

Psychosocial Care Needs of Individuals Receiving Hemodialysis Treatment: A Qualitative Study

Hemodiyaliz Tedavisi Uygulanan Bireylerin Psikososyal Bakım Gereksinimleri: Nitel bir çalışma

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ABSTRACT

Objective: This study was conducted to determine the psychosocial care needs of individuals undergoing hemodialysis. It is important to assess and identify the needs of this specific population.

Methods: A semi-structured questionnaire form was used in the study and 12 participants were included in the study. This qualitative descriptive study has a phenomenological design.

Results: In the study, 3 contexts, 6 themes and 38 sub-themes emerged. The contexts were as follows: problems developing due to the disease (complications and symptoms), healthcare-related needs (the health worker the patient wants to care for him or her, treatment- and care-related needs, the characteristics of the caregiver), and the mechanisms for coping with the disease (support systems and coping behaviours related to the disease).

Conclusion: In the study, hemodialysis patients stated that they suffered many psychosocial and physical problems. Determining the psychosocial needs of hemodialysis patients and implementing related interventions can positively affect the course of the disease. Nurses assume the most important role in the determination of these psychosocial problems and implementation of the necessary interventions. Nurses have crucial roles and responsibilities in the care of dialysis patients. Effective nursing care can reduce disease-related side effects and improve patients' quality of life. Patient-centered care can improve the quality of dialysis care and patient satisfaction.

Keywords: Hemodialysis patients, nurse, nursing, psychosocial problems

ÖZ

Amaç: Bu çalışma hemodiyaliz tedavisi uygulanan bireylerin psikososyal bakım gereksinimlerini belirlemek amacıyla yapılmıştır. Bu özel popülasyonun ihtiyaçlarının değerlendirilmesi ve belirlenmesi önemli bir durumdur.

Yöntemler: Bu çalışma, betimleyici, fenomenolojik desende nitel olarak yapılmıştır. Çalışmada yarı yapılandırılmış anket formu kullanılmış ve 12 katılımcı çalışmaya dahil edilmiştir.

Bulgular: Çalışmada 3 bağlam, 6 tema ve 38 alt tema ortaya çıkmıştır. Hastalığa bağlı gelişen sorunlar (komplikasyonlar ve semptomlar), bakıma yönelik ihtiyaçlar (size bakım vermesini istediğiniz sağlık çalışanı, tedavi ve bakıma yönelik gereksinimler, bakım vericinin özellikleri) hastalıkla başa çıkma mekanizmaları (destek sistemleri ve hastalıkla başa çıkma davranışları) olarak temalar belirlenmiştir.

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Sonuç: Çalışmada hemodiyaliz hastaları birçok psikososyal ve fiziksel sorunla karşılaştıklarını ifade etmiştir. Hemodiyaliz hastalarının psikososyal gereksinimlerinin belirlenmesi ve buna yönelik müdahalelerin uygulanması hastalığın seyrini olumlu yönde etkileyebilir. Bu psikososyal sorunların belirlenip gerekli müdahalelerin uygulanmasında en önemli rol hemşirelere düşmektedir. Hemşireler diyaliz hastalarının bakımında önemli görev ve sorumluluklara sahiptir. Etkili hemşirelik bakımı hastaların hastalıkla ilgili yan etkilerini azaltabilir ve yaşam kalitesini artırabilir. Hasta merkezli hemşirelik bakımı hastaların diyaliz bakımının kalitesini ve hasta memnuniyetini artırabilir.

Anahtar Kelimeler: Hemodiyaliz hastaları, hemşire, psikososyal sorunlar

INTRODUCTION

Chronic renal failure (CRF) which creates a global burden in the world is currently considered among the twenty causes of death.^{1,2} However, renal replacement therapies such as hemodialysis continue to increase worldwide.³ CRF has become a widespread public health problem both in Turkey and in the other countries of the world.⁴ According to the data released by the Turkish Society of Nephrology, the prevalence of kidney diseases is increasing dramatically. There are approximately patients about 76% awaiting kidney transplantation and undergoing dialysis in Turkey.⁵⁻⁷ Hemodialysis patients have to cope with numerous psychological problems in this process.⁸ Hemodialysis can cause individuals to experience different emotions such as stress, anxiety, depression, as well as hopelessness and similar negative emotions.⁸ As is stated in several studies, most of the patients receiving hemodialysis treatment suffer psychological problems such as depression and anxiety during dialysis treatment, which leads to an increase in mortality and morbidity rates.^{9,10} In addition, it was determined that the quality of life of the patients decreased due to several factors in this process.¹¹ Although several measures are taken to alleviate the problems experienced by sufferers, these are not adequate.¹²

Due to the complications of dialysis therapy, patients undergoing such treatment are likely to experience comorbidities, including hypertension, diabetes, cardiovascular diseases, frequent hospitalizations, and higher mortality rates.^{11,13} The chronic nature of treatment urges us to deal with patients' physical and psychosocial issues strictly.¹⁴ The increased risk of complications, morbidity and mortality in hemodialysis patients is associated with decreased quality of life. Since patients' activities of daily living are restricted, their physical and psychological quality of life is adversely affected.¹⁵

During the treatment process, patients may experience not only physical and psychological symptoms such as pain, nausea, itching, fatigue, loss of appetite, shortness of breath, muscle cramps, weakness, depression, sleep disorders but also social problems.^{13, 16} In this process, patients' characteristics such as age, marital status, education level, economic status, family support may affect

their compliance and satisfaction with the treatment.¹⁷ Individuals may turn to religious beliefs and practices to alleviate the symptoms they experience and to relax emotionally.¹⁸ In this sense, spirituality and turning to religion are a potential resource for the protection of mental health and are perceived as a coping mechanism for stressful life experiences.¹⁹ In several studies, spirituality has been stated as an important variable that increases the psychological resilience of individuals.²⁰ However, the number of studies in which the relationship between mental well-being and psychological resilience in hemodialysis patients is investigated is very few.^{21, 22}

Nurses have crucial roles and responsibilities in the care of dialysis patients. Effective nursing care can reduce disease-related side effects and improve patients' quality of life. Nurses are capable of minimizing the negative effects of the disease process on individuals, increasing their psychological resilience and quality of life by using their roles such as counseling, guidance, education, psychosocial and spiritual care.⁴ However, in order to ensure effective, quality and patient-centered care, nurses should determine the psychosocial needs of patients, and should provide holistic care for their needs. Hemodialysis patients are among the at-risk groups that need holistic nursing approach and psychosocial care the most.

AIM

The present study was planned to determine the psychosocial care needs of individuals receiving hemodialysis treatment.

METHODS

Study design

This qualitative study with a phenomenological design was conducted to determine the psychosocial care needs of individuals undergoing hemodialysis. Data were collected through in-depth interviews using a semi-structured questionnaire. The data were gathered and reported according to the checklist created by the Consolidated Criteria for Qualitative Studies (COREQ)²³

Participants and setting

Hemodialysis patients over 18 years of age, diagnosed with chronic kidney failure, actively undergoing hemodialysis treatment three days a week, volunteering to participate in the study were included in the study. Patients undergoing dialysis in a private dialysis center in a province in the north of Turkey comprised the sample of the study. After the preliminary interview, in which the purpose of the study was explained to the patients and permission for communication was requested from them, face-to-face interviews were conducted with them. Interviews were terminated when the concepts that could answer the research questions began to repeat (12 patients).

Data collection, analyses, and synthesis

The present study conducted by the researchers trained in qualitative research. A semi-structured questionnaire was developed in line with the literature.²⁴⁻²⁶ The interviews were held between October 24, 2022 and November 24, 2022. In order to prove the accuracy of the data obtained during the interviews, we, the researchers, repeated and summarized what the participants said to find out whether they were correctly understood. The data was then transcribed. Then we, the researchers, read the transcripts several times. Then we analyzed the data in Maxqda 20 program. After the analysis, we obtained 3 contexts, 6 themes and 38 sub-themes. All the data analysis was made and reported in Turkish.

Ethical approval

Before the study was conducted, ethical approval was obtained from the Human Research Ethics Committee of Sinop University to conduct it (decision number: 2022/169, decision date: October 19, 2022). The study was carried out in accordance with the ethical standards established in the Declaration of Helsinki. Before their verbal consent was obtained, all the participants were informed that the interviews would be recorded and they were ensured that all the records would be kept confidential. Then the data of the participants and the interview videos were encrypted and stored on the personal computer of the researchers.

RESULTS

Descriptive Characteristics of the patients were given in Table 1. In Table 2, 3 contexts, 6 themes and 38 sub-themes were presented. The contexts were as follows: problems developing due to the disease, needs for healthcare and mechanisms for coping with the disease (Table 2).

Qualitative findings

Context 1. Problems developing due to the disease

Theme 1. Symptoms and Complications

In Theme 1, there are 22 sub-themes. In this theme, the patients stated that they experienced the following

complications due to the disease; Desire to die, Unhappiness, Hopelessness, Loneliness, Poor quality of life, Vision problems, Stress, Fatigue, Regret (thinking that the disease is a punishment given by God), Not accepting the disease (denying), Diet distress, Pain, Economic distress, Unemployment, Social isolation, Insecurity, Stigma, Worthlessness, Limitation, Fear, Panic attacks, and Physical inadequacy.

The patients stated that they wanted to die in this process and that death was a salvation for them.

"I feel like I am a living dead person. I cannot cook; I cannot walk either. Bread and olives are enough for me to be fed. What makes me feel offended is that you fall out of favor when you are sick, when you cannot work, or when you are out of money.

There were so many people around me, but now, there is no one left. Even my own parents don't want me. My mother told me "my leftover foods are enough for you, you eat them. I've been undergoing hemodialysis for 3 years.

I am dependent on both this machine and people. Without this machine, I am like a dead body; without my mother's leftovers, I am dead. My mom treated me like garbage. I don't want to live either. I wish I had died. I wish I had died instead of living so needy. I want to die." [P (Patient) 2]

"Death is near us. We are half-human. One day we will go. Until then, we are passing our days." (P 6)

"There is no cure for this disease. I am feeble. I'm so worn out. I have no dreams but to wait for my death. I have neither dreams nor pleasure in life. I have no appetite. I even do not want to eat. I am just too much thirsty. I'm bored. I get the heebie-jeebies (Patient was crying at that moment)". (P 7)

We observed that the participants wanted to die in particular in this process because of the emotional intensity they experienced due to the disease-induced vision problem that developed.

"Sometimes I think I'm the problem. I say if I were not alive, if I died, the problem would go away. I am half the person. I'm like a dead body. I'm like garbage. I can't see you right now. I see you like a shadow. It's like there's a darkness in front of me, I can only feel your shadow. My life is like this darkness too. I always have a headache. My doctor said it was because of stress. I also feel terribly fatigued. I find it hard to get home. I am very tired after dialysis. I hardly wake up on my way here. I'm too exhausted." (P 2)

"What my dream is to die. I am waiting for death. Being alone is difficult. I can't make a phone call because I can't see. How would I feel good! I am no different from a dead

body; this is my life. What is wealth? What would you do even if the world were yours if you are not healthy? I've had several surgeries. "Don't get your hopes up" what the doctor said to me the last time" (P 5)

In this process, patients think that their illness is a punishment given to them by God as the price of their sins. "When I was young, everything was different. I lived a fast life; I made mistakes. Maybe that's why I have this disease.

It is the penalty of my fast life. I drank alcohol a lot; I am sick because of that. I lived a fast life. I have sinned. When I was young, I had money; I was healthy.

I didn't think I would be like this. God tested me. He said "get a hold of yourself". He stopped me; He made me like this." (P 6)

"I am asking why I have this disease. Why me. I always ask

Table 1. Participants Descriptive Characteristics

Participants	Age	Gender	Marital Status	The number of children	Education	Occupation	Length of treatment (years)	Chronic disease	General health status	Having social security	Religion
P1	62	Female	Married	3	Primary school	Housewife	8	*DM	Moderate	Yes	Muslim
P2	42	Male	Single	2	Senior high school	Retired	3	*DM, ** CRF	Poor	Yes	Muslim
P3	56	Male	Married	1	Junior high school	Retired	8	*DM	Poor	Yes	Muslim
P4	56	Female	Married	2	Junior high school	Retired	6	*** CAD *DM	Poor	Yes	Muslim
P5	68	Female	Married	3	Primary school	Housewife	10	*DM ****HT	Poor	Yes	Muslim
P6	49	Male	Married	1	Primary school	Retired	7	*DM	Poor	Yes	Muslim
P7	71	Female	Married	3	Primary school	Housewife	17	*DM, *** CAD	Poor	Yes	Muslim
P8	56	Male	Single	0	Senior high school	Retired	5	*DM, ** CRF	Moderate	Yes	Muslim
P9	58	Male	Married	2	Primary school	Retired	9	*DM, ****HT	Poor	Yes	Muslim
P10	66	Female	Married	2	Junior high school	Housewife	12	*DM	Poor	Yes	Muslim
P11	53	Male	Married	2	Senior high school	Retired	7	*DM	Poor	Yes	Muslim
P12	65	Female	Married	3	Junior high school	Retired	13	*DM	Poor	Yes	Muslim

*DM=Diabetes Mellitus, ** CRF= Chronic Renal Failure, *** CAD = Coronary Artery Disease, ****HT= Hypertension

I think. What did I do wrong and God gave it to me. I always think about my past. I feel uncomfortable. I pray to God." (P 10)

The participants stated that they experienced problems due to diet during this period, they could not eat or drink what they wanted, and they experienced different symptoms related to the disease.

"You can't imagine what problems I've had. My kidneys hurt. My feet are numb. I have palpitations in my heart. I cannot breathe. I long for a glass of water. I cannot sleep. They called it a panic attack. Psychologically, I am restless. I get angry at anything." (P 3) "I suffer from dizziness,

weakness, nausea. My feet are swelling. My blood pressure is dropping. It's because of diabetes. This dialysis is a beautiful thing. I used to wear diapers. Hard to say, but I used to wet my pants. Now I don't wear diapers. I'm on dialysis. I don't wet my pants anymore." (P 4)

"I have this problem because of diabetes. I had borderline diabetes. I have pain in my feet. I can't drink water. I can't drink even a glass of water (the patient was displaying an angry attitude). Just a glass of water. Water; it's water. I'm afraid while drinking even a glass of water, I can't drink it. This is pushing me hard. Trouble, trouble, trouble!!! Eating is trouble; drinking is trouble. God gives us olives and

cheese. I can't eat them, even if I have them? I need a glass of water. I'm longing for a cup of tea. I ask the girl (caregiver) to get me a glass of cold water. Let me drink it to my heart's content." (P 9)

"I get very thirsty in summer. I crave for water. I have no problem with eating". (P 11)

The participants stated that they were stigmatized, excluded, restricted, they had panic attacks, and they experienced social isolation due to the disease.

"Now they ignore me when health is gone. My daughter in law does not give me even a spoonful of food. She does not give me a cup of tea. She does not take me to their home. They look after me here. What would I do when I don't see a backyard or garden? Anyway, it wouldn't help either. I sleep nonstop. I wish my eyes were not like this. They used to love me. They used to say, "You have blue eyes. Oh, how beautiful your eyes are." Anyway, these eyes are worthless if you can't see." (P 5)

Table 2. Qualitative Opinions of the Patients

Problems developing due to the disease		Desire to die Unhappiness Hopelessness Loneliness Quality of life Vision problem Stress Fatigue Regret (punishment from God Not accepting the disease (Denial)
	Symptoms and Complications	Diet distress Economic distress Pain Unemployment Social isolation Insecurity Stigma Unworthiness Restriction Fear Panic Attack Physical inadequacy
Healthcare-related needs	Healthcare worker you want to care for needs for treatment and care	Nurse
	Treatment and care-related needs	Home care Being able to see Desire to be transplanted
	Characteristics of the caregiver	Smiling face Showing interest Being understanding
Mechanisms for coping with the disease	Support systems	Family Spouse Health worker
	Coping behaviors	Surrendering to God and destiny Hope Rendering thanks to God Faith Saying Prayers Psychological support

"We, my family and I, have been very worn out in this process. My wife doesn't understand me. For one thing, I am very tired. I can't work, I can't do my work. I can't eat what I want. I can't drink water to my heart's content. I can't eat fruit. We are excluded from society." (P 6)

"I am dependent on others. Time doesn't pass. You can't do anything you want, you're dependent. It limits you. We can't eat and drink as you do. You are restricted in every way; you are here (dialysis center) every other day." (P 8)

"Everything was beautiful when I was young. Everything is good if you're healthy. Life seems empty to me. I have neither desire nor wish for anything. My only wish is to have my health back." (P 9)

"We are exhausted here (dialysis center). We are tired. As long as we are on dialysis, we are exhausted every day. We are here every day, every other day. The dialysis machine is tiring. I had a panic attack. My heart flutters as if I am afraid of something, and my blood pressure rises. When I go to bed, I can't sleep because of fear. Fluttering begins at night when I go to bed. It happens at night when I go to bed. I can't sleep." (P 10)

Context 2. Healthcare-related needs

Theme 2. Health worker you want to care for you needs for treatment and care

In this theme, the participants stated that the health workers they trusted most and wanted to care for them were nurses.

"I want my caregivers to be nurses. Anyway, all people here are nurses. They are so good. We have been like a family for eight years. My nurse knows how I am from my look. She takes care of me. She always has a smiling face. She asks how I am. The whole team is good here. The current care I receive is enough for me. What else do I need? I feel family warmth here. Being here prevents me from feeling like a stranger." (P 1)

"I was crying some time ago. Nurses said, aunt (in Turkey, young people call elder women aunt), don't worry, this is your other home. They said we are like your daughters. We spend most of our day here. They're very sweet, as sweet as you." (P 10)

Theme 3. Treatment- and care-related needs

In this theme, the participants stated that they wanted to receive care at home, to be able to see and to have a kidney transplant.

"I just want to have a kidney transplant. My husband was diagnosed with cancer. We went to Ankara. My husband can donate his kidney. He's my only hope. My only hope his

donating. If the donor is a living person, compliance chance is high." (P 1)

"My only dream is to be able to see again. If I could see even a little bit, it would be enough for me." (P 2)

"I want them to listen to me; to understand me, my anger, my pain. You can't trust anyone these days. Everyone leaves you on your bad day. We were in the transplant waiting list. They say the list is too long. They say if your body rejects the donated kidney, you will die. This is another thing causing us to suffer. We have given up hope. We just wait. I don't know when it is my turn." (P3)

"If my eyes weren't like this, I would not stay here, if I didn't have to undergo dialysis, I would take shelter with someone, but now I can't. I'm here every other day. I am an ignorant woman. They used to love me. They used to say, "You have blue eyes. Oh, how beautiful your eyes are." Anyway, these eyes are worthless if you can't see." (P 5)

"We cannot rebel against God. I made a request for transplant. My daughter was going to donate her kidney. I said to my daughter, "you don't have to. I am rather old. You are young. You have children." She said "no problem, mom". Both of my children wanted to donate their kidneys. One of them has high blood pressure. The other one was sick. I cannot accept their donating. Test results showed that my daughter was also sick just like me. She cried. She was so sad. Do you get sad for the money you spend? We tried hard, but we did not have transplant. We came back empty-handed." (P 10)

Theme 4. Characteristics of the caregiver

In this theme, the participants stated that they expected their caregivers to have a smiling face and to pay attention to them and that they wanted to be understood.

"I expect intimacy. Warmth. All I want is a smiling face." (P 1)

"I want her to be sincere, faithful, compassionate and sensitive, to talk to me, and to take care of me." (P4)

Context 4. Mechanisms for coping with the disease

Theme 5. Support systems

In this theme, the participants stated that they received support from their families, spouses and nurses.

"Doctors and nurses here are very caring. They pick me up at home. I call them and they pick me up wherever I am. I can talk to them whenever I call. We are like a family. A strong bond was forged between us. They listen to me. They try to understand me. Sometimes I get very nervous. They put up with me. God bless them. I feel valuable here. The people here showed me more affection than did my family. (P 2)

"Nurses and doctors are very interested. They are very considerate. They ask how well we are. They laugh with us. They are interested. There is family warmth here. My family, my friend, my children support me. The health workers here support me as much as my family, even more than they do. They are very friendly." (P3)

"Care provided here is perfect. They are interested. They talk to us. Which one of us should they care about? I see how well they serve us. How well they work. What else can they do? Mankind is insatiable." (P 9)

Theme 6. Coping behaviors

In this theme, the participants stated that they surrendered to God and destiny to cope with the disease, that they were hopeful, that they rendered thanks to God, and that they became more faithful, prayed and received psychological support.

"There are seriously ill patients. I can use my hands. I can eat. I can see. I can void, though a little. This shows that my kidney is working at least a little. I'm wondering about this.

Some cannot void at all. I am lucky. If I didn't void, I would be exhausted; I would be devastated. It bothers me a lot. So my kidney is fine, even if it works a little bit. This makes me happy. (P 1)

"Be hopeful. Look, summer has come; flowers have bloomed. The sea is blue, green; life is beautiful. So are human beings. (In the following statements, she likens the periods of her life to the seasons.) You are born; you bloom like a flower. Your leaves fall in autumn. Our summer passed. We are old. If you water the flower, it will live better. Humans are the same. If they receive support from people around them, they can live well. They wouldn't worry about their diseases. One day we will be soil, we will fade. Who can change their destiny?" (P 1)

"Garden, backyard. I plant flowers there. I like my garden. I knit, I say prayers. I perform the ritual prayers of Islam. I talk to my husband, children and grandchildren. I work. I do not lose hope." (P 1)

"They always sent a psychologist to me while I was in the hospital. He was just as good as you are. He's been good for me. I even told him about you. I told him that you cared for me very well. I have a friend, we talk to each other from time to time and she is good for me. I've been prescribed psychiatric drugs but I haven't tried them. I want to live alone. I don't have the courage to live alone, but being a burden to my family and feeling degraded makes me sad. They said you are incompetent because I am sick, I must live alone now. I have no other choice. It will be difficult as I am, though." (P 2)

"I say prayers. I talk to my children. I watch the news. When I see those who are worse than I am, I render thanks to God. We see people how unhealthy they are. May God not make it worse!" (P3)

"Thank goodness, this is my fate. They say that God would give suffering, sickness to his beloved servants." (P 4)

"Now I turn to God and say prayers. I talk to my friends." (P 6)

"What did I do wrong so God gave this disease to me. I always think about my past. I get restless. I pray to God." (P 10)

"I got sick because of my daughter. My daughter had a brain hemorrhage. After she died, I was taken to the intensive care unit. It is from God. I am not complaining." (P12)

DISCUSSION

The prevalence of renal failure is increasing all over the world and accordingly mortality rates are increasing (4). Hemodialysis is the most commonly used treatment method for this disease. Since these patients spend most of their time in the hospital, determining their psychosocial care needs comes to the forefront.¹⁷ Hemodialysis treatment may cause psychological distress in patients because the use of equipment restricts the patient's autonomy.¹⁹

In our study, we determined that hemodialysis patients showed 22 disease-induced symptoms. In a study, patients showed approximately 25 symptoms during the treatment, the most common of which were fatigue, itching, loss of appetite, loss of libido, insomnia, sadness and stress. These results are consistent with the results of our study. Inadequate social support can further increase the symptom burden.²⁷ Thus, it is necessary to evaluate the social support provided, especially as the hemodialysis treatment progresses, because inadequate social support increases the symptom burden.²⁷

In a study similar to ours, it was reported that the patients experienced intense emotions such as hopelessness, fear and death. Determining the death-related care needs and reducing anxiety in this regard is important for the effective use of coping mechanisms.⁸ In this process, kidney transplantation can be hope for them. In addition, spirituality and turning to religion are among the other important coping methods.¹⁸ Belief in God is an important factor for patients to face death and to adapt to dialysis. Diet and fluid restrictions due to the disease affect the emotional state of patients and may cause them to experience such symptoms as pain and fatigue, which can

pave the way for psychological problems such as depression and anxiety.²⁸

In our study, the patients experienced financial difficulties and thus were not able to meet many of their needs. Unemployment causes financial difficulties. In a study, approximately 54.1% of working patients expressed their financial concerns because they could not earn money due to their illness. In another study, approximately 80% of the patients reported that they had to take time off from their work on the day they underwent dialysis and thus they experienced economic distress.¹⁷

In the literature, it has been demonstrated that the severity of depressive symptoms is lower in men, those with higher income and those whose economic independence was high.²⁹ The treatment and care of kidney failure, which is a chronic disease, can cause serious increases in health expenditures and may negatively affect the income level of the sufferers and thus their psychological resilience.²⁰

Having a high level of income is an important determinant of quality of life and is one of the protective factors affecting psychological resilience. In a study, it was determined that the psychological resilience of the patients decreased as the duration of the disease increased. As the disease progresses, emerging physical, mental, social and economic problems may pave the way for a decrease in psychological resilience.²⁰ As is indicated in the literature, the higher the income level is the better the mental health is.¹⁹ The results of our study and other studies demonstrated that the economic condition had an effect on both the treatment process and the mental health of the patients.

Education level, economic level and duration of illness are among the factors affecting mental well-being.²⁰ The fact that individuals with high education level have high level of awareness, that they use effective problem-solving skills, and that they can access to information/health services more easily enable them to manage their illnesses better and to have better psychological resilience levels.²⁰ In the present study, since the education level of the participating patients was moderate, their psychological resilience was affected adversely.

Care-related needs are grouped under the following three headings: receiving care from health workers, needs for care and treatment, and characteristics of the caregiver. Patients' and their families' being supported by the state and social welfare institutions can contribute to the improvement of their quality of life.¹⁷ Among the disease-coping mechanisms are support systems and coping behaviors. Hemodialysis patients undergo dialysis three

days a week, which disrupts their daily activities and work life. This situation can lead to hopelessness and depression.³⁰ Psychosocial interventions performed in this process have been observed to have positive effects on depression, anxiety and quality of life of hemodialysis patients. Different nursing care and practices can enable self-management and improve the quality of life in chronic case.³¹ In general, self-management is a commonly used term in health education and includes symptom management, treatment principles, outcomes, and lifestyle changes to maintain and improve quality of life.³²

Psychological support not only is necessary for the strengthening of the disease-coping mechanisms, but also can have positive effects on the mental health of patients.⁹ In the present study, hemodialysis patients stated that they received the greatest support from healthcare professionals, especially from nurses. Therefore, health workers and nurses assume significant responsibilities in increasing the psychological resilience of patients so that they can cope with the stressors of a chronic disease and in preventing mental disorders. The impact of health and nursing education is important and necessary to achieve the desired quality of life.³³

Developing strategies in which the individual characteristics and needs of patients are taken into account and the aim is the improvement of their ability to cope with disease-related stressors may contribute to the improvement of patients' psychological resilience. In this sense, nurses' determining and meeting the spiritual needs of patients can contribute to the prevention of mental disorders and improvement of the quality of life of patients by increasing their psychological resilience.²⁰ Within this context, it should be kept in mind that nurses play a key role in improving the mental well-being of patients thanks to their caregiver, educating, guiding and supportive roles.²⁰

Strengths and Limitations

The present study has some limitations. First, since the data is collected through observation and interviews, the reliability of the data is limited to the answers given by the participants. Second, the sample of the study included a small number of randomly selected hemodialysis patients. Therefore, the results of the present study are applicable only to the hemodialysis patients who constituted the sample.

The study showed that hemodialysis patients experience many psychosocial and physical problems, including hemodialysis-related symptoms, care needs, and coping behaviors. Because hemodialysis patients experience

psychosocial problems in this process, the importance of identifying these problems and developing appropriate interventions has been demonstrated. In our country's healthcare system, nurses are the healthcare professionals who will identify these psychosocial problems and provide appropriate interventions. To provide more effective nursing care in hemodialysis units, it is necessary to provide and evaluate holistic and individualized nursing care in patient care.

The results of the study are crucial to raise awareness of the importance of psychosocial care for nurses caring for hemodialysis patients. At the same time, it shows that patients need care in many aspects (physical, mental, and spiritual). In this sense, the study addresses many psychosocial dimensions of patients and contributes to nursing care. Patient-centered nursing can improve the quality of dialysis care and patient satisfaction. Nurses can develop and implement the most appropriate support program for hemodialysis patients. Therefore, there is a need for more qualitative studies that identify the psychosocial needs of hemodialysis patients.

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