



Long Paper

Coping Strategies of Family Members Living with Hemodialysis Patients

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Abstract

This study determined the coping strategies utilized by family members living with hemodialysis patients. It tackled the coping strategies used by the family members along with the physical, emotional, spiritual, financial, and psychosocial aspects. There were 67 respondents from a secondary hospital in the Eastern Pangasinan Hemodialysis Unit who took care of their family members undergoing hemodialysis. A survey questionnaire was used as the primary gathering tool. A descriptive quantitative correlational research method was used to determine the significant relationship between the profile variables and the coping strategies used by the respondents. Convenient sampling in collecting the information needed for the study was utilized. Frequency counts and percentages, weighted mean, and the Cramer's V value of association were used as the statistical treatments of the data. The respondents were young adults aged 20 to 34, females, single, with a monthly income of 10 to 20 thousand pesos, and college undergraduates. A significant relationship existed between age and psychosocial coping, gender, and emotional coping. Furthermore, there is an essential relationship between educational attainment on the financial aspect and the number of years handling hemodialysis patients on the economic and psychosocial aspects. Using coping mechanisms such as taking vitamins and other nutritional supplements, talking about feelings with friends and family, remaining faithful to God, setting priorities for the budget, and taking on the duty of caring for the afflicted family member were all employed. Implementing the proposed measures in strengthening the coping strategies can be beneficial to enhancing the coping strategies of the respondents and creating awareness of CKD. The proposed measures aim to incorporate unconscious habits that can prevent people from feeling stressed and decrease the amount of tension perceived and experienced by the respondents.



INTRODUCTION

If they've failed, dialysis performs the function of the kidneys. According to the National Kidney Foundation, end-stage kidney failure occurs when the kidneys perform only 10–15% of their normal function. Patients often begin dialysis when they exhibit symptoms or when dangerous quantities of waste are detected in their blood through lab tests. Vomiting, tiredness, edema, and nausea are all signs of kidney failure. Age, level of energy, general health, the findings of lab tests, and the patient's commitment to a treatment plan all play a role in when dialysis treatment begins. Although it can improve their health and lengthen their lives, it takes up much of their time.

Hemodialysis is a medical treatment that removes fluid and waste from the blood and balances electrolytes. The "artificial kidney," also known as a "dialyzer," is mainly used during hemodialysis treatment. Hemodialysis also cleans the patients' blood by removing excess fluids and waste products, primarily urea, uric acid, creatinine in the blood, and free water produced by renal failure (Gayatri et al., 2018). Hemodialysis treatments usually last three to five hours and are performed thrice weekly. However, hemodialysis treatment can also be done for a shorter duration and more frequent sessions. Most hemodialysis treatments are done at a hospital or dialysis center. The body size, the amount of waste in the body, and the present health status all influence how long the therapy could take. One of the numerous reasons patients have to undergo hemodialysis is chronic kidney disease (CKD). CKD is described as progressive and permanent kidney damage that can, over months or years, cause kidney (renal) failure. Ten percent of the world's population has chronic kidney disease (CKD), and millions of people die each year as a result of a lack of access to affordable treatment. If left untreated, CKD can progress to end-stage renal disease, requiring a kidney transplant or replacement medication.

Stressful days usually lead to worse moods and poorer mental health for the patient and the caregiver, especially when dealing with financial help (Matthiessen, 2016). Hemodialysis significantly hampers patients' ability to engage in social activities and interact with others; it also prevents patients from moving around in their surrounding communities. According to Finch (2020), depression is a common psychological issue in end-stage renal disease patients. However, people with better social support and nurturing relationships, such as a friend, can communicate when they're feeling down and often seem to be healthier overall than those who don't (Finch, 2020).

Considering another downside, the cost of medical treatment for kidney disease is exorbitant and beyond the reach of ordinary patients. Financial and psychological pressures were also mentioned in several studies that identified depression, helplessness,

and uncertainty about prognosis in hemodialysis patients as stressors. The effects of treatment are significant, and can alter the caregiver's lifestyle in different ways, including reduced time, independence, and routine. The financial hardships can also be noted, particularly during years of dealing with the HD treatment (Thom & Benedict, 2019). The increase in cost-sharing between patients and payers has resulted in financial toxicity in people, particularly among young adults, patients, and survivors of chronic disease. A study explored the financial toxicity and its impact on psychological self-efficacy for coping with disorders and cost-coping behaviors among a sample of patients and survivors (Thom & Benedict, 2019).

LITERATURE REVIEW

According to the 2017 Global Burden of Disease research, in 1990, chronic kidney disease was rated 27th on the list of causes of all deaths globally, but by 2015, it had risen to 18th. Only the human immunodeficiency virus and acquired immunodeficiency syndrome advanced further up the list. In the past, chronic glomerulonephritis—an inflammation of tiny filters in the kidneys—was the most common cause of chronic renal failure. Nowadays, diabetes mellitus and hypertension have taken center stage in the causation of ESRD, accounting for almost 60% of dialysis patients. According to the National Institute of Diabetes and Digestive and Kidney Disease (NIDDK) (2016), more than 2 million people rely on dialysis or a kidney transplant to survive. In another 112 countries where many people cannot afford any form of care, over 1 million people die each year from untreated renal failure. As the most frequent causes of premature death globally, non-infectious diseases (such as heart disease, diabetes, or renal disease) have supplanted infectious diseases (like AIDS, influenza, or malaria). According to estimates, low-or middle-income countries bear most of this load, with people under 60 accounting for 25% of it (NIDDK, 2016).

One global health crisis is chronic renal disease. According to the World Health Organization, there were approximately 58 million deaths in the world in 2015, of which 35 million were caused by chronic diseases. Early detection and treatment of chronic renal disease are necessary for successful treatment; kidney disease progression can be slowed or stopped. Despite being frequently seen as a complication of diabetes or hypertension, kidney disease has many underlying causes. According to the Global Burden of Disease (GBD) 2017 study, decreased glomerular filtration rates were directly responsible for 1.2 million deaths and 19 million disability-adjusted life-years (DALYs). As a result, renal disease is thought to cause 5 to 10 million deaths per year. Such statistics likely underestimate the actual burden that kidney illness poses due to the scarcity of epidemiological data, the usual lack of knowledge, and the frequently poor access to laboratory facilities (James et al., 2018). Therefore, it's estimated that kidney disease causes at least as many fatalities annually as cancer, diabetes, or respiratory illnesses, three of the four primary categories addressed by the 2015 action plan.

End-Stage Renal Disease (ESRD), in particular, is currently the seventh most prominent cause of death in the Philippines. About 120 Filipinos per million per year, or one Filipino every hour, acquire chronic renal failure. More than 5,000 Filipinos are receiving dialysis, while 1.1 million people worldwide are receiving renal replacement therapy. According to a reliable prediction of National Kidney and Transplant Institute, the number of patients with this condition is expected to increase by 2020.

Survival on dialysis is poorer in the older age group, especially in patients with increased comorbidity and those whose functional status at the start of dialysis is poor (Walker et al., 2015). Studies show that close individual patients with renal disease have identified two main impact areas. Firstly, both hemodialysis and peritoneal dialysis may have a disruptive influence on family members' social lives, and the structure of the week may gear towards dialysis sessions. Secondly, some patients become frail and lose functional independence, leaving family members to provide more excellent physical support. The family members may have health and social care needs that need to be addressed. Reports show that close people commonly feel overwhelmed and stressed, although this review was limited to an evidence base of four articles and considered home dialysis only. Some may also bring the family closer together, while others may cause stress with the added responsibility of managing the HD patient's medical treatments and appointments (Walker et al., 2015).

Hemodialysis significantly hampers patients' ability to engage in social activities and interact with others; it also prevents patients from moving around in their surrounding communities. According to Finch (2020), depression is a common psychological issue in end-stage renal disease patients. However, people with better social support and nurturing relationships, such as a friend, can communicate when they're feeling down and often seem to be healthier overall than those who don't (Finch, 2020). According to the disease and treatment above, kidney disease is a tremendous economic burden. High-income countries typically spend more than 2–3% of their annual healthcare budget on the treatment of end-stage kidney disease, even though those receiving such treatment represent under 0.03% of the total population. In 2017, 2.62 million people received dialysis worldwide, and the need for dialysis was projected to double by 2030.

According to a study, it showed that caregivers of hemodialysis patients endure significant caregiving pressure resulting from caring for patients with chronic illness, which can affect their quality of life (Jafari et al., 2018). The disruptions in the quality of life of these caregivers impose double pressure on them and disrupt the care process. Emotional experience and expressivity also belong to different reaction systems (Yaling, 2016). Every human being has unique coping strategies based on different aspects of life.

Care burden affects caregivers' quality of life and may result in reduced care provision and deteriorating conditions for patients with chronic illness. Maladaptive coping mechanisms can negatively affect a patient's ability to function generally while receiving chronic hemodialysis (Al Sharji et al., 2022). The study by Jafari et al. (2018) it carried out to ascertain the coping strategies being used by the family members caring for hemodialysis patients because there is a lack of knowledge regarding the level of care burden in hemodialysis patients' caregivers and because reviewing this issue is the first step toward providing a solution for this problem. Many factors can contribute to recovery, including having a sound support system of people that the patient likes, respects, and trusts. They can be friends, teachers, faith leaders, neighbors' peers, and especially your spouse—you must have people you feel comfortable talking with about what you're experiencing and the support you may need (Kapil, 2020). A study showed that findings indicate that emotional avoidance coping does not protect people from distressful feelings, mood disturbance, and concerns. In short, the improper use of any emotional coping strategy may lead to a negative outcome (Namir et al., 1987). Self-care practices as people engage on their own to support their physical and mental well-being also include interactions with healthcare professionals and systems to look after their material and psychological health. Self-care includes taking vitamins, getting vaccines, scheduling cancer screenings, or taking prescription medications (Jaarsma et al., 2021).

Coping strategies are the methods people frequently employ in stressful or traumatizing situations to help them handle unpleasant or challenging feelings. These coping strategies can help people adjust to stressful events while assisting them in maintaining their emotional well-being. A study by Lujan et al. (2007) also showed that women are more patient, tolerant, participative, and hardworking than men; they found that females are more interested in doing responsible things than men. Moreover, females have higher overall perceived stress levels regarding environmental and health stressors; the difference between genders was significant. Social support not only reduces stress but also has positive health effects and lowers mortality risk (Gable & Bedrov, 2022). A study on the coping strategies of people who are stressed by financial burdens is gaining monetarily from third parties. This social coping, or support-seeking, is where an individual reduces stress by seeking emotional or instrumental support from their community. Moreover, this study determined the coping strategies used by the family members for them to identify and use effective coping styles during rough and trying times.

The purpose of coping is to either lessen the emotional distress or change the situation (problem-focused coping or emotion-focused coping). Confrontational Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Planful Problem-Solving, and Positive Reappraisal are eight coping mechanisms that people use to combat stress (Lazarus & Folkman, 1984). Problem-focused coping strategies that try to change the relationship between the individual and the external environment that created the stress include active coping, planning, and the suppression of competitive behaviors. Emotion-focused coping strategies include wishful

thinking, avoidance, constructive reevaluation, idealism, and community support. These strategies seek to control emotional reactions. Additionally, some elements influence the application of stress management techniques (Lazarus & Folkman, 1984). Age, gender, family history, genetics, and the presence of other diseases are a few of these variables.

STATEMENT OF THE PROBLEM

This study determined the coping strategies used by the family members of patients undergoing Hemodialysis at Tayug Family Hospital. Specifically, it sought to answer the following questions:

1. What is the profile of the family member in terms of
 - a. age,
 - b. gender,
 - c. marital status,
 - d. monthly family income,
 - e. educational attainment, and
 - f. number of years handling the hemodialysis patient?
2. What are the coping strategies used by the family members, along with the following aspects
 - a. physical,
 - b. emotional,
 - c. spiritual,
 - d. financial, and
 - e. psychosocial?
3. Is there a significant relationship between the respondent's profile and the coping strategies used by the respondents?
4. What measures can be proposed that may help strengthen the positive coping strategies of the family members living with hemodialysis patients?

HYPOTHESIS

This study was tested in its alternative format with a 0.05 level of significance.

Ha: There is a significant relationship between the profile variables and the coping strategies used by the respondents.

METHODOLOGY

Research Design

The researcher utilized a descriptive, quantitative, correlational research technique to identify the coping strategies used by family members of hemodialysis patients. The study focused on the coping strategies of family members living with

hemodialysis patients. The subjects were the family members of patients who underwent hemodialysis at Tayug Family Hospital, Hemodialysis Unit. A non-random sampling method, or convenience sampling, was used to collect the needed information for the research. A sample of sixty-seven participants was obtained during the conduction of the study. A specially designed questionnaire was used as the main tool for gathering data. The questionnaire was composed of two parts; the first part includes the demographic data regarding age, gender, marital status, monthly income, educational attainment, and number of years handling the hemodialysis patient. The second part includes the different types of coping strategies, which are divided into different categories like physical, emotional, spiritual, financial, and psychosocial, wherein additional questions were used and focused on the coping strategies of the family members living with hemodialysis patients. The data collection tool has undergone validation by experts in the field and has knowledge of the related learning experiences as prescribed in the standards of nursing education.

Data Collection

The said questionnaire had been personally distributed and retrieved by the researcher. Before the conduction of the study, the researcher sought the approval of the hospital director, nephrologist, human resource officer, chief nurse, and head nurse of the hemodialysis unit of Tayug Family Hospital. The researcher gave a communication letter in which the researcher was allowed to distribute the data gathering tool and collect all the information needed for the study.

Treatment of Data

Frequency counts and percentages were utilized to assess the subject profile in terms of age, gender, marital status, monthly income, and educational attainment, as well as the number of years of handling hemodialysis patients, to respond to the first problem's statement, while the weighted mean was utilized to determine the coping strategies used by family members of hemodialysis patients. Furthermore, in determining the relationship between the profile of the respondents and the coping strategies used, Cramer's V correlation was employed.

Table 1. 5-Point Likert Scale

Relative Values	Statistical Limit	Descriptive Equivalent
5	4.50 – 5.00	Always
4	3.50 – 4.49	Often
3	2.50 – 3.49	Sometimes
2	1.50 – 2.49	Seldom
1	1.00 – 1.49	Never

The data was gathered, tallied, and tabulated, determining the study's findings. A suitable statistical tool was used to determine the reliability of the study results. Frequency counts and percentages (Equation 1) were utilized to assess the subject profile in terms of age, gender, marital status, monthly income, and educational attainment, as well as the number of years of handling hemodialysis patients, to respond to the first problem's statement.

$$Percentage(\%) = \frac{frequency}{total} \times 100 \quad \text{Equation 1}$$

Frequency Counts and Percentage

A weighted mean was utilized to determine the coping strategies used by family members of hemodialysis patients (Equation 2).

$$\bar{x} = \frac{\sum_{i=1}^n (x_i * w_i)}{\sum_{i=1}^n w_i} \quad \text{Equation 2}$$

Weighted Mean

In determining the relationship between the profile of the respondents and the coping strategies used, Cramer's V correlation was employed (Equation 3).

$$Cramer's V = \sqrt{\frac{X^2}{N \min(r-1; c-1)}} \quad \text{Equation 3}$$

Cramer's V Correlation

RESULTS AND DISCUSSION

Profile of Respondents

In table 2, the profile of the respondents, such as their age, gender, marital status, monthly family income, educational attainment, and several years of handling the hemodialysis patient, was presented. The description is arrived at through frequency counts and percentages.

It showed that most of the respondents were in the 20–34 year old age bracket with a percentage of 59.7%, followed by the 35–49 year old frame with 23 or 34.3%, while

the age bracket of 50 years old and above has three respondents, or 4.5%, and last is the age bracket of 19 years old and below, with a percentage of 1.5%.

According to the most recent official well-being statistics, middle-aged and older people are the least satisfied, have the lowest levels of life satisfaction, and have the highest levels of worry. According to the national statistics office, people may be suffering from the increasing burdens of middle age, with many having to care for their aged parents and young children simultaneously. People of this age tend to have children later in life and may find it difficult to juggle work and family obligations. As a result, the difficulty of simultaneously caring for parents and children may be another factor contributing to the middle-age groups' lower results. Otherwise, according to the ONS, it could just be that the older generation is made of different materials and appreciates life a little bit more, or that the advantages of experience and wisdom alter the way we perceive things (Cruikshank, 2013).

Gender: It was observed that there were more female respondents than male respondents during the study. There were 41 females born as respondents with a percentage of 61.2 rather than the males, who had 26, or 38.8%. Lujan et al. (2007) shows that women are more patient, tolerant, participative, and hardworking than men. This is supported with a survey when they found out that females are more interested in doing responsible things than males.

In the study, there are three groups for marital status: single, married, and widow/widower. On marital status, 39 respondents, or 58.2%, are single; 27 (or 40.3%) are married; and 1 (or 1.5%) are widows. Maintaining physical and emotional health and resiliency relies primarily on one's capacity to form and sustain enduring relationships, including love. In general, single people tend to help well. Since single people receive more excellent social support, it appears that they have better health benefits (better caring relationships). According to studies, single individuals who have at least one friend they can call on when they're upset or angry recover better than those who don't (Finch, 2020).

On a scale of 1 to 10, where 10 was "a great deal of stress" and one was "little or no stress," a 2015 survey found that the average stress level for people with the emotional support of a spouse in place was 5 out of 10, compared to 6.3 out of 10 for people without emotional support. Having a few people you can rely on can help you deal with daily challenges, make difficult decisions, and even deal with a crisis (American Psychological Association, 2019).

The family income in this study refers to the total compensation received by all family members living in the same household. The table revealed that 40 or 59.7% of the respondents earn about 10,001 to 20,000 as a monthly income, followed by 9 or 13.4% of the respondents, which makes 20,001 to 30,000, then four respondents, or 6.0%, earn as much as 40,001 to 50,000 per month, while those respondents who earn 30,001 to

40,000 and less than 10,000 are both 10.4% or seven, respectively. Lazarus and Folkman (2017) believe that having a low socioeconomic status has a histrionic impact on our happiness and relationships; giving care to others can be stressful and difficult. It is very fortunate to know that options are now available for financial assistance.

Educational Attainment: It showed that 38.8%, or 26 respondents, are college undergraduates. Then 25, or 37.3%, were all college graduates, while 16 or 23.9% of the total population were high school graduates during the survey.

Table 2. Profile of the Respondents (N=67)

PROFILE		FREQ	PERCENTAGE
Age Gender	19 years old and below	1	1.5
	20 to 34 years old	40	59.7
	35 to 49 years old	23	34.3
	50 years old and above	3	4.5
	Male	26	38.8
	Female	41	61.2
Marital Status	Single	39	58.2
	Married	27	40.3
	Widow/widower	1	1.5
Monthly Income	Less than 10,000	7	10.4
	10,001 – 20,000	40	59.7
	20,001 – 30,000	9	13.4
	30,001 – 40,000	7	10.4
	40,001 – 50,000	4	6.0
Educational Attainment	High school undergraduate	16	23.9
	High school graduate	0	0
	College undergraduate	26	38.8
	College Graduate	25	37.3
Number Of Years Handling Hemodialysis Patients	Less than a year	7	10.4
	1 year	30	44.8
	2 years	16	23.9
	3 years	8	11.9
	4 years	3	4.5
	5 years	3	4.5
TOTAL		67	100%

The number of years of handling hemodialysis patients: It can be noted on the table that 44.8%, or 30 respondents, have been taking care of their sick family members for more than a year, while 23.9%, or 16 respondents, have been handling their patients

for more than two years. Moreover, 8 or 11.9% of the population has been taking care of their patients for more than three years, and 7 or 10.4% of the respondents have been handling their patients for less than a year. Meanwhile, 4.5% or three respondents took care of their sick patients for more than four years, and 4.5% or three respondents were on their side fighting with them over the last five years, respectively.

Coping Strategies Used by Family Members Living With Hemodialysis Patient along Physical

Table 3 indicated that most of the respondents who accompany their patients to undergo hemodialysis often take their vitamins and other healthy food supplements (AWM = 4.01) as their physical coping strategy and take the highest mark. Keeping well-hydrated, keeping active or exercising regularly, and getting enough sleep carried a high score and were often used by the respondents. Regular health checks with a physician, avoiding alcohol or caffeine, eating a well-rounded diet, and taking brief rest periods during the day to relax are also being used by the family members sometimes as a coping strategy while practicing relaxation exercises like meditation and yoga and participating in recreational activities like biking. Other sports were rarely used by the respondents as their coping strategy. This only reflects that a respondent uses coping strategies to deal with stress, pain, and natural changes in their lives. A study by Mills et al. (2021) showed that being healthy and integrating coping strategies to deal with work stressors effectively promotes health in other people (Mills et al., 2021).

Table 3. Coping Strategies Used By Family Members Living With Hemodialysis Patient along Physical

	AWM	Descriptive Equivalent
1. Taking vitamins and other healthy food supplements.	4.01	often
2. Staying well hydrated.	3.91	often
3. Keeping active or exercising regularly	3.67	often
4. Getting enough good quality sleep.	3.67	often
5. Regularly going to a physician for a health check.	3.45	sometimes
6. Avoiding alcohol or caffeine	3.40	sometimes
7. Eating a well-balanced and nutritious diet.	3.24	sometimes
8. Taking brief rest periods during the day to relax.	2.82	sometime
9. Practicing relaxation exercises like meditation and yoga.	2.37	rarely
10. Joining recreational activities like biking or other sports.	2.34	rarely
Overall Average Weighted Mean	3.29	Sometimes

Coping Strategies Used by Family Members Living With Hemodialysis Patients Along Emotional

Table 4 showed that, in terms of the patient's emotional aspect, the respondents often used verbalization of feelings with family and friends (AWM = 4.12), which showed the highest rank, while facing and accepting the situation and talking with others having the same condition was also used often by the respondents. Furthermore, the respondents sometimes cope emotionally by keeping busy at times by hanging out with friends, watching movies, meditating, and allowing themselves to relax the mind and body and vent anger due to the disease affecting a family member; looking for photos, videos, places, and things that bring happiness; making fun and jokes around the situation being experienced; and being in denial with the family member about having the disease. Keeping feelings to themselves or writing a journal was rarely used by the family members living with their hemodialysis patients. In 2021, Jaarsma also published a self-care framework to express that self-care for individual activities promotes physical and emotional health; it also includes ways for individuals to interact with clinicians and health care systems to improve physical and emotional health. Self-care includes taking vitamins, getting vaccines, scheduling cancer screenings, or taking prescription medication (Jaarsma et al., 2021). Patients develop resilience through family members' support that extends their hand in terms of emotional help (Suminta & Suminta, 2014). The study also revealed that thinking about experiences and expressing feelings both appear to be crucial in helping people deal with difficult situations.

In addition, a study also showed that journaling is an aid to self-discovery and personal growth. But still, there's a lot of advice on how to use a journal and its effects and outcomes. Journaling can harm behavior and well-being. It can cause people to live in their heads too much and become passive observers in life, thinking about the entries they made in their journals rather than experiencing what is happening. It can also cause people to become self-obsessed and use their journals as a platform for blaming others rather than finding solutions and swallowing up the bad things that have happened (Stosny, 2020).

Coping Strategies of Family Members Living with Hemodialysis Patients Along Spiritual

From Table 5, the respondents cope spiritually by keeping their faith (AWM = 4.16). It showed that going to church, asking for God's blessing, finding reasons to be grateful to

the Lord, and self-reflecting to find more meaning, purpose, and understanding of the problematic situation were often done by the respondents. Moreover, playing religious music, attending prayer meetings, reading the Bible and other religious-related articles in books and magazines, going on recreational activities involving spirituality like fellowships, spiritual gatherings, trusting and accepting of the outcome of the disease, releasing pent-up emotions, and attending prayer meetings were also used by the population sometimes. It was also suggested in the study by Algorani (2020) that addressing spiritual needs is also acknowledged as an essential component of holistic nursing care and can be therapeutic to patients. Research by Lawrence (2021) showed that people who always think positively, even in a crisis, find peace and are still grateful to the creator, especially those religious ones; it is also known as cognitive reappraisal. They also have more confidence and coping skills when faced with challenges and difficulties in life; this is known as coping self-efficacy.

Table 4. Coping Strategies Used by Family Members Living With Hemodialysis Patients Along Emotional

	AWM	Descriptive equivalent
1. Verbalizing the feeling with friends and family members	4.12	often
2. Facing and accepting the situation.	3.91	often
3. Talking with others who have the same situation.	3.61	often
4. Keeping busy at times by hanging out with friends, watching movies, gardening, etc.	3.34	sometimes
5. Meditate and allow myself to think and relax my mind and body.	3.27	sometimes
6. Vending out anger due to the disease affecting one family member.	3.18	sometimes
7. Looking for photos, videos, places, and things that bring me joy.	3.13	sometimes
8. Making fun and jokes around with the situation being experienced.	3.07	sometimes
9. In denial with the family member about having the disease	2.72	sometimes
10. Keeping feelings to self or writing a journal	2.19	rarely
Overall Average Weighted Mean	3.26	Sometimes

Table 5. Coping Strategies of Family Members Living with Hemodialysis Patients Along Spiritual

	AWM	Descriptive Equivalent
1. Keeping my faith.	4.16	often
2. Going to church, asking for God's blessing	3.97	often
3. Finding reasons to be grateful to the Lord.	3.52	often
4. Self-reflect to find more meaning, and purpose and understand the difficult situation.	3.51	often
5. Playing religious music	3.24	sometimes
6. Reading the Bible and other religious relating articles in books and magazines	3.18	sometimes
7. Going on recreational activities involving spirituality like fellowships and spiritual gatherings.	3.12	sometimes
8. Trust and acceptance of the outcome of the disease.	3.09	sometimes
9. Releasing pent-up emotions.	2.91	sometimes
10. Attends prayer meetings.	2.85	sometimes
Overall Average Weighted Mean	3.36	Sometimes

Coping Strategies of Family Members Living with Hemodialysis Along Financial

In table 6, the population rarely manages financially by getting bank loans, making use of pension benefits, and attending seminars/symposiums, which give help to ESRD patients. This implies that people who are stressed by financial burdens are gaining support monetarily from third parties (Algorani, 2020). A study has shown that creating a monthly budget is an excellent strategy for dealing with financial crises. According to the American Psychological Association (2021), about 72% specified that creating a monthly budget has been very effective in resolving financial difficulties, and it is troublesome for those whose budget does not meet the different expenditures. The study revealed that, in any plan to solve a financial problem, it is easier to set and follow a monthly budget that can help and keep you on track and regain your sense of control; including everyday expenses, such as groceries, the cost of traveling to work, monthly rent, mortgage, and utility bills; always prioritize spending. According to Matthiessen (2016), "stressful days frequently lead us to worse moods and poorer mental health, especially in dealing with the financial crisis." Through the effective and efficient management of the National Health Insurance Program (NHIP), which gave Filipinos a big break in dealing with a

health crisis, the Philippine Health Insurance Corporation was established to ensure other financial access for every Filipino to quality health care services. People are also not involved in attending seminars and symposiums being hosted by different institutes partnered with government agencies that help address and ease the financial problems of ESRD patients by giving free hemodialysis sessions, free dialyzers, and more.

Table 6. Coping Strategies of Family Members Living With Hemodialysis Along Financial

	AWM	Descriptive Equivalent
1. Prioritization of budget.	3.91	often
2. Utilizing PhilHealth benefits.	3.90	often
3. Using own salary and savings or other alternatives like a business.	3.79	often
4. getting support from family, friends, and relatives	3.66	often
5. Seeking or asking for added financial assistance through PCSO and LGU	3.31	sometimes
6. Getting life insurance.	2.85	sometimes
7. Fundraising	2.66	sometimes
8. Getting bank loans	2.25	rarely
9. making use of pension benefits	2.10	rarely
10. Attending seminars/symposiums gives help to ESRD patients.	1.87	rarely
Overall Average Weighted Mean	3.03	Sometimes

Coping Strategies of Family Members Living with Hemodialysis Patients Along Psychosocial

Table 7 showed that most of the psychosocial coping strategies used were accepting the responsibility to care for the affected family member (AWM =4.0); it was often done by the respondents who had a family member undergoing hemodialysis. It also showed that talking to other caregivers or relatives on how to cope with the situation (AWM = 3.93), conveying understanding, compassion, and sensitivity to other patients or watchers (AWM = 3.76), coming up with plans by giving a positive side through professional help like nutritionists or other health care workers, and making the situation light to prevent the condition from becoming worse is also often used by the respondents to cope with psychosocial problems. While creating new hobbies and recreational activities with other relatives and friends, distracting myself like gardening, riding bikes, making new friends and going out on town trips, taking care of my body in a way that makes me feel good, seeking social support, and attending seminars on how to deal with stress-related to the disease was sometimes used by the respondents. It was pointed out by Sumita and Sumita (2014) that people also develop resilience through supportive family structures to extend a hand in terms of psychological aspects. This implies that patients cope well with willpower, acceptance, and positive thinking to keep up with stressful events and make their lives more tolerable (Zubair Lodhi et al., 2022). A positive caregiver attitude can help patients conquer sadness and depression and stay positive. A study by Morton (n.d.) said it's a worthwhile endeavor; the research

increasingly shows that patient attitudes directly correlate with treatment. The good news of the study is that it is not hard to do, especially when the caregiver is ready to embrace the responsibility of providing care. Sometimes, simply asking the patient how they feel and how you can help is the best demonstration of love and support.

Caregiving for someone on dialysis may be hard, whether you are a healthcare professional or a family caregiver. If you are caring for an older adult, you will be able to help them and yourself. Morton (n.d.) also stated that embracing responsibility dramatically decreases the possibility of burnout in providing care.

Table 7. Coping Strategies of Family Members Living with Hemodialysis Patients Along Psychosocial

	AWM	Descriptive Equivalent
1. Accepting the responsibility to care for the affected family member.	4.00	often
2. Talking to other watchers or relatives about how to cope with the situation.	3.93	often
3. Conveying understanding, compassion, and sensitivity to other patients or watchers.	3.76	often
4. Coming up with plans by giving positive side using professional help like nutritionist or other health care workers.	3.67	often
5. Making the situation light to prevent the condition from becoming worse.	3.60	often
6. Creating new hobbies and recreational activities with other relatives and friends.	3.51	sometimes
7. Distracting one's self, like gardening, riding bicycles, making new friends, and going on out-of-town trips.	3.51	sometimes
8. Taking care of my body in a way that makes me feel good.	3.36	sometimes
9. Seeking social support.	2.99	sometimes
10. Attending seminars on how to deal with stress related to the disease.	2.94	sometimes
Overall Average Weighted Mean	3.53	Often

Overall Result of the Study

Table 8 shows the overall findings of the research on the various coping strategies used by the respondents. On the psychosocial aspect, it showed a 3.53 average weighted mean, which has a descriptive equivalent of how often and how it is utilized by the respondents as their coping strategy. On the physical coping strategy, the overall average weighted mean is 3.29, which has a descriptive equivalent with sometimes and how it is used by the respondents. Meanwhile, on the emotional aspect, the average weighted mean is 3.26, which has a descriptive equivalent of sometimes. On the other hand, 3.36 is the average weighted mean of the spiritual aspect, which is also equivalent to sometimes.

Moreover, the financial coping strategies showed a 3.03 average weighted mean, equal to 3.12. Psychosocial coping strategies are ways of thinking and acting that lessen psychological stress and foster well-being, enabling people to deal with the challenges of daily life.

People can get ill due to ongoing concerns and worries about their health as well as that of their loved ones or friends. Changes in sleep and eating patterns, difficulty in thinking or concentrating, worsening chronic health problems, and increased alcohol and tobacco use can be used as a strategy in dealing with stress. In one international study, it was found that 83% of adolescents agreed that pre-existing health conditions, primarily those brought on by chronic diseases, financial stress, and a lack of social connections, contribute to the decline in health brought on by a lack of contact with family, friends, and time for themselves (Akbar & Aisyawati, 2021). While psychosocial coping is being more widely used, spiritual coping is also crucial in coping and a determinant of adjustment in facing challenges. A study by Reynolds (2016) evaluated whether general cognitive attributions explain the effects of spiritual coping on internalizing and externalizing problems in adolescents with chronic diseases and whether these relationships vary by age or disease group. An optimistic attribution style may help explain the effects of positive, but not harmful, spiritual coping on the adjustment of young people with the disease. The results reveal that spiritual coping is an essential coping strategy for people facing challenges but sometimes used unaware. It is also consistent with the findings among adults with chronic illness; negative spiritual coping puts people at risk for psychosocial maladjustment and poorer health (Reynolds, 2016). Factor analysis yielded one problem-focused coping strategy (problem-solving), four emotion-focused coping strategies (positive cognitive coping, wishful thinking, self-blame, and avoidance), and other physical coping strategies that are also effective in coping. Multiple regression analyses revealed that negative self-talk (wishful thinking and self-blame) was a significant predictor of overall psychological and psychosomatic symptoms, regardless of hassle levels.

Some factors of emotion-focused coping serve as stress moderators, whereas other factors that operate as stress enhancers are generally supported (Vaughn & Roesch, 2019). A study showed that findings indicate that emotional avoidance coping does not protect people from distressful feelings, mood disturbance, and concerns (Namir et al., 1987). The three coping methods evidenced distinctly different associations with measures of psychological and health variables, while avoidance coping was inversely related to self-esteem and positively correlated with depression. In short, the improper use of any emotional coping strategy may lead to a negative outcome. The increase in cost-sharing between patients and payers has resulted in financial toxicity in people, particularly among young adults, patients, and survivors of chronic disease. According to the study of Thom and Benedict (2019), they explored the financial toxicity and its impact on psychological well-being, self-efficacy for coping with illnesses, and cost-coping behaviors among a sample of patients and survivors.

Table 8. Over Result of the Study

Aspect	Average Weighted Mean	Descriptive Equivalent
Psychosocial	3.53	Often
Spiritual	3.36	Sometimes
Physical	3.29	Sometimes
Emotional	3.26	Sometimes
Financial	3.03	Sometimes

Relationship Between the Respondent's Profile and The Coping Strategies Used by the Respondents

Table 9 shows the relationship between the respondent's profile and the coping strategies of the patient's family members who underwent hemodialysis. It shows the association or relationship between the respondent's profile and the coping strategies. According to Cramer's V value of the association, a matter of zero or very close to zero indicates no association or very little association. In contrast, a matter of one or close to one indicates a moderate to strong level of correlation. As a result, the table shows that all profile variables are strongly associated with the coping strategies used by hemodialysis patients. However, the study indicates that the respondent's age, gender, education, and years are significantly related to coping strategies. This study shows that age is significantly related to a psychosocial coping strategy with $p = 0.049$. It can also be noticed that the gender of the respondents is highly related to emotional coping strategy at $p = 0.026$. Yaling (2016) cites a study demonstrating the distinction between emotional experience and emotional expressivity as a reaction system. Additionally, the respondents' financial coping mechanisms are highly associated with a $p = 0.048$ significant value.

The level of education improves their understanding of managing their financial obligations for medical expenses. This indicates that education leads to better sources of money and benefits, including insurance for quality health care (Lee, 2015). Furthermore, the number of years handling hemodialysis patients is significantly associated with financial at $p = 0.049$ and psychosocial coping strategies at $p = 0.041$. This suggests that nurses who are aware of the challenges faced by family caregivers will be able to define caring roles and enhance the families' capacity to adapt to changing circumstances, improving the patients' and their family's quality of life. Understanding the experiences of family members will also help nurses provide better family-centered health care, which is one of the main goals of holistic health care (Reinhard et al., 2008). Individuals are widely perceived to have less control over their environment. This lack of perceived control affects how they cope with stressful situations.

However, older adults differ little from younger adults in their approaches to dealing with stress. There was an independent relationship between age and the reported use of escapist coping strategies, which mitigated the adverse effects of a

perceived lack of control. Age or perceived controllability had a direct impact on depression, but they had a direct impact through their influence on the use of coping strategies and perceived efficacy (Lonstein, 2016). The study finds that age significantly correlates with coping with stressful situations. A study showed that females have higher overall perceived stress levels regarding environmental and health stressors; the difference between genders was significant (Chaplin, 2015).

Similarly, females had a higher perception of stress from psychosocial stressors than males. However, the difference between the sexes was also substantial. Regarding perceived coping strategies, females utilized adaptive coping strategies while males used maladaptively avoiding coping strategies. However, research studies and meta-analyses have shown small but significant gender differences in emotional expression during adulthood in some countries. Fascinatingly, although women may be more expressive of most emotions, at least in some cultures, men show equal or greater levels of physiological arousal. This means that men are aroused internally, but "keep in" emotions, whereas women freely express feelings, as proposed by Chaplin (2015). Interestingly, gender has a significant relationship with coping strategies in dealing with tension (Lujan et al., 2007).

The table 9 shows that educational attainment significantly correlates with coping with financial problems. Hemodialysis is a long-time life treatment that causes a tremendous economic burden. A degree or diploma can give caregivers an advantage in finding a stable job or starting a profitable business that can support the financial burden of hemodialysis treatment (Edelson, 2016). But, still, educational attainment is not a guarantee of finding a decent job; just continue making money to help with medical treatment. Several qualitative and quantitative studies have examined hemodialysis stressors (Thom & Benedict, 2019). They also described how the treatment changes the caregivers' lifestyles, such as inadequate time and freedom, disruptions in their routine (family, marital, and work), sleep disturbances, boredom, fatigue, limitations of fluid and food intake, and uncertainty for the future.

Thom and Benedict (2019) also revealed that HD patients' caregivers used coping strategies to deal with the stressors they encountered throughout the treatment. Although many of the psychosocial-oriented coping strategies were identified as helpful to the respondents, the problem-oriented coping strategies were more challenging to respond to. These methods were not adequately addressed, which could be due to a lack of knowledge among the patients. Several studies also mentioned psychological and financial difficulties, including despair, powerlessness, and uncertainty about the prognosis in hemodialysis patients, as stressors. Financial hardships can also be noted with the years of dealing with HD treatment (Thom & Benedict, 2019). With this, it can be noted that there is a significant relationship between the years of handling hemodialysis patients and the psychosocial and financial aspects of the caregiver.

Table 9. Significant relationship between the respondents' profile and coping strategies

		Cramer's V Value	Strength of Association	Sig. Value	Interpretation
Age	Physical	.456	Moderate Association	.934	NS
	Emotional	.510	High Association	.312	NS
	Spiritual	.589	High Association	.262	NS
	Financial	.529	High Association	.614	NS
	Psychosocial	.586	High Association	.049	S
Gender	Physical	.407	Moderate Association	.921	NS
	Emotional	.654	High Association	.026	S
	Spiritual	.534	High Association	.580	NS
	Financial	.510	High Association	.623	NS
	Psychosocial	.449	Moderate Association	.761	NS
Status	Physical	.485	Moderate Association	.761	NS
	Emotional	.473	Moderate Association	.568	NS
	Spiritual	.400	Moderate Association	.996	NS
	Financial	.465	Moderate Association	.901	NS
	Psychosocial	.324	Moderate Association	1.000	NS
Income	Physical	.544	High Association	.378	NS
	Emotional	.485	Moderate Association	.510	NS
	Spiritual	.590	High Association	.229	NS
	Financial	.595	High Association	.123	NS
	Psychosocial	.521	High Association	.453	NS
Education	Physical	.504	High Association	.652	NS
	Emotional	.483	Moderate Association	.506	NS
	Spiritual	.578	High Association	.359	NS
	Financial	.639	High Association	.048	S
	Psychosocial	.490	Moderate Association	.652	NS
No. of Years handling Hemodialysis Patients	Physical	.531	High Association	.498	NS
	Emotional	.511	High Association	.263	NS
	Spiritual	.581	High Association	.278	NS
	Financial	.604	High Association	.049	S
	Psychosocial	.585	High Association	.041	S

CONCLUSIONS AND RECOMMENDATIONS

Based on this study, conclusions can be drawn; the researcher strongly recommends the following: The respondents must enrich their knowledge of hemodialysis to understand the procedure and improve their care for hemodialysis patients. Family members should maximize their most beneficial coping strategies and discover better ones suitable for them. Also, consider other factors that affect the family members, like psychological factors, environmental factors, dysfunctionality of the family, services available, culture, and beliefs. Moreover, family members should be more

understanding of the situation, be more considerate and cooperative with the patients and healthcare workers, and consider developing solid social support to help them at challenging times.

In addition, family members, healthcare workers, and other support systems should implement the proposed measures to strengthen the coping strategies. It is also necessary to conduct kidney disease awareness and prevention programs together with healthcare institutions. Medical missions to aid in upbringing people's wellness and appropriate livelihood programs should also be implemented. Also, the proposed program on strengthening coping strategies will be recommended for adaptation. Future studies can be done using other study variables from a broader perspective.

IMPLICATIONS

Family members living with hemodialysis patients must be aware of the different coping strategies for how to deal with their hemodialysis patients. Constant communication with family members and the patient should always be present to avoid misunderstanding. Taking vitamins and other healthy food supplements, staying well hydrated, verbalization of feelings, facing and accepting the situation, keeping faith with the Creator, going to church and asking for God's blessing, prioritization of budget, utilizing PhilHealth benefits, accepting the responsibility to take care of the affected family member, and talking to other watchers or relatives on how to cope with the situation are the ones being used most by the respondents. However, these are just a few of the many coping strategies that they can utilize to cope positively.

Furthermore, information dissemination, awareness, and health teachings on kidney diseases must be strengthened to avoid or prevent the possible progression of the disease. Moreover, government support must be more aggressive in dealing with renal problems. Hospitals, non-government agencies, and other health-related organizations should conduct seminars and symposiums about health promotion and disease prevention, focusing on kidney diseases and hemodialysis. Uninformed individuals with the disease will make it difficult for both patients and family members during the treatment process.

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Author's Biography

Zeryl Z. Allas is a registered nurse and a certified hemodialysis nurse. His previous work as a hemodialysis nurse inspired him to conduct the study as he provides care not only to his patients but also to the patients' significant others. He helps them cope during the difficult moments they are facing.