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Lived Experiences of Mothers Caring for Hemodialysis Patients: A Phenomenological Study

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Abstract

Mothers of hemodialysis patients face significant physical, emotional, and financial burdens as primary caregivers for individuals with end-stage renal disease. This study aimed to explore the lived experiences of mothers caring for hemodialysis patients in two private hospitals in the Philippines and to identify the psychosocial and financial challenges they encounter. A qualitative phenomenological research design was employed, involving six (6) mothers selected through purposive sampling from Amando D. Cope Memorial Hospital and Jaime B. Berces Memorial Hospital. Data were gathered through in-depth semi-structured interviews and analyzed using thematic analysis. Results revealed that mothers experienced profound emotional distress, including anxiety, depression, and feelings of isolation due to the demanding nature of caregiving. Psychosocial challenges included balancing multiple responsibilities, managing guilt and helplessness, and coping with limited social support systems. Financial burdens were substantial, with mothers reporting loss of income, increased out-of-pocket expenses for treatment and transportation, and long-term economic instability. Despite these challenges, mothers demonstrated resilience through faith, family support, and personal determination. The study concludes that mothers of hemodialysis patients require comprehensive support systems that address their emotional, social, and financial needs. Healthcare providers and policymakers must develop targeted interventions including accessible mental health services, financial assistance programs, caregiver education, and community-based support networks. The findings of this study provide valuable insights for improving the well-being of mothers and enhancing the quality of care provided to hemodialysis patients in the Philippines.

Keywords: *Hemodialysis, Maternal Caregivers, Lived Experiences, Psychosocial Challenges, Financial Burden, Philippines*

1. Introduction

Globally, the quality of healthcare delivery for chronic illnesses such as end-stage renal disease (ESRD) depends heavily on the support provided by family caregivers, particularly mothers. Hemodialysis is a life-sustaining treatment that filters waste products and excess fluids from the blood when kidneys can no longer perform this function. The number of individuals requiring hemodialysis continues to rise due to the increasing prevalence of chronic conditions such as diabetes and hypertension. Older adults are especially vulnerable to kidney problems, which increases the demand for dialysis services. While hemodialysis helps patients live longer, it involves strict schedules, regular monitoring, and significant lifestyle adjustments. Many patients depend on their mothers for physical assistance, medication management, and emotional support throughout the treatment process. However, these caregiving responsibilities can be overwhelming and may profoundly affect a mother's physical, emotional, and financial well-being (Santos & Ramirez, 2021). Mothers of hemodialysis patients face diverse challenges across different countries. In Japan, many mothers experience exhaustion and stress due to the demanding care required by patients undergoing dialysis multiple times per week. In Canada, mothers often struggle to balance employment with caregiving responsibilities, which can lead to financial strain and emotional pressure. Watching a family member undergo dialysis several times a week, with each session lasting three to four hours, can be emotionally difficult and physically exhausting. This routine can result in caregiver fatigue, emotional heaviness, and burnout. Without adequate support systems, mothers may experience anxiety, depression, and social isolation. Because of these concerns, many countries are working to establish improved support systems for family caregivers involved in patient care (Lee & Chang, 2022). In Asia, it is common for family members, especially women, to assume the primary role in caring for sick relatives. In China, mothers of hemodialysis patients report high levels of stress, anxiety, and depression. The long-term nature of kidney disease makes this role even more challenging because hemodialysis is typically a lifelong treatment. The cost of treatment also adds significant pressure, as many families find it difficult to afford regular dialysis sessions, medications, and related medical expenses. Despite these hardships, many mothers do not receive adequate support from government agencies or healthcare institutions. Feelings of isolation, emotional burden, and financial distress are common due to the lack of accessible mental health services and financial assistance programs. These challenges underscore the need for comprehensive policies and programs that offer financial support, psychological

counseling, and respite care for mothers caring for hemodialysis patients (Zhang et al., 2023). In the Philippines, kidney disease remains a serious health concern, and hemodialysis is the primary treatment for individuals with end-stage renal disease. The high cost of treatment creates a substantial financial burden on many families. Some mothers are forced to leave their jobs or take on additional work just to sustain the cost of dialysis, medications, laboratory tests, and transportation. Research conducted in Metro Manila found that many mothers experience significant emotional stress because they constantly worry about the patient's condition and future prognosis. Aside from financial difficulties, mothers also deal with physical tiredness, mental pressure, and social withdrawal. Many of them have little time for themselves and often feel isolated from their social networks. Unfortunately, support programs specifically designed for mothers in this situation remain limited in the country. More efforts are needed to establish financial assistance programs, accessible mental health services, caregiver training programs, and community-based support networks for mothers involved in the care of hemodialysis patients (Reyes & Dela Cruz, 2020). The purpose of this study is to explore the lived experiences of mothers who care for individuals undergoing hemodialysis in two private hospitals in the Philippines. It examined the psychosocial and financial challenges they face, how they manage their caregiving responsibilities, and the type of support they require. By understanding their experiences through a phenomenological lens, the study aimed to identify gaps in the current healthcare support system. The findings may help develop targeted programs and policies that can lessen the burden on mothers, improve their well-being, and strengthen the quality of care they provide to their loved ones. In the long term, this research can contribute to better quality of life outcomes for both mothers and hemodialysis patients.

2. Materials and methods

2.1 Research Design

This study employed a qualitative phenomenological research design to explore the lived experiences of mothers caring for hemodialysis patients in two private hospitals in the Philippines. Phenomenology is a research approach that seeks to understand and describe the essence of human experiences from the perspective of those who have lived through them. This design was appropriate because the study aimed to deeply understand the subjective experiences, emotions, challenges, and meanings that mothers attach to their caregiving role without manipulating any variables or imposing predetermined categories. The phenomenological approach allowed the researcher to systematically collect rich, detailed, and in-depth qualitative data related to the socio-demographic profile of the respondents, their psychosocial experiences, financial challenges, coping mechanisms, and support systems. Through this design, common themes, patterns, and the essence of the caregiving experience were identified and analyzed using thematic analysis methods. Furthermore, this research design was suitable for obtaining a comprehensive, nuanced, and authentic understanding of the caregiving experiences of mothers at a specific point in time and within a specific context. The use of semi-structured in-depth interviews enabled the exploration of participants' thoughts, feelings, perceptions, and lived realities, which supported the interpretation and deep understanding of findings. Overall, the qualitative phenomenological design provided a reliable and meaningful basis for examining the lived experiences of mothers and for developing evidence-based recommendations to improve support systems and interventions for mothers caring for hemodialysis patients in the Philippines.

2.2Research Setting

The study was conducted in two private hospitals in the Philippines: Amando D. Cope Memorial Hospital and Jaime B. Berces Memorial Hospital. Both hospitals provide comprehensive healthcare services, including nephrology and dialysis services for patients with end-stage renal disease. These private healthcare facilities are equipped with hemodialysis units that offer regular dialysis sessions, patient monitoring, medication management, and supportive care for individuals requiring renal replacement therapy. These hospitals were chosen as the research setting due to the presence of documented hemodialysis patients and the accessibility of mothers who serve as primary caregivers during the period of data collection. Private hospitals often differ from public hospitals in terms of service quality, cost of treatment, patient demographics, and availability of support services, making this setting unique and contextually relevant for understanding the experiences of mothers. The setting provided an appropriate environment for exploring the lived experiences of mothers, assessing their psychosocial and financial challenges, and identifying the support systems available to them, as it reflects real-world conditions of hemodialysis care in a private healthcare context in the Philippines.

2.3Respondents

The respondents of the study were mothers of patients diagnosed with end-stage renal disease who were currently undergoing hemodialysis treatment in Amando D. Cope Memorial Hospital and Jaime B. Berces Memorial Hospital. A total of six (6) mothers participated in the study. The respondents were selected using purposive sampling based on the following inclusion criteria: (1) biological or adoptive mother of a hemodialysis patient, (2) primary caregiver actively involved in the patient's care, (3) patient currently receiving hemodialysis treatment at the time of data collection, (4) willingness to participate and share their experiences, and (5) ability to communicate in Filipino or English. Mothers who were not primary caregivers, those whose patients had recently discontinued treatment, or those who declined to participate were excluded from the study. The selection of mothers as respondents was appropriate, as they directly experience the physical, emotional, psychosocial, and financial challenges associated with long-term caregiving for hemodialysis patients.

Their participation provided firsthand, authentic, and meaningful data regarding their lived experiences, coping mechanisms, and support needs.

2.4 Research Instruments

The primary research instrument used in this study was a semi-structured interview guide designed to explore the lived experiences of mothers caring for hemodialysis patients. The interview guide contained open-ended questions that allowed participants to freely express their thoughts, feelings, experiences, challenges, and coping mechanisms in their own words. The interview guide was divided into several sections: (1) demographic information including age, marital status, educational background, and family income; (2) psychosocial experiences such as emotional challenges, stress, anxiety, social support, and feelings of isolation; (3) financial experiences including treatment costs, loss of income, financial strain, and access to financial assistance; and (4) coping mechanisms and support systems utilized by mothers. The interview guide was developed based on a review of related literature and was validated by experts in qualitative research, nursing, and nephrology to ensure content validity, relevance, and appropriateness. The use of this instrument allowed for systematic, in-depth data collection and rich qualitative exploration of the lived experiences of mothers caring for hemodialysis patients.

2.5 Data Collection

Prior to data collection, ethical clearance was obtained from the Institutional Review Board of the respective hospitals and permission to conduct the study was secured from the appropriate hospital administrators and heads of the nephrology and dialysis departments. Ethical considerations were strictly observed, and informed consent was obtained from all respondents before their participation in the study. The researcher personally conducted semi-structured in-depth interviews with the selected mothers in a private, comfortable, and quiet setting within the hospital premises or in a location preferred by the participants to ensure confidentiality and comfort. The purpose of the study was clearly explained to the respondents, and they were assured of the confidentiality, anonymity, and voluntary nature of their participation. Participants were informed that they could withdraw from the study at any time without penalty. Each interview lasted approximately 45 to 90 minutes and was audio-recorded with the participants' permission to ensure accurate data capture. Field notes were also taken during the interviews to document non-verbal cues, emotions, and contextual observations. Data collection was conducted within the approved timeframe, and all audio recordings and transcripts were kept in a secure location and were used solely for academic and research purposes.

2.6 Data Analysis

The collected qualitative data were transcribed verbatim from the audio recordings, and the transcripts were carefully reviewed for accuracy and completeness. Thematic analysis was used to analyze and interpret the data, following the steps of familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. The researcher read and re-read the transcripts multiple times to become deeply familiar with the data and to identify patterns, meanings, and significant statements. Initial codes were generated by highlighting meaningful segments of text related to the research objectives. These codes were then grouped into potential themes that captured the essence of the participants' experiences. Themes were reviewed and refined to ensure they accurately represented the data and were coherent, distinct, and relevant to the research questions. The final themes were defined and named to clearly convey the essence of each theme. Direct quotations from participants were used to illustrate and support the themes, providing rich, authentic, and vivid descriptions of their lived experiences. The results of the thematic analysis were presented in narrative form, supported by tables and direct quotes, and were interpreted to identify patterns, meanings, and significant insights relevant to the objectives of the study. These analyses served as the basis for the discussion of findings and the formulation of conclusions and recommendations.

2.7 Ethical Considerations

Ethical standards were strictly observed throughout the conduct of the study. Prior approval to conduct the research was obtained from the Institutional Review Boards of Amando D. Cope Memorial Hospital and Jaime B. Berces Memorial Hospital. The researcher ensured that the study complied with established ethical guidelines for research involving human participants, including the principles of respect for persons, beneficence, and justice. All respondents were fully informed about the purpose of the study, the procedures involved, the potential risks and benefits, and their rights as participants. Informed consent was obtained in writing prior to data collection, and participation was entirely voluntary. Respondents were informed that they could withdraw from the study at any time without penalty, loss of benefits, or negative consequences. The confidentiality and anonymity of the respondents were strictly assured. No personal identifiers were included in the transcripts or reports, and pseudonyms were used to protect participants' identities. All data collected, including audio recordings, transcripts, and field notes, were treated with strict confidentiality and were securely stored in password-protected files accessible only to the researcher. The information gathered was used solely for academic and research purposes. Furthermore, the study ensured that no physical, psychological, social, or economic harm was inflicted on the respondents. The research procedures posed minimal risk, and the dignity, welfare, rights, and well-being of the participants were respected at all times. Participants were offered the opportunity to review their transcripts and were

provided with information about available support services if they experienced emotional distress during or after the interview.

3. Results and Discussion

3.1. Demographic Profile of Respondents

Table 1 presents the demographic profile of the six (6) mothers who participated in this study. The majority of respondents were aged 45-54 years (50.0%), indicating that caregiving responsibilities often fall on middle-aged mothers who may also be managing their own health concerns and other family responsibilities. All respondents were married (100.0%), which suggests the presence of a spouse who may provide emotional and practical support, although the extent of this support varied among participants. In terms of educational attainment, half of the respondents had completed high school (50.0%), while the other half had completed college education (50.0%). This diversity in educational background influenced their ability to understand medical information, navigate the healthcare system, and access resources. Regarding monthly family income, the majority of respondents (66.7%) reported a monthly household income below ₱20,000, indicating that most families faced significant financial constraints. Only 33.3% of respondents had a monthly income between ₱20,000 and ₱40,000. These demographic characteristics indicate that mothers caring for hemodialysis patients in private hospitals often belong to middle-income families who experience substantial financial pressure due to the high cost of treatment, despite choosing private healthcare services for perceived better quality of care.

Table 1
Demographic Profile of the Respondents (N=6)

Demographic Profile	Frequency	Percentage
Age		
35-44 years	2	33.3
45-54 years	3	50.0
55-64 years	1	16.7
Total	6	100.0
Marital Status		
Married	6	100.0
Total	6	100.0
Educational Attainment		
High School Graduate	3	50.0
College Graduate	3	50.0
Total	6	100.0
Monthly Family Income		
Below ₱20,000	4	66.7
₱20,000 - ₱40,000	2	33.3
Total	**6**	**100.0**

4. Conclusion & Recommendations

This study concludes that mothers caring for hemodialysis patients in private hospitals in the Philippines experience profound psychosocial and financial challenges that significantly impact their well-being and quality of life. The findings demonstrate that mothers face overwhelming emotional burdens including anxiety, depression, fear, and helplessness related to their loved one's chronic illness and uncertain prognosis. They experience feelings of isolation, loneliness, and lack of social support due to their demanding caregiving responsibilities and limited time for personal and social activities. Mothers also struggle with guilt, self-blame, and the challenge of balancing multiple roles and responsibilities, leading to physical exhaustion and emotional burnout. Financially, mothers face substantial out-of-pocket expenses for hemodialysis treatment, medications, laboratory tests, and related costs, despite having some health insurance coverage. Many mothers experience loss of income due to reduced working hours or job loss, leading to long-term economic instability and financial hardship. Families resort to borrowing money, selling assets, and implementing strict financial coping strategies, which strain family relationships and reduce overall quality of life. Limited access to financial assistance programs and lack of information about available resources further compound these challenges. Despite these overwhelming difficulties, mothers demonstrate remarkable resilience, drawing strength from their faith, family bonds, love for the patient, and personal determination. However, the lack of structured psychosocial support services, limited access to counseling and peer support

groups, and inadequate financial assistance programs represent critical gaps in the current healthcare system that must be addressed. The study highlights the urgent need for comprehensive, multi-sectoral support systems that address the emotional, social, and financial needs of mothers caring for hemodialysis patients. When mothers receive adequate support, their well-being improves, their caregiving capacity is strengthened, and patient outcomes are enhanced. Recognizing and supporting the vital role of mothers as primary caregivers is essential for improving the overall quality of hemodialysis care and achieving better health outcomes for patients and families.

Compliance with ethical standards

The authors declare no conflict of interest. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. This study was self-funded. The study followed ethical standards to ensure the protection, dignity, and rights of all participants. Approval for the conduct of the research was obtained from the Institutional Review Boards of Amando D. Cope Memorial Hospital and Jaime B. Berces Memorial Hospital. Permission was also secured from the hospital administrators and heads of the nephrology and dialysis departments before data gathering began. The respondents were fully informed of the purpose of the study, the procedures involved, potential risks and benefits, and their rights as participants. Informed consent was obtained in writing from each individual, and participation in the study was entirely voluntary. The respondents were assured that no harm would result from their involvement and that they could withdraw from the study at any time without consequences or loss of benefits.

Confidentiality and anonymity were strictly maintained. The identities of the respondents were protected through the use of pseudonyms, and no personal identifiers were recorded in the transcripts or reports. All information including audio recordings, transcripts, and field notes were treated with strict privacy and confidentiality. The data collected were used exclusively for academic and research purposes and were stored securely in password-protected files accessible only to the researcher to prevent unauthorized access. Ethical principles of respect for persons, beneficence, non-maleficence, and justice guided all stages of the research process. Participants were offered the opportunity to review their transcripts and were provided with information about available support services if they experienced emotional distress during or after the interview. The authors express their sincere gratitude to the participating hospitals—Amando D. Cope Memorial Hospital and Jaime B. Berces Memorial Hospital—and especially to the six mothers who generously shared their lived experiences, time, and insights for this research. Their courage, resilience, and willingness to participate made this study possible and will contribute to improving support systems for mothers caring for hemodialysis patients in the Philippines.

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