diabetes has always been a part of my life, so when they told me about my kidneys, I accepted it as part of my journey."*

The participant has been undergoing maintenance hemodialysis for the past seven years. He explained that the treatment initially began once a week and gradually increased to three sessions per week. Although dialysis has helped him survive, he described the physical burden it places on his body, particularly the overwhelming fatigue experienced after each session.

He explained, *"Dialysis keeps me alive, but on dialysis days my body has no energy. Those days belong only to rest."* He also shared that he no longer has the enthusiasm to engage in activities he once enjoyed, as constant tiredness has significantly reduced his activity level.

The participant reported noticeable changes in his eating and sleeping patterns. His appetite has reduced considerably, and he now consumes only small quantities of food. He also experiences interrupted sleep and has difficulty falling asleep again after waking during the night. In addition, declining physical strength has affected his mobility. He now depends on a walking cane while moving alone and has stopped his regular morning walks, spending most of his time indoors.

Socially, the participant described himself as someone who enjoys interacting with others. Although his circle of social interaction has become smaller, he continues to maintain close relationships with a few intimate friends and relatives. He shared, *"Many people stopped coming over, but the ones who stayed became even more precious. An hour of conversation with a true friend gives me strength."* His dialysis schedule and

reduced mobility have also limited his participation in family functions and social gatherings.

Faith emerged as an important source of strength throughout his journey. Coming from a deeply religious family, he explained that his belief in God has remained unchanged despite his illness. Although he is unable to attend church regularly because of his health, he continues to pray and participate in religious activities from home.

In his words, *"God has been my greatest companion. My faith has taken away my fear of death and taught me to live with peace."*

The participant described his daily routine as largely centered around resting and watching television. He acknowledged that he has not actively tried to develop new interests and feels that his illness has reduced his motivation to engage in different activities. He also reflected on the emotional impact of losing several close friends, describing their deaths as one of the most difficult experiences during his illness.

Adjustment to dialysis was not immediate. He shared that it took nearly a year to accept and adapt to the treatment routine. Over time, dialysis became a part of his everyday life, and he now plans all his activities around his treatment schedule. He also noted that the hospital staff's friendly, supportive attitude made this adjustment easier.

Speaking about aging and the future, the participant accepted life with a sense of calmness and realism. He stated, *"Life has its own time. Until then, I will take care of my health and live each day as it comes."* While he admitted that he no longer has many expectations for the future, he continues to value the support and companionship of his family.

Throughout his journey, his wife, children, and cousin have remained his strongest support system. Their practical assistance, emotional encouragement, and constant presence have enabled him to cope with the challenges of long-term dialysis and continue living with dignity despite the limitations imposed by his illness.

4.3.2. Participant 2

The participant shared that he has been undergoing dialysis for the past six months and attends the procedure three times per week. He described that when he first came to know that he had to undergo dialysis, he experienced fear, particularly fear related to death. He stated, *"I had fear about dialysis when I got to know that I had to undergo dialysis. I was afraid of dying. I am still having fear."*

He explained that physically he experiences fatigue, thirst, and difficulty in walking. He mentioned that tiredness is felt more on non-dialysis days. He also expressed discomfort related to fluid restriction, stating, *"I feel very thirsty, but they don't give me much water as instructed."* Along with this, he described changes in his diet, mentioning that he has shifted to vegetarian food after starting dialysis.

The participant spoke about the changes in his daily life, particularly the activities he had to stop. He said that he was previously active and used to travel to many places, including different countries, and identified himself as an athlete. However, after starting dialysis, he mentioned that he had to stop going out and reduce such activities.

When discussing support, the participant shared that his son-in-law plays an important role during this period. He mentioned that both of his sons-in-law accompany him for dialysis, although one of them is not on good terms with him due to previous conflicts. He stated, *"One of them is not on good terms with me, as we had some conflicts, but the elder one comes with me and takes care of me."*

He also spoke about his social interactions, mentioning that his friends visit him at home and that he spends time talking with them. This interaction appears to be a part of his routine.

Regarding spirituality, the participant shared that he has faith in God and that dialysis has not influenced this belief. He stated, *"The faith remains the same, and there is no increase or decrease in that."*

He described his experience within the hospital setting positively, mentioning that the staff are supportive and that he feels comfortable in that environment. He expressed, *"The staff supports me very much, and I feel like I have a safe space here."* He also mentioned that he has not felt the need for any changes in the services provided.

Towards the end, the participant suggested that individuals undergoing dialysis should adhere to their treatment and highlighted the importance of emotional support. He stated that counseling or similar support systems would be beneficial for patients in coping with emotions such as stress, fear, and anxiety associated with dialysis.

4.3.3. Participant 3

The participant shared that he has been undergoing maintenance hemodialysis for the past two years, three times a week. He explained that his kidney disease was diagnosed unexpectedly when he was admitted to the hospital following a sudden drop in his blood sugar levels. Having lived with diabetes since the age of 55, he considered the diagnosis an extension of his long-standing health condition.

Reflecting on the diagnosis, he shared, *"I went to the hospital because my diabetes dropped suddenly. That was when they told me my kidneys had failed. I never expected to hear those words that day."*

When discussing his physical well-being, the participant stated that he experiences only mild fatigue after dialysis but struggles significantly with sleep. He described restless nights and frequent interruptions in his sleep. Although his appetite has improved over time, he expressed that one of the most difficult aspects of dialysis is living with constant thirst while being unable to drink water freely.

He explained, *"The thirst is always there. I want to drink water, but I have to stop myself. Sometimes that is harder than the dialysis itself."*

The participant shared that his relationships with family and friends have remained largely unchanged since starting dialysis. However, he acknowledged becoming more dependent on others, particularly for mobility and day-to-day activities.

Faith continued to play an important role in his life. He shared that he regularly visits the temple located opposite his house, where he experiences a sense of peace and emotional comfort. Spending time at the temple and interacting with people there helps him feel emotionally refreshed.

As he expressed, *"When I sit in the temple, my mind becomes quiet. For a little while, I forget the illness and feel at peace."*

While speaking about his support system, the participant became emotional as he discussed his wife's illness. He explained that she had always accompanied him to the hospital and had been his greatest source of support. However, she is currently admitted to the Intensive Care Unit, and her condition remains critical. Because of this, his son now accompanies him for dialysis, while his children continue to support him throughout his treatment.

He shared, *"She stood beside me through every dialysis session. Now she is fighting for her own life, and all I can do is pray that she comes back to us."*

Regarding adjustment, the participant explained that he accepted dialysis from the very beginning and did not find it difficult to adapt to the treatment routine. Since he did not have many regular activities at home, attending dialysis three times a week gradually became part of his daily life.

He reflected that before dialysis he enjoyed going out frequently, which brought him peace of mind. However, his present condition has limited his ability to travel and spend time outside the home.

When speaking about ageing, the participant expressed a calm and accepting attitude. He stated that he does not spend much time worrying about growing older and prefers to take life as it comes. According to him, the most challenging aspect of dialysis is having to remain connected to the machine for four hours during every session.

He also spoke positively about the hospital environment, describing the doctors and staff as caring and supportive. His familiarity with the treating doctor made him feel more comfortable during treatment.

Towards the end of the interview, the participant reflected that although he personally accepted dialysis without fear, every individual's experience is different. He emphasized that emotional support from caregivers and family members is essential during treatment. He advised fellow patients to take care of their health, follow medical advice, and never face the journey alone.

In his words, *"No one should go through dialysis feeling alone. Medicines heal the body, but the presence of family gives us the strength to keep coming back."*

4.3.4. Participant 4

The participant shared that he has been undergoing maintenance hemodialysis for the past four and a half years. He explained that his kidney disease developed gradually and was first identified during a bypass surgery, when doctors found that one of his kidneys had shrunk. Although he had been receiving treatment, his condition worsened during the COVID-19 pandemic while he was in Bangalore, leading to the initiation of dialysis.

The participant described the beginning of dialysis as one of the most emotionally challenging periods of his life. He admitted that he was unprepared for the treatment and found it difficult to accept the reality of living on lifelong dialysis.

Reflecting on those days, he shared, *"I was not ready for dialysis. I would lie on the dialysis bed and cry, asking myself, 'Why is this happening to me? Why should I live like this?'"*

He explained that his perspective gradually changed after the nurses comforted him by reminding him that many other patients were in far more critical conditions. Their words helped him develop acceptance and gratitude.

As he recalled, *"The nurses told me, 'You are able to walk into this unit on your own. Many here cannot even do that.' That day I stopped asking 'Why me?' and started accepting my life."*

Physically, the participant experiences fatigue, particularly on the day following dialysis. He also reported disturbed sleep, reduced mobility, and numbness in his legs due to diabetes, which has prevented him from driving. Once accustomed to daily walks, he is now able to walk only within his house.

He also described the strict dietary and fluid restrictions that have become part of his daily life. Following medical advice, he avoids potassium-rich foods and limits his water intake to approximately one litre per day.

He expressed, *"Sometimes I feel extremely thirsty, but I have to stop myself. If I drink more water, I struggle to breathe. Every sip has to be measured."*

His daily routine has become simple and predictable. After each dialysis session, he returns home, takes a bath, has his meals, watches comedy videos on his phone, and rests. These small routines help him cope with the physical exhaustion that follows treatment.

Socially, the participant continues to maintain meaningful relationships. He regularly meets friends at a local club on Saturdays to play cards and enjoys these interactions. However, he admitted that he occasionally feels lonely, especially when his wife is away from home. During such moments, he tends to dwell on his illness, while the support of his children, particularly his younger daughter, provides him with emotional comfort.

Faith remains an important source of strength in his life. He continues to attend church whenever his health permits, follows Holy Mass through television, and often chants prayers during episodes of breathing difficulty.

In his words, *"Whenever my breathing becomes difficult, I pray. It calms my mind and gives me the strength to face another day."*

The participant acknowledged that dialysis has changed many aspects of his life. He has lost interest in traveling and no longer feels motivated to visit places, even when his children encourage him. Although he has adjusted to the treatment routine, the realization that dialysis is a lifelong process continues to affect him emotionally.

He reflected, *"I have learned to live with dialysis, but accepting that it will never end is still painful. That sadness never completely leaves me."*

Despite these challenges, he spoke positively about the hospital environment, appreciating the kindness and care shown by the doctors and nurses. He expressed hope that future technological advancements might reduce the duration of dialysis sessions, making treatment less physically demanding for patients.

4.3.5. Participant 5

The participant shared that she has been undergoing maintenance hemodialysis for the past one and a half years and currently attends dialysis twice a week. She explained that she had been living with diabetes for nearly 22 years and that her kidney disease had developed gradually. Initially, she experienced swelling in her legs and sought treatment from different healthcare facilities before being diagnosed with kidney failure.

She recalled that the recommendation to start dialysis filled her with fear and uncertainty. The very thought of dialysis was frightening, and she initially refused the treatment.

Reflecting on that moment, she said, *"The moment I heard the word 'dialysis,' I was terrified. I kept saying, 'I don't want this.' But later I realized that if I wanted to live, I had to accept it."*

Physically, the participant described living with constant fatigue, disturbed sleep, and restricted mobility. She experiences swelling and pain in her legs, making even short walks difficult. She also spoke about the emotional challenge of living with strict fluid restrictions.

She shared, *"The thirst never leaves me. Sometimes all I want is a glass of water, but I have to stop myself. Every day is about controlling what my body longs for."*

Although her appetite had reduced during the early stages of her illness, she stated that it has gradually improved and that she now manages by eating small quantities of food.

The participant explained that her relationships with family members have remained strong after starting dialysis. Relatives continue to visit her, and she feels cared for by her loved ones. However, she admitted that loneliness affects her when she is left alone at home while the rest of the family is at work.

As she expressed, *"When everyone leaves for work and the house becomes silent, I feel the weight of my illness the most."*

Faith has remained an important source of comfort throughout her journey. She continues to pray every day and believes that her relationship with God has given her peace and strength to face her illness.

In her words, *"Whenever I pray, my heart becomes lighter. It reminds me that I am not carrying this burden alone."*

The participant shared that although dialysis initially brought fear, she gradually learned to accept it as part of her life. Over time, her fear of death also reduced, and she began to view life with greater acceptance.

She reflected, *"There is no fear anymore. Death will come when its time comes. Until then, I will live with courage."*

Her husband, son, daughter, and daughter-in-law were identified as her greatest sources of support. She described how they assist her with daily activities, understand her physical limitations, and encourage her without placing unnecessary demands on her.

The participant spends her days performing light household activities and resting whenever necessary. She also recalled being admitted to the Intensive Care Unit during a severe episode of illness, describing it as one of the most frightening experiences of her life.

She spoke positively about the hospital environment, appreciating the kindness and respect shown by the doctors and nurses. According to her, dialysis has relieved many of the severe symptoms she experienced before treatment and has enabled her to continue living despite the challenges of chronic kidney disease.

Concluding her experience, she emphasized that true support is not only about physical assistance but also about being understood and cared for. She felt that the presence, patience, and encouragement of her family had given her the strength to continue her dialysis journey with hope and dignity.

4.3.6. Participant 6

The participant shared that he has been undergoing maintenance hemodialysis for the past four years and currently attends dialysis three times a week. He explained that he had been living with diabetes for nearly 35 years and was aware that kidney-related complications could eventually develop, as he had witnessed similar experiences among others.

Recalling his reaction to dialysis, he explained that he did not experience fear because he had already seen many people undergo the treatment. However, he admitted that his diabetes diagnosis years earlier had been emotionally difficult.

He reflected, *"Dialysis didn't frighten me. I had already seen many people living with it. But when I first heard I had diabetes, I kept asking myself, 'Why me?' I never imagined that one illness would slowly change the course of my life."*

One of the most significant changes brought about by dialysis was the loss of his occupation. He explained that he had always been actively involved in work, but after starting dialysis he was forced to stop, bringing a sudden end to the routine that had defined much of his life.

In his words, *"The hardest part wasn't the machine, it was leaving my work behind. The day I stopped working, I felt like I had left a part of myself behind too."*

Physically, the participant described difficulty in walking due to weakness in his legs and spoke about the constant challenge of managing thirst. Although he experiences fatigue after dialysis, he stated that resting helps him recover by the following day. The restriction on water intake, however, remains one of the most demanding aspects of treatment.

He shared, *"Your body asks for water, but your mind has to say no. Living with dialysis means learning to deny even your simplest needs."*

Regarding food, the participant explained that while he is aware of dietary restrictions, he prefers to eat in moderation rather than follow a rigid diet. He believes that balance is more practical than complete restriction.

The participant identified his wife and children as his primary sources of support but emphasized his desire to remain independent. He expressed that he does not expect others to take responsibility for him and prefers to accept help only when it is willingly offered.

As he explained, *"I don't want to become a burden to anyone. If someone helps me, I accept it with gratitude. If not, I try to manage on my own."*

Despite the limitations imposed by his illness, the participant expressed a calm and accepting outlook on life. He shared that he has lived a fulfilling life and chooses not to dwell on regrets, believing that worrying about the past serves little purpose.

Faith continues to be an important part of his life. Although he is no longer able to visit the mosque regularly because of his physical condition, he continues his prayers from home and finds comfort in his spiritual beliefs.

Travelling for dialysis emerged as one of his greatest practical challenges. He explained that frequent hospital visits require dependence on others, making him feel that his independence has gradually diminished.

He reflected, *"Every dialysis day begins with wondering who will take me to the hospital. Depending on others for something so basic is harder than people realize."*

The participant also described the impact of dialysis on his social and occupational life. He is no longer able to attend social gatherings regularly or manage his business as he once did. Spending four hours connected to the dialysis machine three times a week has also become a demanding part of his routine. In addition, he spoke about financial difficulties, explaining that despite seeking assistance, managing treatment-related expenses continues to be a challenge.

He appreciated the care and encouragement provided by the hospital staff and emphasized the importance of educating newly diagnosed patients about dialysis. According to him, fear often arises from misunderstanding, and proper awareness can help patients approach treatment with greater confidence.

Concluding the interview, he stressed that family support is essential for people undergoing dialysis. He believed that emotional encouragement, assistance with

mobility, and companionship enable patients to cope better with the physical and emotional demands of long-term treatment.

He concluded, *"No one should have to walk this journey alone. Treatment keeps us alive, but it is the people who stand beside us that give us the strength to keep going."*

4.3.7. Participant 7

The participant shared that he has been undergoing maintenance hemodialysis for the past two years and currently attends dialysis three times a week. He explained that his kidney disease developed as a result of long-standing diabetes and hypertension, conditions he has lived with for nearly four decades. Because of this prolonged medical history, he viewed dialysis as a continuation of his health journey rather than an unexpected event.

Reflecting on the beginning of dialysis, he explained that he did not experience intense fear or emotional distress. Having managed chronic illnesses for many years, he accepted dialysis with a calm and practical outlook.

As he expressed, *"After living with diabetes and hypertension for forty years, dialysis didn't come as a shock. I accepted it as another step in the journey rather than something to fear."*

Physically, the participant described fatigue as the main challenge associated with dialysis. He explained that the four-hour treatment sessions leave him exhausted, particularly on dialysis days, although his energy gradually returns after adequate rest.

He shared, *"The treatment drains my body. On dialysis days, all I need is rest. The next day, I slowly feel like myself again."*

Unlike many other participants, he reported no major concerns related to food intake or sleep. He is able to eat and sleep normally, but has acknowledged some difficulty walking. Whenever he feels physically exhausted, he prefers to rest rather than push himself beyond his limits.

Over time, the participant has adjusted well to dialysis. Although remaining connected to the machine for four hours during every session is uncomfortable, he described it as something he has learned to accept.

In his words, *"Lying here for four hours is never easy, but some realities cannot be changed. I have learned to live with it instead of fighting it."*

The participant explained that dialysis has not brought major changes to his lifestyle apart from necessary dietary and fluid restrictions. He carefully monitors his intake of water and foods rich in potassium and phosphorus, as advised by his medical team. He also acknowledged that he now depends on others for certain activities, particularly those involving mobility, though he accepted this dependency without expressing frustration.

He spoke highly of the hospital environment, appreciating the compassion and care shown by the healthcare team.

As he remarked, *"The doctors and staff never make me feel like just another patient. Their care gives me confidence every time I come here."*

Spiritually, the participant described himself as a person of faith. His belief in God has remained unchanged throughout his illness, and he explained that prayer continues to provide him with inner peace and emotional stability.

He reflected, *"Whenever I pray, my mind becomes calm. That peace is something no medicine can give me."*

Looking at life as a whole, the participant expressed satisfaction and gratitude despite living with a chronic illness. Rather than dwelling on his condition, he chooses to maintain a positive outlook.

He shared, *"I am happy with my life. Illness is only one part of it, I don't want it to define everything."*

Towards the end of the interview, the participant acknowledged that while he had accepted dialysis with relative ease, not everyone shares the same experience. He believed that newly diagnosed patients may benefit from counseling and proper

education before starting dialysis, as understanding the treatment can reduce fear and anxiety. He concluded by noting that every individual's journey with dialysis is unique and that each person copes with the condition in their own way.

4.3.8. Participant 8

The participant shared that she has been undergoing maintenance hemodialysis for a short period and currently attends dialysis twice a week. She explained that her illness began with severe breathlessness, which led to her hospitalization. During the course of treatment, she was diagnosed with a kidney-related condition and was advised to start dialysis after undergoing several medical procedures.

Recalling the beginning of her treatment, the participant described feeling overwhelmed by both her illness and the financial burden associated with dialysis. Although she has gradually accepted the treatment, the recurring expenses continue to weigh heavily on her mind.

She reflected, *"The illness is difficult, but what hurts me even more is wondering how we will manage the cost of dialysis every week. That worry never really leaves me."*

Physically, the participant experiences persistent fatigue, difficulty walking, breathlessness, and severe sleep disturbances. She explained that nights are particularly challenging, as she is often unable to lie comfortably and repeatedly sits up because of discomfort and heaviness in her chest.

As she described, *"The nights feel endless. I lie down, sit up, and lie down again, hoping sleep will come, but it rarely does."*

She also shared that her appetite has reduced considerably and that she can eat only small portions of food. Managing thirst has become another daily struggle because of strict fluid restrictions.

In her words, *"Sometimes I want nothing more than a glass of water. Instead, I just wet my lips and remind myself that I have to be careful."*

The participant explained that her physical weakness has greatly affected her independence. She now requires assistance even with basic daily activities, including walking to the bathroom. Her children provide continuous support and help her manage her everyday needs.

Emotionally, she admitted that the diagnosis initially filled her with fear and sadness. Although she has gradually come to terms with her condition, moments of distress still arise, especially during sleepless nights when she questions why she had to face such an illness.

She expressed, *"Some nights I ask myself, 'Why did this happen to me?' There isn't always an answer, so I simply pray for the strength to face another day."*

Family emerged as the participant's greatest source of strength. She described how her husband, children, and daughter-in-law accompany her for treatment, care for her at home, and patiently support her through every stage of her illness. Although she sometimes worries that she has become a burden to them, they constantly reassure her and encourage her to focus on her recovery.

Faith also plays a central role in helping her cope with the emotional burden of dialysis. She shared that regular prayer gives her peace, reduces her anxiety, and strengthens her ability to face each day with hope.

She reflected, *"When I pray, I feel that someone is carrying the burden with me. That gives me the courage to keep going."*

The participant also recalled a frightening episode during treatment when she developed a severe complication and was admitted to the Intensive Care Unit. She described the experience as one she can never forget and one that deepened her appreciation for life.

Despite the challenges, she spoke positively about the hospital environment, expressing gratitude for the kindness and prompt care provided by the doctors and nursing staff. She described dialysis as both a necessity and a source of relief, explaining that although the treatment is physically demanding, it eases many of the symptoms she experienced before starting dialysis.

Concluding her interview, the participant emphasized that family support is essential for people undergoing dialysis. According to her, true support means standing beside the patient, understanding their limitations, helping with daily activities, and offering emotional reassurance. She also highlighted the need for greater financial and emotional support for patients, believing that these forms of assistance can make the dialysis journey more manageable.

4.3.9. Participant 9

The participant shared that he has been undergoing maintenance hemodialysis for a relatively short period and currently attends dialysis twice a week. He explained that his kidney condition developed following complications related to high potassium levels. As his health gradually deteriorated, the doctor advised him to begin dialysis.

Recalling the beginning of his treatment, the participant admitted that he experienced fear, mainly because no one in his family had ever undergone dialysis before. The unfamiliarity of the treatment made it difficult to accept initially, although he understood that it was essential for his survival.

Reflecting on that period, he shared, *"There was fear because this was completely new to me. No one in my family had ever gone through dialysis. But I realized that if I wanted to live, I had to accept it."*

Physically, the participant described persistent tiredness after each dialysis session. He explained that spending several hours connected to the dialysis machine leaves him physically drained, making rest an unavoidable part of his routine. He also experiences disturbed sleep, frequently waking during the early hours of the morning, and has difficulty walking long distances because of reduced physical stamina.

As he expressed, *"After dialysis, my body feels completely drained. All I want is to lie down and let my body recover."*

The participant has adapted his daily routine to suit his health condition. He follows regular meal timings, maintains a fixed sleep schedule, and performs simple free-hand exercises every day to remain physically active. He also adheres strictly to dietary and

fluid restrictions, avoiding foods high in potassium and limiting his water intake despite experiencing thirst.

He reflected, *"Sometimes my body asks for water, but I know my limits. I have learned that discipline is now a part of my treatment."*

Emotionally, the participant described adjustment to dialysis as an ongoing journey rather than a completed process. One of the most difficult changes has been his inability to participate in social gatherings and family functions as he once did.

He shared, *"I used to attend every wedding and family gathering. Now I often have to stay back. Sometimes I miss the life I once had."*

Despite these limitations, he described receiving immense love and care from his family. His children and relatives accompany him to the hospital, assist him with daily activities, and remain actively involved in his care. Their constant support has helped him cope with the challenges of treatment.

In his words, *"Everyone stands beside me without hesitation. Sometimes I wonder what I did to deserve so much love, but it gives me the strength to keep fighting."*

Spiritually, the participant explained that his faith has grown stronger since starting dialysis. He views his illness as a test from God and turns to prayer whenever he experiences pain, fear, or uncertainty. According to him, faith has become the foundation that helps him move forward.

He reflected, *"Whenever the pain becomes too much, I pray. I believe this is a test from God, and my faith gives me the courage to face it one day at a time."*

The participant spoke highly of the hospital environment, appreciating the compassion and respect shown by the doctors and nursing staff. He explained that their caring attitude makes patients feel valued and comfortable throughout the treatment process.

When discussing the challenges of dialysis, he emphasized that adaptation is continuous. Although he has accepted the treatment, he continues to adjust to the restrictions it places on his daily life and social participation.

Towards the end of the interview, he highlighted the importance of educating newly diagnosed patients and encouraging them to seek treatment in hospitals with adequate facilities and supportive healthcare professionals. He believed that sharing experiences among patients can reduce fear, build confidence, and help others adjust more easily to life with dialysis.

4.3.10. Participant 10

The participant shared that he has been undergoing maintenance hemodialysis for the past **15 years**, attending dialysis three times a week. He explained that his illness began with sudden breathlessness, which led to his hospitalization. During the course of treatment, he was diagnosed with kidney failure along with other long-standing health conditions, including diabetes, hypertension, high cholesterol, and heart disease, for which he also underwent heart valve replacement surgery. Dialysis gradually became a permanent part of his life.

Recalling the beginning of his dialysis journey, the participant admitted that the news left him emotionally distressed. Accepting lifelong treatment was difficult, and he remembered feeling deeply saddened by the sudden changes in his life.

Reflecting on those moments, he shared, *"When they told me I needed dialysis, my heart sank. I never imagined that the rest of my life would revolve around a machine."*

Physically, the participant described persistent fatigue after every dialysis session. He explained that dialysis days leave him completely exhausted, and he usually returns home only to rest. He also experiences difficulty walking and has become increasingly dependent on others for mobility, something he finds emotionally challenging.

He expressed, *"The tiredness is one thing, but depending on others for even simple things is what hurts me the most."*

The participant has made several adjustments to his lifestyle over the years. He now eats smaller portions of food, limits his water intake, and carefully manages his daily routine according to his treatment schedule. Although he experiences thirst, he has learned to live within the restrictions imposed by dialysis.

Emotionally, he acknowledged that there are moments of sadness and discouragement. During such times, he turns to prayer for comfort and strength. Although his physical condition prevents him from attending places of worship regularly, his faith has remained unchanged throughout his illness.

In his words, *"Whenever my mind becomes heavy, I pray. It may not change my illness, but it gives me the strength to carry it."*

The participant identified his family as the greatest source of support throughout his dialysis journey. He spoke with deep appreciation about his wife, describing her as the person who has stood beside him through every challenge and continuously encouraged him to keep moving forward. His younger son also plays an important role by accompanying him to the hospital for treatment.

He reflected, *"If I have come this far, it is because my wife never let me lose hope. She became my strength on the days when I had none."*

One of the greatest challenges he continues to face is remaining connected to the dialysis machine for four hours during every session. Despite having undergone treatment for many years, he explained that this aspect of dialysis has never become easy.

Looking back on his journey, the participant recalled many difficult medical experiences but also cherished important family milestones, particularly his son's wedding, which brought him immense happiness and reminded him that life continues beyond illness.

Towards the end of the interview, he emphasized that newly diagnosed patients would benefit from counselling and emotional support, especially during the initial stages of dialysis when fear and uncertainty are greatest. He also suggested that home-based support services for elderly dialysis patients would ease the burden on both patients and their families.

Overall, the participant described dialysis as a lifelong journey marked by physical limitations, emotional struggles, and continuous adaptation. Throughout these years, the unwavering support of his family and his enduring faith have enabled him to face the challenges of long-term dialysis with resilience and hope.

4.3.11. Participant 11

The participant shared that he has been undergoing maintenance hemodialysis for the past four years and currently attends dialysis three times a week. He explained that his illness began unexpectedly while he was working in the Gulf, where he suddenly suffered a stroke that left one side of his body weak and affected his speech. During hospitalization, he was found to have severely elevated creatinine levels and kidney failure, following which dialysis became a part of his life.

Recalling the beginning of his illness, the participant described it as one of the most frightening experiences he had ever faced. The suddenness of the event left him believing that he might not survive.

He reflected, *"Until that day, I was living a normal life. Then everything changed in a single moment. I truly believed I wasn't going to make it home alive."*

The participant explained that the most difficult part of the early stages of dialysis was losing his independence. Having always managed his own life, he suddenly found himself depending on others for even the simplest daily activities.

As he expressed, *"What broke me wasn't the illness, it was needing someone else to help me with everything. Losing my independence was harder than accepting dialysis."*

Physically, he experiences profound fatigue after every dialysis session. He explained that on treatment days, he is unable to do any work and spends most of the day resting. Although he feels relatively better on non-dialysis days, the exhaustion gradually returns as the next session approaches. He also described difficulty walking due to leg weakness and now relies on vehicles for most of his travel.

The participant reported a noticeable reduction in appetite and explained that fluid restriction remains a constant struggle. Despite understanding its importance, he admitted that he occasionally drinks more water than advised because of intense thirst, which has led to fluid accumulation and an increase in dialysis sessions.

He shared, *"Some days the thirst is stronger than my self-control. Later, I regret it, because I know my body will pay the price."*

Emotionally, the participant explained that his sadness gradually reduced as he regained some independence in daily activities such as bathing and using the bathroom. He described adaptation as a slow process of accepting his limitations while learning to live within them.

The illness has also altered his social life. He explained that many relationships have faded because he is no longer able to travel or visit people as he once did. Although he described his present life as more isolated, he has gradually come to accept this reality.

He reflected, *"Many people disappeared from my life without saying goodbye. Illness has a way of showing you who truly stays beside you."*

The participant identified his brother as his greatest source of support, explaining that having someone nearby to rely on has made his journey much easier. He also acknowledged the care and concern shown by other family members and relatives.

In his words, *"When someone stands beside you without being asked, you realize that love is the greatest medicine you can receive."*

Spiritually, the participant continues to draw strength from prayer. Although his physical condition limits visits to the temple, he believes that prayer brings him peace and helps him accept his illness without anger or resentment.

He shared, *"Whenever I pray, my heart becomes lighter. I have stopped asking 'Why me?' and started asking only for the strength to face each day."*

The participant expressed satisfaction with the hospital team's care, appreciating prompt responses, clear communication, and guidance from the doctors and nurses. He described self-acceptance as his primary coping strategy, believing that dialysis should not be viewed as the end of life but as a condition that requires continuous management.

Reflecting on his journey, he explained that the first year of dialysis was the most difficult, both physically and emotionally. Over time, regaining some independence gave him renewed confidence and helped him rebuild his daily life.

Towards the end of the interview, he emphasized the importance of counseling and patient education for individuals beginning dialysis, believing that emotional guidance can ease fear and uncertainty. He also stressed the need for awareness regarding diet, regular monitoring, and healthy self-management.

Concluding his interview, he shared that simple moments such as spending time with children, listening to music, and watching television bring him peace and remind him that even amidst illness, life continues to offer moments of comfort and joy.

4.3.12. Participant 12

The participant shared that he has been undergoing maintenance hemodialysis for the past three years and currently attends dialysis twice a week. He explained that his illness began when he started feeling physically unwell. After seeking medical consultation, he was diagnosed with a kidney-related condition and was advised to begin dialysis soon afterward.

When reflecting on his diagnosis, the participant described a calm and accepting response. Unlike many others, he did not experience intense fear or emotional distress and viewed the illness as something that had to be managed.

He reflected, *"When they told me about dialysis, I accepted it quietly. Worrying wouldn't change the situation, so I chose to move forward."*

Physically, the participant reported that he does not experience significant fatigue after dialysis and considers his overall health relatively stable. However, he described reduced sleep and persistent thirst, acknowledging that limiting water intake remains one of the more difficult aspects of treatment.

He shared, *"The thirst is always there. Sometimes I want to drink more, but I remind myself that not every desire is good for my health."*

The participant described his daily life as quiet and uneventful. Most of his time is spent at home watching television, and he no longer pursues hobbies or activities that once occupied his time.

Socially, he reported very limited interaction with relatives and friends. Although he had acquaintances after retirement, those relationships gradually faded. Despite this reduced social engagement, he stated that he does not experience loneliness or emotional distress.

As he expressed, *"People come into our lives, and people leave. That's how life has always been, and I have learned to accept that."*

The participant currently lives with his daughter's family and identified his daughter as his primary source of support. She accompanies him to the hospital for dialysis and assists him whenever needed.

He reflected, *"My daughter never lets me face this journey alone. Knowing she is there gives me a sense of security."*

Unlike several other participants, the participant described himself as having minimal religious involvement. Rather than relying on spiritual practices, he expressed a philosophical acceptance of life and death, believing that both are natural parts of human existence.

He stated, *"We are born, we live, and one day we die. Accepting that truth has given me peace."*

The participant acknowledged that dialysis has changed his identity and daily life. Once active and independent, he now considers himself a patient whose activities are naturally limited by illness. Although he follows basic dietary advice and controls his fluid intake, he admitted that the illness itself, not the treatment, is the greatest challenge he faces.

He also explained that remaining connected to the dialysis machine for four hours during every session is physically uncomfortable, though he usually passes the time by sleeping.

The participant expressed satisfaction with the hospital team's care, appreciating the professionalism and support of the doctors and nurses. He did not identify any major concerns regarding the treatment process.

Reflecting on his adjustment, he acknowledged that even after three years, adapting to dialysis remains an ongoing process.

In his words, *"You never completely get used to living with an illness like this. You simply learn to carry it a little better each day."*

Towards the end of the interview, the participant emphasized that patients require attentive and compassionate caregiving. Although he did not strongly advocate for counselling, he acknowledged that it could benefit those who struggle emotionally after beginning dialysis.

Thus, the participant's narrative reflected quiet acceptance, emotional stability, and a practical approach to living with chronic illness. Rather than resisting his condition, he has gradually learned to integrate dialysis into his everyday life while accepting the limitations it has imposed.

4.3.13. Participant 13

The participant shared that he has been undergoing maintenance hemodialysis for the past eight years and attends dialysis regularly. He explained that his kidney disease developed gradually as his creatinine levels continued to rise. Since he had been informed that dialysis would eventually become necessary, he was mentally prepared for the transition and accepted it as an essential part of staying alive.

Reflecting on the beginning of treatment, he said, *"I was expecting this day. When the doctors finally told me to start dialysis, I accepted it because I knew it was the only way to keep living."*

The participant described living with multiple health conditions, including long-standing diabetes, neuropathy, and cardiovascular complications. Over the years, these illnesses have severely affected his physical functioning. He explained that he has completely lost sensation in both legs, experiences severe hip pain, and is unable to stand, walk, or even sit up without assistance. Frequent falls and muscle pain have further restricted his mobility.

He expressed, *"The hardest part isn't the dialysis. It's watching my own body slowly stop listening to me. Even sitting up has become something I cannot do alone."*

He also recalled undergoing several medical procedures, including repeated stent placements, before his condition became relatively stable. Although these interventions reduced some of his symptoms, he continues to face breathlessness, disturbed sleep, and strict fluid restrictions. Limiting himself to approximately 600 ml of water each day remains one of his greatest challenges.

In his words, *"Every drop of water has to be counted. Sometimes the thirst feels unbearable, but I know one extra glass can make my breathing worse."*

Dietary restrictions have significantly altered his daily life. Because of concerns about potassium levels, he avoids many foods and often limits himself to a single meal a day. He admitted that he has gradually lost interest in eating and now views food more as a necessity than a pleasure.

Emotionally, the participant explained that he did not experience fear when dialysis began because he had already anticipated the need for treatment. Instead, his greatest sorrow comes from losing his independence and the active lifestyle he once enjoyed.

He reflected, *"I don't miss my old health as much as I miss my old life. I miss walking through the streets, meeting people, and feeling like I belonged to the world outside my house."*

The participant also shared concerns about memory problems and difficulty maintaining conversations. He sometimes feels misunderstood by others, which creates a sense of emotional distance despite being surrounded by family.

Throughout his journey, his family has remained his greatest source of strength. He described his wife as the person who constantly cares for him and assists with every aspect of daily living. Speaking about his son, his voice reflected deep affection.

He shared, *"My wife has become my hands and legs, and my son is not just my child, he is my best friend. Without them, I don't know how I would have survived these years."*

Although he is no longer able to visit relatives, he finds great joy when they come to see him. These visits remind him that he is still loved and valued despite his illness.

Faith occupies a central place in his life. The participant explained that prayer provides emotional strength, reduces his suffering, and helps him face each day with hope. Having witnessed the deaths of several fellow dialysis patients, he has become more aware of the fragility of life, yet he approaches mortality with remarkable peace and acceptance.

He reflected, *"Prayer doesn't remove my pain, but it gives me the strength to carry it. Life is uncertain, but faith reminds me that every day I wake up is still a blessing."*

The participant explained that prior awareness about dialysis helped him adjust more easily when treatment eventually began. However, the greatest lifestyle change has been the loss of his independence and the inability to continue his work and social life.

Looking toward the future, he expressed a deeply meaningful perspective on ageing and death.

In his words, *"When my time comes, I don't want people to remember me with tears. I want them to remember that I lived with a smile despite everything life placed before me."*

He described spending time with his family and taking photographs together as among the happiest moments of recent years. He also appreciated the hospital staff's caring attitude, noting that conversations with healthcare professionals and fellow patients reduced his sense of isolation.

Finally, the participant emphasized the importance of financial preparedness, health insurance, counseling, and peer support groups for individuals beginning dialysis. According to him, while medicine sustains the body, emotional support, family companionship, and human connection are what truly help patients continue their journey with dignity and hope.

4.3.14. Participant 14

The participant shared that he has been undergoing maintenance hemodialysis for the past six months and currently attends dialysis twice a week. He explained that his kidney function gradually declined as his creatinine levels continued to rise, eventually reaching a stage where dialysis became unavoidable. He also recounted a long medical history that

included kidney stones, diabetes, hypertension, heart disease, and two episodes of COVID-19, after which he noticed a marked decline in his overall health.

Reflecting on the beginning of dialysis, he said, *"When they told me dialysis had to begin, I accepted it. At this stage of my life, every extra day feels like a gift rather than something I can take for granted."*

Physically, the participant described severe fatigue, poor appetite, and persistent sleep disturbances. He explained that he rarely sleeps for more than two hours at a stretch and has gradually lost interest in many foods, particularly meat. Although he remains mobile, he feels that his strength has diminished considerably.

He expressed, *"My body tires so easily now. Even after resting, I never feel completely refreshed. It feels as though my body has forgotten what real energy is."*

Unlike many patients, the participant did not describe fear when dialysis began. Instead, he viewed the treatment with acceptance. His greatest concern was not his illness but the burden it placed on his wife, who accompanies him for treatment and cares for him every day.

In his words, *"I can accept my illness, but it hurts me when I see my wife carrying this burden with me. Sometimes I worry more about her than about myself."*

The participant described his relationships with realism and emotional maturity. He explained that everyone has their own responsibilities and believed it was unreasonable to expect constant support from relatives or friends. Rather than feeling disappointed, he accepted this as part of life.

Spiritually, he identified prayer as his greatest source of peace. He explained that whenever anxiety or uncertainty arises, he turns to God, finding comfort in the belief that life and death are both natural parts of existence.

He reflected, *"Prayer doesn't change my illness, but it changes my heart. It gives me the peace to accept what I cannot control."*

The participant described the dialysis procedure itself as physically demanding, particularly the requirement to remain in the same position for four hours. He also acknowledged becoming increasingly dependent on others for everyday activities, something he associated with both ageing and chronic illness.

He shared, *"Lying on the machine for hours is difficult, but needing help for simple things reminds me that ageing changes a person in ways we never expect."*

Regular hospital visits have become the biggest adjustment in his daily life, replacing the independence and freedom he once enjoyed. Despite these challenges, he expressed deep appreciation for the doctors and nurses, explaining that their kindness and friendly conversations make the treatment sessions easier to endure.

The participant also highlighted the financial burden of dialysis but acknowledged that health insurance has helped reduce the stress associated with treatment costs. He believed that financial preparedness is essential for families facing long-term dialysis.

Towards the end of the interview, he emphasized the importance of counselling and patient education for newly diagnosed individuals. According to him, understanding dialysis before starting treatment can reduce fear, while emotional support from family members helps patients adapt more confidently. Overall, his narrative reflected acceptance, gratitude, and a quiet determination to live meaningfully despite the physical and emotional demands of chronic illness.

4.3.15. Participant 15

The participant shared that he has been undergoing maintenance hemodialysis for the past one year and currently attends dialysis twice a week. He explained that his kidney disease was detected unexpectedly during a routine medical consultation when blood investigations revealed abnormal kidney function. Having previously witnessed similar illnesses within his family, he accepted the diagnosis without significant fear or emotional distress.

Reflecting on his diagnosis, he shared, *"I didn't panic. Illness can happen to anyone. I accepted it as a part of life rather than asking, 'Why me?'"*

Compared to many other participants, the participant described his physical condition as relatively stable. Fatigue is mainly experienced during dialysis sessions, after which he returns home to rest. He reported no major difficulties with sleep, appetite, walking, or other daily activities. To manage his condition, he follows dietary advice by controlling his food and fluid intake whenever necessary.

He expressed, *"The tiredness stays mostly in the dialysis unit. Once I reach home and rest, I slowly get back to my routine."*

A major factor that helped him cope with dialysis was his prior knowledge of the illness. Through a close family member in the medical field and his own reading, he had already developed an understanding of kidney disease and its treatment. This awareness helped him prepare mentally before dialysis began.

He reflected, *"Knowing what dialysis was before I started made all the difference. Information replaced fear with acceptance."*

The participant described his family as the strongest pillar of support throughout his treatment journey. His wife accompanies him for dialysis, while his children and relatives continue to provide emotional support through visits and regular communication. He expressed deep appreciation for their constant presence.

In his words, *"My family never made me feel that I was facing this alone. Their support gives me confidence every single day."*

Emotionally, the participant reported very little distress related to his illness. According to him, financial concerns create more tension than dialysis itself. He approaches life with a practical mindset, believing that illness is an inevitable part of human existence and should be accepted rather than resisted.

He shared, *"Life doesn't come with guarantees. Illness is like fate, you don't choose it, you simply learn how to live with it."*

Spiritually, he described himself as a person of faith, although he explained that his relationship with God has remained unchanged since starting dialysis. Rather than relying heavily on spirituality for coping, he views faith as a constant part of his life.

Apart from regular hospital visits, the participant reported a few disruptions to his daily routine. He explained that his family helps him adjust schedules whenever necessary, allowing him to maintain a relatively normal lifestyle. He also shared that attending sessions on healthy aging before his illness had helped him develop a realistic outlook on life's uncertainties.

The participant identified his wife and children as his greatest sources of strength and explained that remaining involved in his children's lives gives him a continued sense of purpose and motivation.

He also expressed satisfaction with the hospital's care, appreciating the doctors' and nurses' kindness and respectful attitude.

As he reflected, *"Good treatment is not only about medicines. The way healthcare workers speak to us and care for us gives patients the confidence to keep going."*

Towards the end of the interview, the participant suggested that counseling should be available for patients who need it, while recognizing that not everyone may require professional support. He emphasized that caregivers should provide understanding, patience, and practical assistance throughout the dialysis journey.

The participant's experience reflected acceptance, emotional stability, strong family support, and an informed approach to living with dialysis. His narrative showed how knowledge, preparedness, and meaningful relationships can foster resilience and help individuals adapt to chronic illness with confidence and dignity.

4.4 Conclusion

This chapter presented the individual narratives of the participants, highlighting their lived experiences of undergoing maintenance hemodialysis in later life. Although each participant's journey was unique, the narratives reflected common experiences related to the diagnosis of chronic kidney disease, physical limitations, emotional responses, lifestyle adjustments, and the challenges of living with long-term dialysis. The accounts also revealed the significant role of family support, healthcare professionals, spirituality, and personal acceptance in helping participants cope with the demands of treatment. While the intensity of challenges and coping strategies differed across individuals, each

narrative provided valuable insights into how senior citizens make meaning of their experiences and adapt to life with chronic illness. These individual accounts form the foundation for the thematic analysis presented in the following chapter, where the shared patterns and pathways of resilience, holistic well-being, and life adaptation are explored in greater depth.

CHAPTER 5
DATA ANALYSIS AND INTERPRETATION

CHAPTER 5: DATA ANALYSIS AND INTERPRETATION

5.1 Introduction

In this chapter, the researcher carried out thematic analysis of the qualitative data collected from elderly individuals undergoing maintenance hemodialysis in Thiruvananthapuram. The analysis is embedded within the study's research questions by integrating participants' lived experiences with interpretation and discussion. The data, presented descriptively in Chapter 4, is analyzed to understand how individuals construct meaning around their illness, adapt to life changes, and develop resilience to sustain their holistic wellbeing.

The themes include Holistic Wellbeing, Life Adaptation and Life Transition, Pathways of Resilience, Support System and Care, and Quality of Life and Suggestions. The interpretation is carried out in relation to the research questions, with the aim of understanding how individuals navigate illness, sustain wellbeing, and construct meaning in their lives. The themes are derived inductively from participants' narratives, and verbatim quotations are incorporated to retain the authenticity of their voices. The findings are interpreted in relation to the research questions and supported by relevant theoretical and empirical insights.

5.2 Data Analysis and Interpretation

5.2.1 Theme 1: Holistic Well-Being

Holistic well-being emerged as a central theme in understanding the lived experiences of senior citizens undergoing maintenance hemodialysis. Participants described well-being not merely in terms of physical health but as a multidimensional experience shaped by the interaction of physical, emotional, social, and spiritual factors. Their narratives reflected that living with chronic kidney disease affected every aspect of daily life, making well-being a dynamic process of adjustment rather than a fixed state. This finding supports the view that holistic well-being extends beyond disease management and includes psychological, social, and spiritual dimensions of health (Aljawadi et al., 2024; dos Santos Silva et al., 2024).

Although physical symptoms such as fatigue, restricted mobility, disturbed sleep, dietary limitations, and multiple coexisting illnesses were common among participants, their

impact varied considerably. For many, physical discomfort extended beyond bodily suffering by limiting independence, disrupting daily routines, and reducing participation in meaningful activities. Several participants were forced to discontinue employment, reduce social engagements, or depend on family members for transportation and personal care. These findings are consistent with earlier studies, which report that maintenance hemodialysis significantly affects physical functioning and quality of life among older adults (Bossola et al., 2023; Moreels et al., 2023). However, the findings also suggest that physical limitations alone did not determine overall well-being. Instead, the way participants interpreted and responded to these limitations largely shaped their experience of living with dialysis.

The emotional experiences of participants reflected a continuous process of adaptation. While some participants described fear, sadness, or uncertainty when dialysis was first introduced, others accepted the condition relatively quickly because of previous experiences with diabetes, familiarity with kidney disease, or awareness of the progression of their illness. Over time, many participants gradually shifted from emotional distress to acceptance, although moments of sadness and frustration continued to emerge. This indicates that adaptation is not a one-time achievement but an ongoing process that changes with health status and life circumstances. Similar findings have been reported by Panthi et al., 2023 and Chung et al., 2024, who identified anxiety, depression, and emotional distress as common experiences among individuals receiving maintenance hemodialysis.

Participants' narratives further demonstrated that social well-being was closely connected with physical and emotional health. The demanding dialysis schedule and declining physical strength often restricted participation in work, family functions, religious gatherings, and community life. Despite these limitations, most participants continued to experience strong emotional support from spouses, children, and close family members. Family members not only assisted with transportation and caregiving but also provided encouragement, companionship, and reassurance during difficult periods. Interestingly, while some participants reported shrinking social networks, others maintained meaningful relationships despite reduced social participation. This suggests that the quality of relationships was more important than the number of social contacts in sustaining well-being. These findings correspond with previous studies highlighting

family support as an important protective factor in improving psychological well-being and quality of life among dialysis patients (Ghapanvari & Hosseinigolafshani, 2024).

Spirituality also emerged as an important source of well-being for most participants. Prayer, faith, and trust in God were commonly described as helping them cope with uncertainty, physical suffering, and thoughts about death. Rather than expecting recovery, participants often viewed spirituality as a source of inner peace, hope, and acceptance. At the same time, a few participants relied less on religious beliefs and instead adopted a practical acceptance of illness, reflecting the diversity of coping experiences among older adults. These findings support earlier research suggesting that spirituality contributes positively to resilience, emotional adjustment, and quality of life among individuals undergoing long-term hemodialysis (Hodge et al., 2012; León-Castro et al., 2023).

A significant finding emerging from this theme is the interconnected nature of holistic well-being. Physical discomfort often affected emotional stability and social participation, while supportive family relationships, compassionate healthcare professionals, and spiritual beliefs helped participants cope more effectively with these challenges. This reciprocal relationship demonstrates that well-being is not determined solely by physical health but is shaped by the continuous interaction among multiple dimensions of life. Participants who perceived dialysis as a manageable part of life generally demonstrated greater acceptance and emotional stability than those who focused primarily on its limitations.

From a phenomenological perspective, the findings reveal that each participant attached different meanings to living with dialysis despite sharing similar medical conditions. Their experiences were influenced by previous life experiences, family relationships, personal beliefs, and available support systems. This reflects the essence of phenomenology, where the meaning individuals assign to an experience is considered more important than the experience itself. Furthermore, the findings align with the **Transactional Theory of Stress and Coping**, as participants continuously appraised the challenges of dialysis and drew on personal, social, and spiritual resources to adapt to their condition.

Overall, holistic well-being among senior citizens undergoing maintenance hemodialysis emerged as a dynamic and multidimensional process rather than a static health outcome. The findings indicate that promoting well-being requires healthcare services that extend beyond physical treatment to include emotional support, family involvement, social connectedness, and spiritual care. Such a holistic and person-centered approach is essential for enabling older adults to adapt to the long-term demands of maintenance hemodialysis while preserving dignity and quality of life.

5.2.2 Theme 2: Life Adaptation and Life Transition

Life adaptation emerged as a continuous and dynamic process rather than a single event among senior citizens undergoing maintenance hemodialysis. Participants described that the initiation of dialysis marked a major transition in their lives, requiring them to reorganize their daily routines, accept physical limitations, and adjust to a treatment schedule that gradually became central to their lives. The transition was experienced differently across participants depending on their health status, previous life experiences, family support, and personal outlook towards illness. While some participants initially experienced fear, denial, sadness, and uncertainty, others accepted dialysis with relatively less emotional distress, particularly those who had prior knowledge of chronic kidney disease or anticipated the progression of their illness. These variations highlight that adaptation is highly individual and shaped by personal meaning rather than by the illness alone.

The findings indicate that adaptation extended beyond accepting dialysis as a medical procedure. Participants described significant lifestyle changes involving dietary restrictions, fluid control, reduced mobility, dependence on caregivers, withdrawal from employment, limited participation in social gatherings, and modifications to their everyday activities. Many participants gradually reorganized their routines around dialysis sessions, learning to balance treatment with their remaining responsibilities. Although these adjustments were initially difficult, most participants eventually incorporated them into their daily lives, demonstrating gradual acceptance of their changed circumstances. However, adaptation did not necessarily mean the absence of struggle. Several participants continued to express disappointment over the lifelong nature of dialysis, restrictions on personal freedom, and loss of independence even after

years of treatment, suggesting that adaptation is an ongoing process rather than a completed outcome.

Another important observation was that life transition involved changes in personal identity and social roles. Retirement, reduced physical functioning, and inability to continue previous occupations resulted in feelings of dependency and altered self-perception among many participants. Some viewed themselves as becoming dependent on others for mobility and daily activities, while others consciously attempted to preserve their autonomy by continuing simple routines and making independent decisions whenever possible. These contrasting experiences demonstrate that individuals negotiate changes in identity differently despite sharing similar medical conditions.

The findings also reveal that adaptation was influenced by several facilitating factors. Family support, familiarity with the dialysis environment, positive relationships with healthcare professionals, previous knowledge about the illness, and spiritual beliefs helped participants adjust more effectively to treatment. Participants who perceived dialysis as a means of sustaining life rather than merely a burden appeared to adapt more positively. At the same time, financial concerns, transportation difficulties, multiple comorbidities, and prolonged physical discomfort continued to challenge the adaptation process for many participants, indicating that successful adaptation is shaped by both personal and environmental factors.

These findings are consistent with **(Laza et al., 2025)**, who reported that adaptation to chronic kidney disease involves continuous psychological and behavioural adjustment to treatment-related demands rather than simple acceptance of illness. Similarly, **(Gerasimoula et al., 2015)** observed that factors such as age, duration of dialysis, educational background, and overall quality of life influence patients' ability to adapt to long-term hemodialysis. The present findings also support **(Hall et al., 2020)**, who emphasized that resilience develops through meaning-making, acceptance, and adaptive coping despite the persistent challenges of chronic illness. Furthermore, the lifestyle modifications and disruption of everyday routines described by participants correspond with the findings of **(Chung et al., 2024)**, while the physical limitations affecting daily functioning are consistent with the observations of **(Bossola et al., 2023)** and **(Moreels et al., 2023)**. Financial burden and transportation difficulties identified by participants also align with the findings of **(Yonata et al., 2022)**, who highlighted these factors as

significant barriers to adaptation and quality of life among individuals receiving maintenance hemodialysis.

From a phenomenological perspective, these findings demonstrate that life adaptation is not merely behavioural adjustment but a process through which individuals reinterpret their everyday lives, reconstruct personal meaning, and negotiate changing identities while living with chronic illness. The participants' narratives reveal that adaptation is fluid, evolving, and deeply influenced by the interaction of physical health, emotional responses, social relationships, and environmental support. Rather than representing the end of struggle, adaptation reflects an ongoing effort to maintain dignity, continuity, and purpose despite the long-term demands of maintenance hemodialysis.

5.2.3 Theme 3: Pathways of Resilience

Resilience emerged as a dynamic and evolving process through which participants learned to live with the long-term demands of maintenance hemodialysis. Rather than being reflected in extraordinary acts of strength, resilience was evident in participants' everyday efforts to manage physical limitations, regulate emotional distress, preserve hope, and maintain a sense of normalcy despite living with a chronic illness. The findings indicate that resilience was not an inherent personality trait but developed gradually through lived experience, influenced by personal beliefs, family relationships, healthcare support, and individual meaning-making.

Participants demonstrated resilience in diverse ways, highlighting that there is no single pathway to adapting to chronic illness. While some relied primarily on spiritual faith, others drew strength from acceptance, family support, positive relationships with healthcare professionals, or maintaining familiar daily routines. Coping strategies such as resting after dialysis, engaging in simple leisure activities, adjusting routines, and maintaining social interactions helped participants regain a sense of control over lives that had become largely structured around treatment. These strategies were not merely methods of managing symptoms but reflected participants' active efforts to preserve independence, dignity, and emotional stability.

A significant finding was that resilience often developed through acceptance rather than resistance. Many participants described reaching a stage where dialysis became an

accepted part of life instead of something to be constantly feared or questioned. Acceptance did not signify giving up hope but represented a psychological shift that enabled participants to focus on living meaningfully within the limitations imposed by their illness. However, this process was neither immediate nor uniform. While several participants accepted dialysis relatively quickly, others required months or even years to reconcile themselves with the lifelong nature of treatment. A few participants also continued to experience sadness and uncertainty despite years of dialysis, suggesting that resilience and emotional distress can coexist rather than exist as opposing experiences.

The findings further reveal that resilience was closely linked to meaning-making. Participants frequently interpreted their illness as part of destiny, a test of faith, or a natural stage of life. Such interpretations appeared to reduce emotional suffering by allowing individuals to place their experiences within broader personal and spiritual belief systems. For many, prayer, faith, and trust in God offered not only emotional comfort but also a sense of purpose and hope that extended beyond physical recovery. Others found meaning through family responsibilities, maintaining relationships, or appreciating small moments of everyday life, demonstrating that resilience was often rooted in preserving purpose rather than expecting a cure.

Another important observation is that resilience was shaped by the interaction between personal and environmental resources. Participants who reported supportive family relationships, compassionate healthcare professionals, and positive social interactions generally appeared more confident in managing the challenges of dialysis. In contrast, financial difficulties, physical dependency, mobility restrictions, and multiple comorbidities often made the process of resilience more demanding. This indicates that resilience should not be understood solely as an individual characteristic but as a process influenced by the availability of supportive relationships and enabling environments.

These findings are consistent with **(Hall et al., 2020)**, who describe resilience as a process of adapting to chronic illness through meaning-making, acceptance, and positive coping rather than the absence of adversity. Similarly, **(Laza et al., 2025)** observed that individuals with chronic kidney disease gradually develop adaptive behaviors that enable them to adjust to long-term treatment demands. The importance of psychological adaptation and emotional adjustment identified in the present study also supports the findings of **(Chung et al., 2024)**, who reported that resilience develops alongside changes

in emotional well-being and everyday functioning. Furthermore, the role of family support, healthcare relationships, and social resources reflects the observations of **(Yonata et al., 2022)**, who emphasized that supportive environments contribute significantly to patients' ability to cope with the challenges of maintenance hemodialysis.

From a phenomenological perspective, resilience is understood as the meaning participants attach to their experiences rather than simply the strategies they employ. The narratives reveal that resilience is continually reconstructed through everyday experiences of illness, relationships, spirituality, and personal reflection. It is neither a fixed outcome nor the absence of suffering; instead, it represents an ongoing process of adapting, finding meaning, and sustaining hope while living with the lifelong realities of maintenance hemodialysis.

5.2.4 Theme 4: Support System and Care

The theme of support systems and care explores the various forms of support that enable senior citizens undergoing maintenance hemodialysis to cope with the demands of chronic illness. The findings indicate that resilience and adaptation are not achieved in isolation but are strongly influenced by the presence of supportive relationships and healthcare services. Family members, healthcare professionals, and caregivers emerge as key sources of emotional, physical, and practical assistance, helping participants navigate the challenges associated with long-term dialysis. At the same time, the findings also reveal limitations within existing support systems, particularly in relation to financial, logistical, and psychosocial support.

Family support emerged as the foundation of participants' care experiences. Across most narratives, spouses, children, and close relatives assumed primary caregiving responsibilities by assisting with transportation, accompanying participants to dialysis sessions, supporting daily activities, and providing emotional reassurance. For many participants, family support extended beyond practical assistance and created a sense of security, belonging, and emotional stability. This suggests that the family's role is central not only to treatment adherence but also to maintaining hope and psychological well-being throughout the dialysis journey.

Spousal support was particularly significant among married participants. Spouses were often described as constant companions who provided encouragement, motivation, and continuous care. However, the findings also reveal an important emotional contradiction. While participants deeply valued the care they received, many were simultaneously conscious of the burden placed on their caregivers. This awareness sometimes resulted in feelings of guilt and concern, indicating that caregiving relationships involve both emotional comfort and emotional strain. Such experiences highlight the reciprocal nature of family care, where support is accompanied by concerns about dependence.

Children also played an important role in sustaining participants' treatment. Many participants relied on their children for transportation, financial assistance, and hospital visits, particularly when physical limitations reduced their independence. Extended family members, including siblings and close relatives, further strengthened these support networks. The findings indicate that the availability of dependable family relationships contributed significantly to participants' confidence in managing the long-term demands of dialysis.

Healthcare professionals formed another important pillar of support. Participants consistently described doctors, nurses, and dialysis staff as approachable, caring, and respectful. Beyond providing medical treatment, healthcare providers offered reassurance, familiarity, and emotional comfort, creating an environment where participants felt safe and valued. The positive relationships developed through repeated interactions appeared to reduce anxiety and increase participants' confidence in continuing treatment. These findings demonstrate that compassionate and person-centred care contributes not only to physical treatment but also to emotional well-being.

Although participants generally expressed satisfaction with the care received, the findings indicate that emotional support within healthcare settings remains largely informal. Many participants believed that newly diagnosed patients would benefit from counselling or structured psychological support, particularly during the initial stages of dialysis when fear, uncertainty, and emotional distress are most pronounced. This suggests that psychosocial care remains an important unmet need within dialysis services.

The findings also highlight several challenges that limit the effectiveness of existing support systems. Financial burden emerged as a recurring concern, particularly for participants who had retired or were no longer able to work. The continuous expenses associated with dialysis, medications, travel, and other healthcare needs placed considerable pressure on both patients and their families. For some participants, financial insecurity added another layer of stress to an already demanding treatment process.

Travel and accessibility were identified as additional barriers. Regular hospital visits required participants to depend on family members or caregivers for transportation due to declining mobility and physical weakness. This dependence not only affected their independence but also influenced their participation in social activities and everyday life. The repeated need to organise transport and attend lengthy dialysis sessions further contributed to physical and emotional exhaustion.

Another important observation is the limited availability of formal community-based support. While participants benefited greatly from family and healthcare providers, very few described receiving support through counselling services, peer support groups, community organisations, or organised social work interventions. This indicates that existing support systems are heavily dependent on informal caregiving, leaving gaps in addressing the broader psychosocial and practical needs of elderly dialysis patients.

Overall, the findings demonstrate that support systems are multidimensional, encompassing emotional, practical, and medical care. Strong family relationships and positive healthcare experiences play a vital role in helping participants manage the long-term demands of maintenance hemodialysis. However, the persistence of financial challenges, transportation difficulties, caregiver burden, and limited psychosocial services indicates that existing support structures remain incomplete. Strengthening both formal and informal support systems would enhance the overall well-being, dignity, and quality of life of elderly individuals undergoing maintenance hemodialysis.

5.2.5 Theme 5: Quality of Life and Suggestions

The theme of quality of life and suggestions explores how elderly individuals undergoing maintenance hemodialysis perceive their overall well-being and the improvements they believe are necessary to enhance their lives. The data shows that quality of life extends

beyond physical health and is influenced by emotional adjustment, family support, independence, financial security, and access to supportive healthcare services. Participants' experiences indicate that although dialysis imposes several restrictions, quality of life is largely determined by how individuals adapt to these changes and find meaning in their daily lives.

The participants described quality of life as a balance between physical limitations and psychological acceptance. Fatigue, reduced mobility, prolonged dialysis sessions, and dependence on others limited their ability to participate in everyday activities and maintain previous lifestyles. These restrictions often altered their daily routines, reducing opportunities for work, travel, leisure, and social participation. For many, the loss of independence represented one of the most significant consequences of long-term dialysis, affecting not only physical functioning but also their sense of autonomy and self-worth.

Despite these challenges, the data reveal that physical illness did not necessarily translate into poor perceived quality of life. Several participants expressed satisfaction with their lives, indicating that emotional acceptance and supportive relationships helped them maintain a positive outlook. Rather than evaluating their lives solely through physical ability, participants often viewed well-being in terms of emotional peace, family togetherness, and the ability to continue living despite chronic illness. This suggests that quality of life is a subjective experience shaped by individual perceptions and successful adaptation rather than health status alone.

Dependence on family members emerged as both a strength and a challenge. While participants valued the care and emotional reassurance provided by spouses and children, many were also conscious of becoming dependent on them for transportation, household activities, and personal care. This created mixed emotions, with gratitude for support coexisting with concerns about burdening loved ones. Such findings indicate that maintaining dignity and independence remains an important aspect of perceived quality of life among elderly dialysis patients.

The financial burden further affected participants' overall well-being. Continuous treatment expenses, medication costs, transportation, and reduced earning capacity created persistent economic stress for many families. Although some participants benefited from insurance or financial assistance, others continued to struggle with

treatment-related expenses, underscoring the close link between financial security and overall quality of life and treatment sustainability.

Participants also reflected on ways to improve care and support. A recurring suggestion was the need for greater emotional and psychological support, particularly for newly diagnosed patients who often experience fear, uncertainty, and difficulty accepting dialysis. Participants believed that counseling and proper guidance could facilitate emotional adjustment and reduce anxiety during the initial stages of treatment. Their experiences suggest that dialysis care should extend beyond medical management to include structured psychosocial interventions that address patients' emotional needs.

Another important suggestion was to improve awareness and education about chronic kidney disease and dialysis. Participants observed that individuals with prior dialysis knowledge appeared to adapt more easily to treatment. This highlights the value of patient education in reducing misconceptions, encouraging treatment adherence, and promoting informed decision-making. Better awareness may also help families prepare for the practical and emotional demands associated with long-term dialysis.

Accessibility of healthcare services was identified as another area requiring attention. Difficulties related to transportation, repeated hospital visits, and the time-consuming nature of dialysis affected participants' daily lives. Many believed that improving transport facilities, financial assistance, and community-based support services would reduce the burden of treatment and improve overall well-being.

Participants also shared advice based on their own experiences of living with dialysis. They emphasized the importance of accepting the condition, adhering to medical advice, maintaining hope, and prioritizing self-care. Rather than focusing on recovery alone, their suggestions reflected the importance of adapting to illness while continuing to lead a meaningful life. These reflections illustrate how lived experience itself becomes a source of knowledge that can support and encourage newly diagnosed patients.

The responses indicate that quality of life among elderly individuals undergoing maintenance hemodialysis is shaped by the interaction of physical health, emotional adjustment, social support, financial stability, and healthcare accessibility. Although dialysis introduces significant limitations, participants demonstrated that acceptance,

supportive relationships, and compassionate care can help sustain well-being despite chronic illness. At the same time, their recommendations emphasize the need for more holistic and person-centered healthcare that addresses not only medical treatment but also the emotional, social, practical, and financial dimensions of living with long-term dialysis.

5.3 Conclusion

This chapter analyzed and interpreted the lived experiences of senior citizens undergoing maintenance hemodialysis, based on participants' narratives. The analysis showed that living with long-term dialysis affects every aspect of an individual's life, including physical health, emotional well-being, social relationships, spiritual beliefs, and daily routine. Although participants experienced several challenges, including fatigue, physical limitations, dependency, financial difficulties, and lifestyle changes, they gradually found ways to adapt. The findings also showed that resilience is developed over time through acceptance of the illness, support from family members, faith, positive thinking, and practical adjustments in everyday life. Family support and compassionate healthcare professionals played an important role in helping participants cope with the demands of dialysis and continue their treatment. At the same time, the analysis highlighted the need for better emotional support, counseling services, financial assistance, and improved access to healthcare to enhance the overall well-being of elderly individuals undergoing maintenance hemodialysis.

Thus, the themes presented in this chapter provide a deeper understanding of how senior citizens experience, adapt to, and make sense of living with maintenance hemodialysis. The analysis also highlights that well-being is not determined only by physical health but by the combined influence of personal resilience, supportive relationships, and access to holistic care.

CHAPTER 6
FINDINGS, SUGGESTIONS, AND CONCLUSION

CHAPTER 6: FINDINGS, SUGGESTIONS, AND CONCLUSION

6.1.Introduction

This chapter presents the findings from in-depth interviews with fifteen senior citizens undergoing maintenance hemodialysis in Thiruvananthapuram. The results emerged from a thematic analysis of the participants' responses and relate to the study's research questions. These narratives provide a deep understanding of how older adults experience life while receiving ongoing treatment, such as hemodialysis. Their accounts show that dialysis affects many aspects of life, including physical health, emotional well-being, social relationships, spirituality, daily functioning, and views on aging.

The participants' responses reflect a constant effort to deal with the challenges of chronic illness, changes in their bodies, dependence, lifestyle limits, and uncertainty about the future. At the same time, these narratives reveal strength, adaptability, and resilience. While participants talked about feelings of fatigue, loss, fear, loneliness, and disrupted routines, they also shared experiences of acceptance, faith, supportive relationships, and finding meaning in tough times. Their stories show that resilience is not just a personal quality but a process influenced by beliefs, family bonds, social connections, health care support, and spiritual resources.

The findings also highlight that well-being among elderly individuals undergoing maintenance hemodialysis is complex and involves many factors. Participants did not define well-being as simply the absence of suffering. Instead, it relates to their ability to adapt to changing circumstances, maintain meaningful relationships, find comfort in spiritual beliefs, and stay engaged with life despite ongoing health issues. The narratives also reveal the various ways participants cope with illness-related stress, reshape their daily lives, navigate changing roles, and uphold a sense of purpose and dignity in later life.

Through these lived experiences, the chapter offers a clear view of how senior citizens undergoing maintenance hemodialysis see their well-being, adjust to life changes, build resilience, use support systems, and explore ways to improve care and support for others in similar situations. The findings are categorized into five main themes: Holistic Well-being, Life Adaptation and Transitions, Pathways of Resilience, Support Systems and Care, and Quality of Life and Suggestions. Together, these themes illustrate the

complexities of living with long-term hemodialysis in old age and highlight the factors that help individuals endure, adapt, and find meaning in their lives despite chronic illness.

Based on these findings, the researcher proposes suggestions to improve care, strengthen support systems, and enhance the overall quality of life of elderly dialysis patients. The chapter also outlines key implications for social work practice, emphasizing the need for a holistic, person-centered, and psychosocially informed approach in healthcare settings. Thus, this chapter brings together the study's core insights and situates them within a broader understanding of aging, chronic illness, and resilience, thereby contributing to both practice and knowledge in medical and psychiatric social work.

6.2. Findings

6.2.1. Findings Related to Holistic Wellbeing

(Addresses Research Question 1: How do senior citizens who have been on maintenance hemodialysis describe the lived experiences of holistic well-being?)

The findings revealed that holistic well-being among senior citizens undergoing maintenance hemodialysis is a multidimensional experience influenced by physical health, emotional adjustment, social relationships, and spirituality. Participants did not perceive well-being merely as the absence of illness but as their ability to adapt to the demands of dialysis while maintaining meaningful relationships, emotional stability, and a sense of purpose. Although dialysis imposed several physical and lifestyle limitations, many participants gradually redefined well-being in terms of acceptance, family support, and the ability to continue their daily lives within these limitations.

At the same time, the findings also reflected considerable variation in experiences. While many participants viewed dialysis as a necessary part of life and adjusted over time, a few continued to struggle with the physical and emotional demands of long-term treatment. This suggests that holistic well-being is shaped not only by the illness itself but also by personal outlook, available support, and individual coping capacity.

6.2.1.1 Physical Well-being

Physical well-being emerged as the most affected dimension of participants' lives. Almost all participants reported that maintenance hemodialysis led to noticeable improvements in their physical functioning and daily routine. Fatigue was the most

frequently reported concern, with participants describing a clear difference between dialysis days and non-dialysis days. Many explained that dialysis days were primarily spent resting due to exhaustion, while they felt comparatively more energetic on non-dialysis days. For several participants, this persistent fatigue also reduced their motivation to engage in activities they previously enjoyed, resulting in a more restricted lifestyle.

Sleep disturbances were another common finding. Participants described difficulty falling asleep, interrupted sleep, and poor sleep quality, which further intensified tiredness and affected their overall well-being. Alongside this, strict dietary modifications and fluid restrictions emerged as major challenges. Although most participants understood the necessity of these restrictions, many described persistent thirst and the frustration of having to limit water intake despite feeling uncomfortable. Similarly, avoiding favorite foods and continuously monitoring their diet affected both their eating habits and quality of life.

Reduced mobility also had a significant impact on participants' physical well-being. Many experienced muscle weakness, breathlessness, balance problems, and reduced stamina, making it difficult to walk independently or perform routine activities. As a result, several participants became increasingly dependent on family members for mobility and everyday tasks. This loss of physical independence often influenced other areas of life, including social participation and emotional well-being.

However, the physical impact of dialysis was not uniform across all participants. A few individuals reported relatively stable physical functioning and fewer treatment-related difficulties despite undergoing regular dialysis. These variations indicate that the physical experience of maintenance hemodialysis varies according to factors such as age, dialysis duration, coexisting illnesses, and overall health status.

Overall, the findings indicate that physical well-being among elderly individuals undergoing maintenance hemodialysis is characterized by continuous adjustment to fatigue, mobility limitations, sleep disturbances, and dietary restrictions. While these challenges substantially affected daily functioning, participants gradually learned to reorganize their routines and adapt their lifestyles according to their changing physical abilities.

6.2.1.2 Emotional Well-being

Emotional well-being emerged as a dynamic and evolving aspect of participants' lived experiences. The findings revealed that participants experienced a range of emotions throughout their dialysis journey, including fear, sadness, loneliness, acceptance, and emotional resilience. These emotional experiences were closely influenced by the onset of illness, changes in physical independence, family relationships, and perceptions of aging and mortality.

For many participants, the initiation of dialysis was accompanied by fear and uncertainty. Fear was often rooted in limited knowledge about dialysis, concerns about survival, and the perception that dialysis signified the final stage of illness. However, this emotional response was not universal. A few participants reported accepting the diagnosis without significant fear, largely because they had prior knowledge of the condition or had witnessed similar experiences among family members or acquaintances. This variation suggests that previous exposure and awareness played an important role in shaping emotional responses to dialysis.

Sadness emerged as another common emotional experience, particularly during the initial stages of treatment. Participants associated these feelings with the loss of independence, reduced physical abilities, disruption of daily routines, and inability to continue previous social and occupational roles. For some, emotional distress was further intensified by the loss of close relationships, financial concerns, or the realization that dialysis would become a lifelong treatment. These experiences indicate that emotional well-being is influenced not only by the illness itself but also by the broader changes it brings to an individual's life.

Some participants also experienced loneliness and social isolation, particularly when they spent long periods alone at home or became less able to participate in family and community activities. Reduced mobility and declining social interaction contributed to these feelings, highlighting the close relationship between emotional well-being and social connectedness. However, not all participants reported loneliness. Those who maintained regular contact with family members or continued meaningful relationships appeared to experience greater emotional stability.

Despite these challenges, the findings demonstrate that emotional well-being was not characterized solely by distress. Many participants described a gradual process of

emotional adjustment in which fear and sadness diminished over time as they became familiar with dialysis and accepted it as part of their daily lives. Acceptance of illness, realistic expectations about aging, and support from family members helped participants develop emotional stability. Rather than viewing dialysis as the end of life, many came to see it as a means of sustaining life, enabling them to focus on living meaningfully within their circumstances.

Overall, the findings suggest that emotional well-being among elderly individuals undergoing maintenance hemodialysis is a continuous process of adaptation. While emotional distress remains a reality for many participants, acceptance, supportive relationships, and changing perspectives towards illness and ageing enable them to gradually regain emotional balance and continue their lives with greater resilience.

6.2.1.3 Social Well-being

Social well-being emerged as an important aspect of participants' lived experiences, although its nature differed across individuals. Family was consistently identified as the primary source of support, with spouses, children, and close relatives playing central roles in providing emotional reassurance, assistance with daily activities, transportation to dialysis sessions, and encouragement throughout the treatment journey. For many participants, these relationships fostered a sense of security, belonging, and motivation to continue treatment.

However, maintenance hemodialysis also altered participants' social lives. Regular hospital visits, physical limitations, fatigue, and mobility difficulties reduced their ability to participate in family functions, religious gatherings, social events, and community activities. Several participants described withdrawing from activities they had previously enjoyed, while others reported a gradual decline in social interactions due to their inability to travel or maintain earlier routines. These changes often resulted in feelings of isolation and a reduced sense of social participation.

At the same time, social experiences were not uniform across all participants. While some experienced loneliness and shrinking social networks, others maintained meaningful relationships with friends and relatives through regular visits, phone calls, or informal gatherings. Interactions with healthcare professionals and fellow patients also contributed positively to their social well-being by creating opportunities for companionship, emotional reassurance, and mutual understanding.

The findings suggest that social well-being among elderly individuals undergoing maintenance hemodialysis is shaped by both continuity and disruption. Although chronic illness limits social participation and independence, supportive family relationships and positive interpersonal connections continue to provide emotional security and help individuals remain socially connected despite the challenges of long-term treatment.

6.2.1.4 Spiritual Well-being

Spiritual well-being emerged as an important source of strength for most participants throughout their dialysis journey. Faith in God, prayer, and religious practices helped participants cope with the uncertainties of chronic illness and the demands of long-term treatment. Many reported that their spirituality either remained unchanged or became stronger after starting dialysis, providing them with a sense of comfort, hope, and inner peace.

Prayer was commonly described as a way of managing emotional distress, physical discomfort, and uncertainty. Participants shared that turning to God during moments of fear, pain, breathlessness, or emotional difficulty helped them feel calmer and more emotionally stable. Spirituality also influenced how participants understood illness, ageing, and death. Many viewed their condition as part of life's natural course, God's will, or a test of faith, which helped them accept their circumstances with greater resilience.

However, spiritual experiences were not identical for everyone. While most participants relied on religious beliefs as a source of coping, a few described spirituality as a constant aspect of life rather than something that changed because of dialysis. One participant also expressed a more philosophical acceptance of life and death instead of relying primarily on religious faith.

Overall, the findings indicate that spiritual well-being acted as an important protective resource, helping participants find meaning, acceptance, and emotional strength while living with the long-term challenges of maintenance hemodialysis.

6.2.1.5 Total Pain

The participants' experiences reflected the concept of **total pain**, in which suffering extended beyond physical symptoms to encompass emotional, social, and spiritual dimensions. Physical challenges such as fatigue, restricted mobility, and treatment-related demands often affected emotional well-being by increasing dependence, limiting

social participation, and creating feelings of sadness or loneliness. At the same time, emotional distress was often eased through the support of family, healthcare providers, and spiritual beliefs. For many participants, these sources of support helped them find acceptance, hope, and strength despite the ongoing challenges of dialysis. The findings indicate that the experience of maintenance hemodialysis is holistic, with each dimension of well-being closely influencing the others. Although participants faced multiple forms of suffering, they also demonstrated the ability to adapt and maintain a sense of well-being through resilience, meaningful relationships, and personal sources of strength.

6.2.2. Findings Related to Life Adaptation and Life Transition

(Addresses Research Question 2: How do senior citizens with maintenance hemodialysis adapt to their life transitions?)

The findings indicate that maintenance hemodialysis marked a significant transition in the lives of elderly participants, extending beyond a medical intervention to influence their routines, roles, relationships, and perceptions of aging. Adapting to dialysis was not an immediate or uniform experience but an evolving process shaped by individual circumstances, previous health experiences, available support, and personal outlook. While treatment imposed several lifestyle changes, most participants gradually reorganized their lives around dialysis and developed ways to continue their daily activities within their physical limitations. At the same time, adaptation remained an ongoing process rather than a completed stage, with some continuing to experience challenges even after years of treatment.

6.2.2.1 Adjustment to Illness

Illness adjustment emerged as a gradual process that varied across individuals. Initial reactions ranged from fear, sadness, denial, and uncertainty to calm acceptance. Those with little prior knowledge of dialysis often associate it with severe illness, dependency, and death, making the transition emotionally distressing. In contrast, participants who had previous exposure to kidney disease through family members, healthcare backgrounds, or personal awareness entered treatment with greater preparedness and reported less emotional difficulty.

Although the starting points varied, most participants described a gradual shift from resistance to acceptance. Repeated exposure to the treatment process, improved

understanding of dialysis, reassurance from healthcare professionals, and support from family members helped reduce fear and uncertainty over time. Dialysis gradually became incorporated into everyday life and was viewed as a necessary means of sustaining life rather than an overwhelming disruption.

However, adjustment was not experienced in the same way by everyone. For some, acceptance developed within a relatively short period, whereas others continued to struggle with emotional distress, dependence, and lifestyle changes long after treatment had begun. Even participants who appeared to have accepted dialysis acknowledged that adapting to its lifelong demands remained an ongoing process. These contrasting experiences highlight that adjustment is dynamic and influenced by individual health status, personal beliefs, previous experiences, and the support available during the transition.

6.2.2.2 Changes in Routine

The findings revealed that maintenance hemodialysis required participants to reorganise their daily lives around treatment. Dialysis sessions became a fixed part of their weekly routine, influencing how they planned personal activities, family responsibilities, and social engagements. Rather than viewing treatment as a temporary interruption, most gradually incorporated it into their everyday lives.

Over time, participants developed new routines that accommodated their physical capacity and treatment requirements. Many adjusted the timing of daily activities, prioritised essential tasks, and planned commitments around dialysis days. These changes reflected a gradual shift from living according to personal preferences to living within the demands of long-term treatment.

However, adaptation was not experienced uniformly. Some participants described dialysis as becoming a normal part of life after an initial period of adjustment, whereas others continued to experience disruptions that affected their independence and previous way of living. The extent of these changes depended on individual health status, functional ability, and available family support.

Overall, the findings suggest that adaptation involved more than modifying daily activities. It represented a broader life transition in which participants restructured their

routines, priorities, and expectations while striving to maintain continuity in everyday life.

6.2.2.3 Role Changes

The findings revealed that maintenance hemodialysis led to significant changes in participants' personal, occupational, and social roles. Many described a transition from active, independent, and productive individuals to roles that required greater dependence on others. This shift often required them to redefine their sense of identity and adjust to changing responsibilities within the family and society.

For many, discontinuing employment or reducing participation in work and community life marked an important life transition. The inability to fulfil previous responsibilities altered their perception of themselves, particularly among those who had identified strongly with their occupations or active lifestyles. Alongside these changes, participants had to accept increasing reliance on family members for transportation, mobility, and other daily needs, representing a significant adjustment from their earlier independence.

However, this transition was experienced differently across participants. While some viewed dependence as emotionally difficult and expressed concerns about becoming a burden to their families, others accepted it as a natural consequence of aging and chronic illness. Rather than focusing solely on the loss of independence, many gradually redefined their roles by valuing emotional closeness, companionship, and their continued presence within the family.

Overall, the findings suggest that adapting to dialysis involved more than adjusting to physical limitations. It required participants to reconstruct their identities, negotiate changing family and social roles, and develop new ways of finding purpose and belonging despite the limitations imposed by long-term treatment.

6.2.2.4 Acceptance and Aging

The findings revealed that participants gradually came to understand dialysis within the broader experience of ageing rather than viewing it as an isolated illness. Many recognised physical decline, reduced independence, and increasing dependence as part of growing older, which helped them make sense of the changes brought about by long-term treatment. This perspective enabled them to adapt to their new circumstances with greater realism.

Acceptance emerged as an important aspect of this transition, although it was neither immediate nor uniform. While some participants reached acceptance after an initial period of fear and uncertainty, others continued to struggle with the lifelong nature of dialysis. These differences suggest that acceptance develops over time and is shaped by individual experiences, health conditions, and personal outlook.

Rather than seeing acceptance as giving up, participants viewed it as learning to live within their changed circumstances. Many shifted their focus from the losses caused by illness to the aspects of life that remained meaningful, such as spending time with family, maintaining daily routines, or finding purpose in simple experiences. This change in perspective allowed them to adjust their expectations and continue engaging with life despite ongoing challenges.

Overall, the findings indicate that adaptation to maintenance hemodialysis involved not only adjusting to treatment but also accepting the realities of ageing, chronic illness, and changing life roles. Acceptance therefore emerged as a gradual life transition that helped participants move forward while acknowledging the limitations imposed by their condition.

6.2.3. Findings Related to Pathways of Resilience

(Addresses Specific Research Question 3: What pathways of resilience do senior citizens undergoing maintenance hemodialysis develop to cope with illness-related challenges and sustain wellbeing?)

The findings revealed that resilience was a gradual and evolving process rather than an inherent personal trait. Despite living with a lifelong illness and its associated challenges, participants demonstrated the ability to adapt by drawing on personal strengths, previous life experiences, supportive relationships, spirituality, and practical coping mechanisms. Resilience did not imply the absence of suffering; instead, it reflected the ability to continue living meaningfully while adjusting to ongoing physical, emotional, and social changes.

Participants' pathways to resilience differed according to their personal experiences and available resources. While some developed confidence through repeated exposure to dialysis and greater understanding of their condition, others relied more heavily on family

support, faith, or acceptance to sustain their well-being. These differences suggest that resilience is shaped by individual circumstances rather than a single coping pattern.

6.2.3.1 Coping Strategies

The findings indicate that participants adopted a range of practical and psychological strategies to cope with the demands of maintenance hemodialysis. Rather than relying on a single approach, most people combined everyday routines, meaningful activities, self-discipline, and positive thinking to manage the uncertainties of chronic illness.

Maintaining a structured daily routine emerged as an important way of adapting to treatment. Organizing activities around dialysis sessions, following medical advice, and developing predictable routines helped participants regain a sense of control and stability in their daily lives. Others coped by engaging in simple activities such as watching television, listening to music, reading, or spending time with family and friends, which provided a distraction from illness and helped preserve a sense of normality.

Many participants also described adopting a present-focused outlook, focusing on daily life rather than worrying about the future. This perspective enabled them to accept uncertainty while continuing to engage with life in meaningful ways. At the same time, adherence to treatment recommendations reflected an active form of coping, with participants taking responsibility for managing their health despite the restrictions imposed by dialysis.

However, coping strategies were not equally effective for everyone. While several participants developed adaptive ways of managing their condition over time, others continued to experience emotional struggles, uncertainty, or difficulty adjusting to the long-term demands of treatment. These differences demonstrate that resilience is not a fixed outcome but a continuous process that evolves in response to personal experiences, health status, and available support.

Overall, the findings suggest that resilience was strengthened through a combination of practical adjustments, psychological adaptation, and purposeful engagement with everyday life, enabling participants to navigate the ongoing challenges of maintenance hemodialysis.

6.2.3.2 Inner Strength

The findings revealed that resilience was strengthened by participants' inner strength, which enabled them to endure the long-term demands of maintenance hemodialysis. This inner strength was reflected in their determination to continue treatment, adapt to changing circumstances, and maintain a meaningful life despite ongoing health challenges. Rather than being expressed through extraordinary actions, it was evident in their everyday efforts to move forward despite uncertainty.

Many participants demonstrated a realistic and positive outlook towards their condition. They viewed illness as another challenge to be managed rather than something that completely defined their lives. Previous life experiences, aging, and the hardships they had already encountered appeared to strengthen their ability to face dialysis with patience and perseverance.

Participants also displayed emotional maturity by accepting uncertainty and focusing on aspects of life within their control. Instead of allowing fear about the future to dominate their lives, many chose to concentrate on the present and continue fulfilling meaningful roles within their families. At the same time, they sought to preserve their dignity by remaining involved in decision-making, maintaining relationships, and contributing to family life despite increasing dependence.

However, inner strength was expressed differently across participants. While some displayed confidence and optimism in managing their condition, others continued to experience moments of emotional vulnerability and uncertainty. These differences suggest that resilience does not eliminate distress but enables individuals to continue adapting despite it.

Overall, the findings indicate that inner strength developed through life experience, personal values, and a willingness to adapt. It enabled participants to sustain hope, preserve their sense of self, and continue engaging with life despite the ongoing challenges of maintenance hemodialysis.

6.2.3.3 Meaning-Making

Meaning-making emerged as an important pathway through which participants made sense of living with maintenance hemodialysis. Rather than viewing the illness only as a source of suffering, many gradually interpreted it as a part of life that had to be accepted

and lived with. This shift in perspective helped them move beyond the initial fear and uncertainty associated with dialysis and contributed to their psychological adjustment.

Participants attached meaning to their experiences in different ways. For some, the illness became an opportunity to appreciate life more deeply and value the time spent with family. Others understood it through their spiritual beliefs, viewing dialysis as part of God's plan or as a test that strengthened their faith. A few participants perceived illness as a natural consequence of ageing or something that could happen to anyone, which reduced feelings of self-blame and helped them accept their condition.

Meaning was also created through continued involvement in family life. Although participants experienced physical limitations and increasing dependence, many found purpose in maintaining relationships with their spouses, children, and grandchildren. Their desire to remain present for their family gave them motivation to continue treatment despite its demands. At the same time, not all participants attached meaning to their illness in the same way. While several expressed gratitude and acceptance, a few continued to struggle with the loss of independence and changes in their previous roles, indicating that meaning-making is a gradual and highly personal process.

The findings suggest that resilience was strengthened when participants were able to reinterpret dialysis as part of their life journey rather than as an event that completely defined them. This process enabled them to integrate illness into their personal identity without allowing it to overshadow the meaning they derived from family relationships, spirituality, and life experiences. Rather than eliminating suffering, meaning-making helped participants develop a more balanced perspective that supported continued adaptation and emotional well-being.

6.2.3.4 Acceptance and Hope

Acceptance emerged as a key pathway of resilience among the participants. As they continued living with maintenance hemodialysis, most gradually shifted from questioning their illness to accepting it as part of their everyday reality. This acceptance did not reflect giving up or becoming passive; instead, it represented a practical adjustment that allowed participants to focus on what they could still do rather than what they had lost. Viewing dialysis as a necessary part of life appeared to reduce emotional distress and helped participants adapt to the long-term demands of treatment.

Participants also interpreted ageing and illness within a broader life perspective. Many regarded physical decline, dependency, and health problems as natural aspects of growing older, which made it easier for them to come to terms with their changing circumstances. However, this pattern was not universal. A few participants continued to experience frustration over the loss of independence and the inability to participate in activities that had once been central to their lives. This suggests that acceptance develops gradually and differs according to individual experiences, health conditions, and personal outlook.

Hope complemented acceptance by providing participants with a reason to continue despite ongoing challenges. Rather than hoping for a complete cure, participants expressed hope in more realistic ways, such as remaining physically stable, spending time with family, avoiding further complications, or continuing their treatment without major difficulties. For many, hope was closely connected with faith and trust in the future, helping them maintain a positive outlook even in the face of uncertainty.

The findings indicate that resilience was strengthened through the balance between acceptance and hope. While acceptance enabled participants to acknowledge the realities of living with chronic illness, hope encouraged them to remain engaged with life and continue moving forward. Together, these processes supported psychological adjustment and sustained well-being despite the long-term demands of maintenance hemodialysis.

6.2.4. Findings Related to Support System and Care

(Addresses Specific Research Question 3: What pathways of resilience do senior citizens undergoing maintenance hemodialysis develop to cope with illness-related challenges and sustain wellbeing? and Specific Research Question 4: What suggestions do elderly maintenance hemodialysis patients offer to improve care, support systems, and quality of life for people in their situation?)

The findings indicate that support systems were central to participants' experiences of living with maintenance hemodialysis. Their ability to adapt to the physical, emotional, and social challenges of the illness was closely influenced by the support they received from family, healthcare professionals, and others around them. At the same time, participants identified gaps in existing support services, highlighting areas where care and support could be strengthened.

6.2.4.1 Family Support

Family emerged as the primary support system throughout the participants' dialysis journey. The findings suggest that family support extended beyond meeting physical needs and played a significant role in helping participants cope with the emotional, social, and practical demands of long-term treatment. The presence of supportive family members enabled many participants to continue dialysis with greater confidence and emotional security, indicating that resilience was often strengthened through close interpersonal relationships rather than individual effort alone.

Participants depended on their spouses, children, and close relatives for transportation, assistance with daily activities, treatment-related decisions, and emotional encouragement. Such support reduced feelings of uncertainty and helped participants adjust to the limitations imposed by illness. Family relationships also gave participants a sense of purpose, as many expressed a desire to continue treatment in order to remain with and support their loved ones. This highlights that family was not only a source of care but also a source of motivation that encouraged participants to persevere despite ongoing challenges.

However, the findings also revealed that family support was accompanied by emotional complexities. Several participants were aware of the burden their illness placed on their caregivers and expressed feelings of guilt about becoming increasingly dependent on their spouses or children. This indicates that while family support promoted resilience, it also created concerns related to dependency and caregiver strain. Furthermore, the level of family involvement differed among participants, suggesting that access to informal support is influenced by individual family circumstances and may not be equally available to everyone.

Overall, the findings demonstrate that family support is a central resource in the lives of elderly individuals undergoing maintenance hemodialysis. At the same time, the experiences of caregiver burden and dependency highlight the importance of recognising the needs of both patients and their families while planning supportive interventions.

6.2.4.2 Medical Support

Medical support emerged as an important source of reassurance throughout the participants' dialysis journey. Positive relationships with doctors, nurses, and dialysis

staff contributed to participants' confidence in treatment and supported their emotional well-being. The findings suggest that compassionate communication, respectful care, and continuity in healthcare services helped reduce anxiety and made the long-term treatment process more manageable.

Regular interactions with healthcare professionals also created a sense of familiarity and trust. For many participants, the dialysis unit became more than a treatment setting; it was a place where they felt understood, cared for, and connected with others undergoing similar experiences. This supportive environment helped lessen feelings of isolation and strengthened their ability to cope with the demands of chronic illness.

However, participants also identified certain challenges in the healthcare experience. Frequent hospital visits, travel difficulties, treatment expenses, and the physical strain of attending regular dialysis sessions added to the burden of living with the illness. These findings indicate that while the quality of medical care was generally perceived positively, improving accessibility and expanding age-friendly support services could further enhance the overall treatment experience for elderly patients.

6.2.4.3 Emotional Care

Emotional care emerged as an essential component of participants' overall well-being. Beyond managing physical illness, participants highlighted the importance of being understood, listened to, and emotionally supported throughout their treatment journey. Encouragement from family members, compassionate interactions with healthcare professionals, and conversations with fellow dialysis patients helped reduce fear, uncertainty, and emotional distress. Such support strengthened participants' confidence and promoted their ability to cope with the long-term demands of dialysis.

However, emotional support was not experienced equally by all participants. A few participants continued to report feelings of loneliness, particularly when spending long periods alone at home or having limited opportunities for social interaction. These experiences suggest that emotional well-being is influenced not only by the availability of support but also by the quality and consistency of interpersonal relationships.

Overall, the findings indicate that emotional care is an important pathway to resilience, helping participants maintain psychological well-being as they adapt to the challenges of maintenance hemodialysis.

6.2.4.4 Gaps in Support

Although participants generally expressed satisfaction with the support they received, the findings also revealed several gaps that influenced their overall well-being. Financial strain, transportation difficulties, and the demands of frequent hospital visits continued to place additional pressure on many participants, particularly those with limited mobility or financial resources. These challenges often extended beyond the medical aspects of dialysis, affecting their daily lives and treatment experience.

Participants also identified a lack of structured psychosocial support, especially during the initial stages of dialysis. Many believed that newly diagnosed patients and their families would benefit from counseling and better preparation to reduce fear and facilitate adjustment. In addition, the experiences highlighted the often-overlooked needs of family caregivers, who provided continuous support but received little formal guidance or assistance. Some participants also noted the limited opportunities to interact with others facing similar experiences, suggesting the need for greater peer support.

Overall, the findings indicate that while existing support systems play a vital role in sustaining resilience, addressing these gaps through more comprehensive medical, psychological, social, and caregiver support could further improve the quality of life of elderly individuals undergoing maintenance hemodialysis.

6.2.5. Findings Related to Quality of Life and Suggestions

(Addresses Specific Research Question 4: What suggestions do elderly maintenance hemodialysis patients offer to improve care, support systems, and quality of life for people in their situation?)

The findings indicate that participants viewed quality of life as a multidimensional experience influenced by their physical condition, emotional well-being, social relationships, independence, and available support systems. While dialysis imposed several limitations, participants also identified factors that helped them maintain well-being and offered practical suggestions to improve the care and quality of life of individuals undergoing maintenance hemodialysis.

6.2.5.1 Perceived Quality of Life

Participants viewed quality of life as more than their physical health or the presence of illness. Although maintenance hemodialysis brought limitations to their daily lives, many evaluated their quality of life based on their ability to maintain meaningful relationships, experience emotional stability, and continue living with dignity. This suggests that quality of life was shaped by how participants adapted to their circumstances rather than solely by the severity of their illness.

The findings indicate that independence remained an important aspect of quality of life. Participants who were able to perform daily activities or retain some level of independence reported greater satisfaction, whereas increasing dependence, restricted mobility, and reduced participation in everyday activities often lowered their perceived quality of life. However, these physical limitations did not necessarily determine how participants evaluated their lives.

Family support, acceptance, and spirituality emerged as important factors that helped participants maintain a positive outlook despite ongoing health challenges. Many participants described feeling satisfied with life because of the emotional support they received from their loved ones and the sense of peace they derived from accepting their condition. At the same time, a few participants continued to experience reduced quality of life due to physical dependence, social restrictions, and the long-term demands of treatment, indicating that quality of life varied according to individual circumstances and available support.

Overall, the findings demonstrate that quality of life among elderly individuals undergoing maintenance hemodialysis is a multidimensional and subjective experience. While physical limitations influenced daily living, participants' overall perception of quality of life was shaped more by their ability to adapt, maintain supportive relationships, and find meaning in life despite the challenges of chronic illness.

6.2.5.2 Improvement Needs

The findings indicate that participants viewed quality of life as dependent not only on medical treatment but also on the availability of comprehensive support services. Their suggestions reflected the need for a more holistic approach to dialysis care that addresses

the physical, emotional, social, and financial challenges associated with long-term treatment.

Participants identified financial assistance and improved transportation facilities as important areas requiring attention, as treatment-related expenses and frequent travel continued to create significant burdens for many elderly patients. They also highlighted the need for structured psychological support, particularly for newly diagnosed patients, suggesting that counseling and emotional preparation could ease fear and facilitate adjustment to dialysis.

Another important finding was the recognition of family caregivers' needs. Participants acknowledged the central role played by caregivers and emphasized that they, too, require guidance, emotional support, and practical assistance to sustain long-term caregiving. In addition, participants stressed the importance of increasing public awareness of kidney disease, early detection, and dialysis to promote timely treatment and reduce misconceptions.

Overall, the findings suggest that improving the quality of life of elderly individuals undergoing maintenance hemodialysis requires care that extends beyond clinical treatment. Strengthening financial, psychological, educational, and caregiver support systems may contribute to better adjustment and a more patient-centred approach to long-term dialysis care.

6.2.5.3 Advice to Others

Participants' advice to others reflected the practical knowledge and personal insights they had gained through living with maintenance hemodialysis. Their experiences highlighted that adapting to dialysis involves not only following medical treatment but also developing a positive and realistic approach towards living with a chronic illness.

A common finding was the importance of accepting dialysis as a necessary part of life rather than viewing it with fear. Participants believed that adherence to medical advice, dietary recommendations, and regular dialysis sessions was essential for maintaining health and preventing further complications. At the same time, they emphasized the value of remaining hopeful, focusing on the present, and gradually adapting to the changes brought about by the illness.

Participants also highlighted the importance of maintaining supportive relationships with family members and seeking help when needed. Many viewed emotional support, open communication,

and spiritual faith as important resources that helped them cope with difficult situations and sustain emotional well-being. However, some participants acknowledged that each individual's experience is different, suggesting that coping strategies and sources of strength may vary according to personal beliefs, family circumstances, and available support.

Overall, the findings indicate that participants' advice extends beyond practical disease management and reflects a broader understanding of resilience. Their lived experiences emphasize the importance of acceptance, treatment adherence, supportive relationships, and hope in adapting to life with long-term maintenance hemodialysis.

6.3. Suggestions

Based on the study's findings, the following suggestions are proposed to improve the holistic well-being and quality of life of elderly individuals undergoing maintenance hemodialysis.

6.3.1. Practice-Oriented Suggestions

- Integrate psychosocial care into routine dialysis services by providing regular counseling and emotional support, especially for newly diagnosed patients who experience fear, anxiety, and difficulty adjusting to dialysis.
- Strengthen family-centered interventions by conducting caregiver education programs that equip family members with knowledge about the physical, emotional, and psychosocial needs of elderly dialysis patients. Caregiver well-being should also be assessed and supported.
- Develop peer support groups within dialysis units where patients can share experiences, provide mutual encouragement, and reduce feelings of isolation.
- Encourage healthcare teams to adopt a holistic and person-centred approach by addressing patients' physical, emotional, social, and spiritual needs rather than focusing solely on medical treatment.

6.3.2. Educational Suggestions

- Conduct regular awareness programmes for patients and their families on dialysis management, dietary practices, medication adherence, coping strategies, and healthy ageing to reduce misconceptions and improve treatment adherence.
- Strengthen interdisciplinary education for healthcare professionals by promoting training on communication skills, psychosocial care, geriatric care, and patient-centred practice to improve the overall quality of care.

6.3.3. Administrative Suggestions

- Improve access to dialysis services by strengthening transportation support for elderly patients who face difficulty travelling for regular treatment.
- Ensure the availability of medical social workers and counsellors in dialysis centres to provide psychosocial assessment, counselling, resource mobilisation, and caregiver support as part of routine care.
- Establish systems for regular psychosocial screening so that emotional distress, caregiver burden, and social concerns can be identified and addressed at an early stage.

6.3.4. Policy and Programme Suggestions

- Strengthen existing financial assistance schemes and expand insurance coverage to reduce the long-term economic burden associated with dialysis, including transportation, medicines, investigations, and dietary requirements.
- Develop community-based support programmes such as home-based follow-up services, volunteer support networks, and community outreach initiatives for elderly dialysis patients who have limited mobility.
- Promote multidisciplinary models of dialysis care through policies that formally integrate doctors, nurses, social workers, psychologists, dietitians, and counsellors into the routine management of chronic kidney disease.

6.3.5. Research Suggestions

- Future studies may explore the long-term psychosocial experiences of elderly individuals receiving maintenance hemodialysis using longitudinal research designs.
- More research is needed on caregiver burden, family resilience, and coping among families caring for elderly dialysis patients.
- Comparative studies across different healthcare settings may help identify effective models of holistic dialysis care and contribute to evidence-based policy development.

6.4.Social Work Implications

6.4.1. Practice Perspective

The findings indicate that elderly individuals undergoing maintenance hemodialysis experience multiple stressors that affect their physical, emotional, social, and spiritual well-being. From the perspective of the Transactional Theory of Stress and Coping,

individuals respond to these stressors based on how they perceive them and the coping resources available to them. This highlights the importance of medical social workers in helping patients develop effective coping strategies and adapt to the demands of long-term dialysis. Social workers can provide psychosocial assessment, supportive counseling, crisis intervention, caregiver counseling, and facilitate support groups to strengthen patients' emotional well-being. They can also help patients identify personal strengths, enhance resilience, and improve their ability to manage treatment-related stress.

6.4.2. Educational Perspective

The findings showed that participants with greater knowledge of kidney disease and dialysis were able to adjust more positively to treatment. This underlines the importance of education as a coping resource. Social workers can organize patient and caregiver education programs on dialysis, lifestyle modifications, dietary management, stress management, and available welfare services. Awareness programs within the community can also reduce misconceptions about dialysis, encourage early diagnosis, and promote positive attitudes towards chronic illness.

6.4.3. Administrative Perspective

The study highlights the need for greater integration of psychosocial services within dialysis care. Healthcare institutions can strengthen multidisciplinary practice by including qualified medical social workers on dialysis teams. Social workers can coordinate psychosocial assessments, maintain referral systems, organize patient education programs, facilitate support groups, and link patients with financial and community resources. Establishing standardized protocols for psychosocial assessment and follow-up would contribute to more comprehensive, patient-centered care.

6.4.4. Policy and Program Perspective

The findings revealed that financial burden, transportation difficulties, and limited psychosocial support continue to affect the lives of elderly individuals undergoing maintenance hemodialysis. These findings point to the need for policies that integrate psychosocial care into routine dialysis services alongside medical treatment. Government

agencies and healthcare institutions should strengthen financial assistance programs, transportation support, caregiver services, and community-based rehabilitation initiatives. Policies should also recognize the role of medical social workers in nephrology settings and support the development of structured psychosocial intervention programs for patients and their families.

6.4.5. Research Perspective

The study demonstrates that coping with maintenance hemodialysis is a dynamic process influenced by personal appraisal, family support, spirituality, and available social resources. Future research can examine the effectiveness of psychosocial interventions in improving coping and quality of life among elderly dialysis patients. Further studies may also explore caregivers' experiences, compare coping patterns across different age groups or treatment settings, and evaluate community-based support programs. Such research can strengthen evidence-based social work practice in nephrology care.

6.5.Conclusion

This study explored the lived experiences of elderly individuals undergoing maintenance hemodialysis and sought to understand how they perceive their well-being, adapt to the demands of treatment, develop resilience, and experience support in their everyday lives. The findings make it clear that hemodialysis is much more than a medical procedure. It brings changes that affect every aspect of life, including physical health, emotions, relationships, daily routines, and personal identity. At the same time, these experiences are not uniform. Each participant understood and responded to the challenges of dialysis differently, depending on their life experiences, family support, personal beliefs, and available resources.

The study shows that living with maintenance hemodialysis is a continuous process of adjustment rather than a single event. Participants gradually learned to reorganise their lives around treatment while coping with uncertainty, physical limitations, and changing roles. Although many experienced fatigue, emotional distress, financial difficulties, and dependence on others, these challenges did not completely define their lives. Instead, participants demonstrated the ability to adapt by drawing on their families, spirituality, prior life experiences, and their own coping skills. Their experiences reflect that

resilience is not about eliminating hardship but about learning to live meaningfully despite it. The findings also highlight that well-being cannot be understood only in terms of physical health. Emotional security, supportive relationships, acceptance, dignity, and a sense of purpose were equally important in shaping participants' views of their lives. While family members and healthcare professionals played a vital role in supporting participants throughout their journey, the study also identified significant gaps in psychosocial support, financial burden, transportation, and caregiver assistance. These findings suggest that addressing medical needs alone is not sufficient to improve the lives of elderly individuals undergoing maintenance hemodialysis. Viewed through the Transactional Theory of Stress and Coping, the study demonstrates that individuals constantly evaluate the challenges they face and utilise available personal and social resources to cope with them. The way participants interpreted their illness and the support they received influenced how they adapted to dialysis and maintained their well-being. This reinforces the importance of strengthening both individual coping capacities and the support systems surrounding elderly patients.

From a social work perspective, the study emphasises the need to move beyond a disease-centred approach and recognise the person behind the illness. Holistic, person-centred, and multidisciplinary interventions that address emotional, social, financial, and spiritual needs are essential for improving overall well-being. Medical social workers have a significant role in facilitating psychosocial care, strengthening family support, connecting patients with available resources, and advocating for services that promote dignity and quality of life.

In conclusion, this study reaffirms that although maintenance hemodialysis presents lifelong challenges, it does not diminish elderly individuals' ability to adapt, find meaning, and continue living with hope and dignity. Their lived experiences demonstrate that resilience is built through acceptance, supportive relationships, and the ability to navigate life's changing circumstances. Understanding these experiences provides valuable insights for social work practice, healthcare professionals, and policymakers in developing more compassionate, holistic, and person-centred care for elderly individuals undergoing maintenance hemodialysis.

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ANNEXURES

INTERVIEW GUIDE

Title of the Study: Pathways of Resilience: Holistic Well-being and Life Adaptation among Senior Citizens Undergoing Maintenance Hemodialysis of Thiruvananthapuram

Duration of the Interview: Approximately 45-90 min.

Consent: Confirms voluntary participation, confidentiality (pseudonyms, secure storage), and right to pause/skip. Interviewer: Use empathetic listening; note non-verbals; audio-record with permission

Qualitative Interview Guide: The Lived Experience of Elderly Dialysis Patients

Part 1: Participant Profile (Quantitative Metadata)

To be collected prior to the narrative interview to set the context.

- **Demographics:** Age, Sex, Religion, Marital Status.
- **Family Structure:** Nuclear, Joint, or Extended.
- **Caregiving Context:** Primary caregiver identity and household role.
- **Socio-Economic Status:** Occupation (Professional/Unprofessional/Unemployed), Income, and Education.
- **Clinical Context:** Primary health issue, duration of dialysis, weekly frequency, and comorbidities.

Medical History

Narrative: Transition: "Let's start with your health journey to set context."
Core Question: Can you walk me through your diagnosis of kidney failure and starting dialysis?
Detailed Probes:

- What symptoms or events led to discovering the major health issue requiring dialysis?
- Describe your immediate emotional response and first concerns upon diagnosis.
- How long ago was diagnosis, and how long on dialysis (e.g., months/years; sessions per week)?

- Any co-existing chronic conditions (e.g., diabetes, hypertension) and their interplay?

Theme 1: Holistic Wellbeing

Narrative: "Dialysis affects body, mind, relationships, and spirit. We'll explore these holistically to understand your overall experience." **Sub-themes:** Physical/emotional/social/spiritual wellbeing; multidimensional pain.

- **1.1 Physical Wellbeing** Core: After starting dialysis, how has your physical health felt overall? Probes: Energy on dialysis vs. off-days; specific changes (sleep patterns, appetite, mobility, fatigue); peak discomfort times; adaptive strategies (diet/exercise).
- **1.2 Emotional Wellbeing** Core: In what ways has dialysis shaped your emotions over time? Probes: Initial shock/fear vs. current mood; recurring feelings (anxiety, depression, acceptance); triggers (e.g., symptoms, treatments); management techniques (talking, hobbies).[
- **1.3 Social Wellbeing** Core: How has your condition impacted relationships and social life? Probes: Interactions with family/friends (closer/distant); role changes (caregiver to care-receiver); isolation feelings; community involvement shifts.
- **1.4 Spiritual Wellbeing** Core: Has dialysis altered your views on faith, purpose, or life? Probes: Sources of inner strength/hope (God, nature, rituals); comforting practices (prayer, meditation, music); evolving life priorities; hope levels now vs. before.
- **1.5 Existential Meaning** Core: What holds most meaning for you currently? Probes: Shifted values post-dialysis; key relationships/experiences; future aspirations/fears; daily positivity anchors.

Theme 2: Life Adaptation and Transition

Narrative: "Chronic illness reshapes daily life. Let's discuss your adjustments, routines, and reflections on change." **Sub-themes:** Illness adjustment, routine shifts, role changes, aging acceptance.

- **2.1 Adjustment to Illness** Core: Compare life before and after dialysis. Probes: Biggest disruptions; longest adjustment period; turning points; overall journey reflection.
- **2.2 Routine Changes** Core: How have you adapted to dialysis schedules and hospital visits? Probes: Initial challenges (travel, timing); routine modifications (meals, work); current organization tools; easing factors over time
- **2.3 Role Shifts** Core: Has dialysis changed your independence or roles at home/work? Probes: Specific task losses/gains; emotional response to dependency; retained autonomous areas; family dynamic impacts.
- **2.4 Acceptance and Aging** Core: Thoughts on aging while managing this condition? Probes: Pre- vs. post-dialysis aging views; future health anxieties; life stage wisdom gained; outlook evolution.

Theme 3: Pathways of Resilience

Narrative: "Many find inner strength amid challenges. Share what builds your resilience." **Sub-themes:** Coping, strength, meaning-making, hope.

- **3.1 Memorable Moments** Core: Recall a standout dialysis moment. Probes: Sensory/emotional details; why memorable (positive/negative); lessons learned
- **3.2 Inner Strength** Core: What does personal strength mean in your context? Probes: Definition evolution; indicators of resilient days; self-perceived growth.
- **3.3 Coping and Meaning-Making** Core: What strategies sustain you? Probes: Practical/emotional coping (social support, mindset shifts); meaning derived from experience; hope cultivation methods.

Theme 4: Support System and Care

Narrative: "Support is key in chronic care. Describe your network and care experiences." **Sub-themes:** Family, medical, emotional support; gaps.

- **4.1 Support Mapping** Core: Who supports you during dialysis (home/hospital)? Probes: Family contributions (emotional/practical); healthcare provider interactions (doctors/nurses/staff);

respect/empathy levels; strengths (e.g., communication) and gaps (e.g., wait times, counselling).

Theme 5: Quality of Life and Suggestions

Narrative: "Finally, reflect on your life quality and ideas for improvement."

Sub-themes: Quality of Life perception, needs, advice.

- **5.1 Perceived QoL** Core: Summarize your current life with dialysis. Probes: Joys/difficulties; meaning sources; enhancement ideas (personal/environmental
- **5.2 Suggestions** Core: What improvements for elderly dialysis care? Probes: Hospital/service changes (e.g., elder-friendly facilities); support additions (peer groups, home care); advice for new patients/caregivers

PERMISSION LETTER

LOYOLA COLLEGE OF SOCIAL SCIENCES
(AUTONOMOUS) (ESTD-1963)
Affiliated to University of Kerala
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25 February 2026

Dr. Vishnu R. S.
Consultant Nephrologist
Department Head
Department of Nephrology
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Sub: Request For Permission to Collect Data from The Nephrology Department

Respected Sir,

Greetings from the Department of Social Work, Loyola College of Social Sciences (Autonomous), Thiruvananthapuram.

Ms. Nirupama A. V., a second-year MSW student of this department, is undertaking her dissertation titled "Pathways of Resilience: Holistic Well-being and Life Adaptation among Senior Citizens Undergoing Maintenance Hemodialysis in Thiruvananthapuram" as part of the Master of Social Work programme.

The objectives of the study are:

1. To explore how senior citizens who have been on maintenance hemodialysis describe their lived experiences of holistic well-being.
2. To understand how senior citizens undergoing maintenance hemodialysis adapt to life transitions.
3. To identify the pathways of resilience developed by senior citizens undergoing maintenance hemodialysis to cope with illness-related challenges and sustain well-being.
4. To elicit suggestions from elderly maintenance hemodialysis patients to improve care, support systems, and quality of life for individuals in similar circumstances.

For the purpose of this study, approximately 15 respondents are expected to be selected from the Nephrology Department of your esteemed institution. The data collected will be used strictly for academic purposes, and confidentiality and ethical standards will be duly maintained.

In this regard, we kindly request you to grant permission to conduct the above-mentioned study in your institution.

Thanking you in anticipation of your favourable response.

Yours faithfully,

Dr. Francina P X
Head,Dept.of Social Work
Loyola College of Social Sciences
Thiruvananthapuram-695 017

26/2/26
May be permitted.
M.S

Study may be approved to conduct in own Dian unit.
Forwarded to Medical Supt for the needy
Dr. VISHNU. R.S
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