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Exploring the supportive care needs for people with chronic kidney failure undergoing hemodyalisis: A qualitative study

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Abstract

Background: Chronic kidney failure requiring hemodialysis is a growing health burden in Saudi Arabia, with significant physical, psychological, social, and cultural implications. While clinical outcomes are well-documented, patients' supportive care needs remain underexplored.
Objective: This study aimed to explore the supportive care needs of individuals with chronic kidney failure undergoing hemodialysis in Saudi Arabia.
Methods: A qualitative descriptive design was applied. Sixteen patients receiving maintenance hemodialysis for at least six months were purposively recruited. Data were collected through semi-structured, in-depth interviews and analyzed using Braun and Clarke's six-step thematic framework.
Results: Four overarching themes emerged: (1) the impact of fatigue and the need for fatigue self-management, (2) the necessity of family and social support, (3) the importance of psychological and emotional support from healthcare professionals, and (4) changes in role performance and the need for adaptation. Patients reported profound physical exhaustion, psychosocial distress, dependence on family, and disruption of daily roles. Empathy, cultural sensitivity, and supportive interventions were identified as critical to improving patient well-being.
Conclusion: Hemodialysis patients in Saudi Arabia face multidimensional supportive care needs that extend beyond clinical management. Addressing fatigue, enhancing family and social involvement, fostering psychological support, and facilitating adaptation to role changes are essential to delivering holistic, patient-centered care. Culturally sensitive strategies should be integrated into routine practice to optimize quality of life and health outcomes.

Background

Chronic kidney disease (CKD) is a global public health problem characterized by progressive and persistent impairment of kidney function, contributing significantly to morbidity and mortality worldwide. Epidemiological estimates indicate that CKD affects 9–13% of the global population, underscoring its substantial burden on health systems (Feng et al., 2023; Kovesdy, 2022). In advanced stages, particularly stage 5, patients develop end-stage kidney disease (ESKD) where renal replacement therapies, including dialysis or transplantation, become necessary (Feng et al., 2023). Hemodialysis (HD) is the most common modality of renal replacement therapy globally, providing life-sustaining treatment for patients without access to transplantation (Kovesdy, 2022). In Saudi Arabia, more than 19,500 patients are currently maintained on hemodialysis, representing the majority of those requiring renal replacement therapy (Al Attar, 2021). This increasing prevalence emphasizes the necessity of research that not only evaluates clinical outcomes but also addresses patients' lived experiences and unmet needs to optimize care delivery.

Living with long-term hemodialysis imposes profound physical, psychological, and social consequences that extend beyond the technical process of treatment. Research highlights that fatigue is one of the most distressing symptoms, significantly impairing patients' daily functioning, particularly on dialysis days (Bossola et al., 2018). Fatigue affects not only physical capacity but also psychosocial engagement, thereby reducing quality of life (Pereira et al., 2017). Sexual dysfunction has also been reported among female hemodialysis patients, negatively impacting intimate relationships and overall well-being (Abozead et al., 2018). Additionally, symptom clusters involving fatigue, sleep disturbance, and pain further exacerbate the disease burden (Almutary et al., 2016; Almutary et al., 2017). Collectively, these multidimensional challenges highlight the importance of patient-centered approaches that address both clinical and supportive care needs in this population.

In addition to physical limitations, patients on hemodialysis experience significant psychological and emotional stressors. Anxiety and depression are prevalent, with rates in Saudi Arabia ranging from 5.6% to nearly 45% (Al-Nashri & Almutary, 2022; Almutary, 2023). Such conditions are associated with reduced adherence to treatment regimens, poor dietary compliance, and higher mortality risk (Pereira et al., 2017). Feelings of uncertainty, fear about the future, and loss of independence often compound psychological distress (Jonasson & Gustafsson, 2017; Yang, 2017). These issues frequently lead to social withdrawal and isolation, further eroding self-confidence and well-being (Wiliyanarti & Muhith, 2019). Addressing psychological needs through supportive interventions is therefore crucial to improving adherence and overall health outcomes.

Social and familial contexts are critical in shaping the dialysis experience and influencing adaptation to chronic illness. Family support has been shown to alleviate psychological distress, encourage treatment adherence, and enhance health-related quality of life (Xhulia et al., 2015). Conversely, the absence of such support exacerbates feelings of burden and helplessness (Bayoumi & Alwakeel, 2012). Patients often highlight the need for understanding and empathy from family members to maintain a sense of dignity and belonging (Al Eissa et al., 2010). Furthermore, community support networks, including peer groups, provide opportunities for shared experiences and coping strategies (Cramm et al., 2015). These findings underscore that supportive care must extend beyond the hospital setting to include family and community engagement, thereby fostering holistic care frameworks.

Healthcare professionals also play a vital role in addressing the supportive needs of patients undergoing dialysis. Nurses, in particular, are positioned to provide reassurance, active listening, and empathic communication, which patients frequently identify as essential to their well-being (Almutary et al., 2023). Patients often perceive neglect of their psychosocial needs when providers focus solely on clinical aspects, contributing to dissatisfaction and emotional distress (Cramm et al., 2015). Studies emphasize that building trust and therapeutic relationships is critical for fostering a sense of safety and comfort (Bayoumi & Alwakeel, 2012). Empathic communication helps patients express fears, repeated complaints, and emotional struggles without judgment (Braun & Clarke, 2006). Thus, interventions that prioritize empathy and patient-centered communication within dialysis units are necessary to ensure high-quality care.

The experience of hemodialysis also disrupts patients' roles and responsibilities within families and communities. Many patients report reduced ability to work, fulfill parenting responsibilities, or manage household duties due to the physical and psychological toll of dialysis (Horigan et al., 2013). These role disruptions often create a sense of dependency on family members, leading to guilt and frustration (Almutary et al., 2016). Patients frequently describe themselves as burdens, grieving their diminished independence (Jonasson & Gustafsson, 2017). Adapting to these changes requires resilience and collaborative family adjustment, though not all patients receive sufficient support to navigate this transition (Yang, 2017). Addressing role disruption and promoting adaptation are therefore essential components of supportive care for patients on long-term hemodialysis.

Cultural context further influences how supportive care needs are perceived and addressed. In Saudi Arabia, strong familial structures and religious practices play a central role in patient coping (Almutary, 2023). Family involvement is culturally valued, and patients often rely heavily on relatives for both emotional and practical support (Al Eissa et al., 2010). Spirituality and religious beliefs provide a critical source of strength, enabling patients to interpret illness within a framework of meaning and faith (Bayoumi & Alwakeel, 2012). However, if healthcare providers fail to acknowledge these cultural dimensions, care delivery may feel fragmented or inadequate (Cramm et al., 2015). Thus, culturally sensitive supportive care interventions that align with patients' values and beliefs are crucial in ensuring meaningful engagement and improved outcomes.

Despite the expanding body of research on hemodialysis, few studies have explicitly examined supportive care needs from the perspectives of patients in Saudi Arabia. Most prior research has focused on clinical outcomes or symptom prevalence, leaving multidimensional needs underexplored (Almutary et al., 2023). This gap hinders the development of holistic care strategies that integrate medical, psychosocial, and cultural aspects of patient well-being (Xhulia et al., 2015). Qualitative approaches are well-suited for exploring lived experiences and capturing nuanced insights into patients' needs (Braun & Clarke, 2006). By understanding these perspectives, nurses and healthcare professionals can develop interventions that are patient-centered, culturally appropriate, and sustainable (Horigan et al., 2013).

The purpose of this study is to explore the supportive care needs of people with chronic kidney failure undergoing hemodialysis in Saudi Arabia, using a qualitative approach to capture patients' perspectives across physical, psychological, social, and cultural dimensions.

Methods

Study Design

This study employed a qualitative descriptive design using semi-structured, in-depth interviews to explore the supportive care needs of individuals with chronic kidney failure undergoing hemodialysis in Saudi Arabia. A qualitative approach was chosen because it enables in-depth exploration of patients' lived experiences, perspectives, and unmet needs, which are often not captured through quantitative measures (Braun & Clarke, 2006). The design allowed participants to articulate their physical, psychological, social, and cultural concerns in their own words, providing a comprehensive understanding of their supportive care requirements.

The research team consisted of nurse researchers with prior experience in qualitative research and clinical care for patients with chronic kidney disease. Before data collection, the primary investigator introduced themselves to participants, explaining their professional background and interest in understanding patients' lived experiences, while emphasizing that participation would not affect their medical care. To enhance reflexivity, the researcher maintained a reflective journal throughout data collection and analysis to identify personal assumptions and potential biases that might influence interpretation.

Sampling and Participants

The study was conducted in a hemodialysis unit in Saudi Arabia that provides routine dialysis services to patients with chronic kidney failure. The unit was selected because it offers a stable and diverse patient population suitable for exploring varied supportive care needs.

A purposive sampling method was used to recruit participants who met the inclusion criteria: (1) aged 18 years or older, (2) diagnosed with end-stage kidney disease and undergoing hemodialysis for at least six months, (3) able to communicate in Arabic, and (4) willing to participate voluntarily. Patients receiving peritoneal dialysis, those who had undergone kidney transplantation, and individuals with significant cognitive impairment were excluded. Recruitment was facilitated through collaboration with dialysis nurses who introduced the study to potential participants. The researcher then provided detailed verbal and written information before obtaining consent.

Sampling continued until data saturation was achieved, which occurred after 14 interviews; however, two additional interviews were conducted to confirm the stability of emerging themes. Sixteen participants were ultimately included, representing a range of ages, genders, and treatment durations to ensure a variety of perspectives. No participants withdrew after enrollment, and none declined audio recording.

Data Collection

Data were collected between [insert months/year] through semi-structured, face-to-face interviews conducted by the principal investigator. An interview guide was developed based on existing literature on supportive care among hemodialysis patients (Almutary et al., 2016; Xhulia et al., 2015). Open-ended questions explored patients' perceptions of their physical, psychological, social, and cultural needs and how hemodialysis affected their daily life, emotional well-being, and family roles. Probing questions were used to encourage participants to elaborate on meaningful experiences or feelings.

Each interview lasted approximately 30–45 minutes and was conducted in a private consultation room within the dialysis unit to ensure comfort and confidentiality. With participants' consent, all interviews were audio-recorded and supplemented with field notes describing non-verbal cues, tone, and contextual observations. The researcher also documented immediate reflections after each interview to capture insights for later analysis.

All interviews were conducted in Arabic and transcribed verbatim within 24 hours of completion. Transcripts were cross-checked against audio files for accuracy and translated into English for reporting. To ensure data completeness and interpretive accuracy, member checking was performed with several participants who reviewed selected transcripts and preliminary interpretations for validation.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board (IRB) of the participating hospital prior to data collection. Participants were provided with detailed verbal and written explanations regarding the purpose, objectives, and procedures of the study, along with their rights to voluntary participation, refusal, or withdrawal at any stage without consequences to their treatment.

Written informed consent was obtained from each participant before interviews commenced. To preserve confidentiality, all transcripts were anonymized, and participants were identified only by numerical codes (e.g., P1–P16). Data were stored on password-protected computers accessible solely to the research team, and hard-copy materials were kept in locked cabinets. The researcher adhered strictly to institutional and international ethical standards governing qualitative research involving human participants.

Data Analysis

Data were analyzed using Braun and Clarke's (2006) six-step thematic analysis framework. Interviews were first transcribed verbatim and repeatedly read to ensure familiarity with the content. Initial codes were generated inductively from meaningful units of text and collated into broader patterns. Codes with shared meanings were then grouped to form potential themes that reflected recurrent experiences and needs across participants' narratives.

The analysis proceeded iteratively, moving back and forth between data and emerging interpretations to maintain alignment with participants' voices. Two members of the research team independently coded a subset of transcripts and compared results to enhance reliability. Differences were discussed until consensus was reached. Peer debriefing sessions were held regularly to refine theme definitions and ensure analytical rigor.

An audit trail documenting coding decisions, theme development, and analytical memos was maintained to enhance transparency. Qualitative data management software (e.g., NVivo 12) was used to organize and retrieve codes systematically. Data saturation was confirmed when no new codes or themes emerged in the final interviews, indicating sufficient depth of information.

Trustworthiness

The rigor of this study was ensured through adherence to Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability. Credibility was established through prolonged engagement with the data, triangulation between interview transcripts and field notes, and participant validation during member-checking. Peer debriefing among the research team provided further verification of theme consistency. Dependability was enhanced by maintaining a comprehensive audit trail of all methodological steps and decisions, allowing for replication and external review.

Confirmability was achieved by documenting reflexive notes that captured the researcher's assumptions and by demonstrating a clear linkage between raw data and the resulting themes. Transferability was supported by providing thick descriptions of the research setting, participant demographics, and sociocultural context to help readers judge the applicability of findings to similar populations. Together, these strategies strengthened the study's trustworthiness and ensured that interpretations accurately reflected the participants' lived experiences and perspectives on supportive care during hemodialysis.

Results

A total of 16 patients with chronic kidney failure undergoing hemodialysis participated in the study. Participants' ages ranged from 23 to 68 years, with a mean age of 49 years (SD ±14.9). Nine participants were male (56.3%) and seven were female (43.8%). The majority were married (75%), while the remainder were single or divorced. More than half of the participants (62.5%) had completed education beyond secondary school. All participants underwent hemodialysis three times per week, with each session lasting approximately four hours. The average duration of dialysis treatment was 3.8 years (SD ±2.8), ranging from 1 to 10 years. (See Table 1).

Table 1. Demographic and Clinical Characteristics of Participants (N=16)

Variable	n (%) / Mean ± SD
Age (years)	49 ± 14.9 (23–68)
Gender	Male: 9 (56.3%) / Female: 7 (43.8%)
Marital status	Married: 12 (75%), Single: 3 (18.8%), Divorced: 1 (6.3%)
Education level	≤ Secondary: 6 (37.5%), > Secondary: 10 (62.5%)
Years on dialysis	3.8 ± 2.8 (1–10 years)
Dialysis sessions	3 per week, 4 hours each

Thematic analysis generated four overarching themes that represent the supportive care needs of patients undergoing hemodialysis in Saudi Arabia: (1) the impact of fatigue and the need for fatigue self-management, (2) the need for family and social support, (3) psychological and emotional support from healthcare professionals, and (4) changes in role performance and the need for adaptation. Each theme is presented with supporting subthemes and illustrative quotation.

Table 2. Themes and Sub-Themes

Theme	Subtheme
1. Impact of Fatigue and the Need for Fatigue Self-Management	1.a.Rest and Sleep as Essential Needs
	1.b.Fatigue as a Barrier to Daily Activities
2. Need for Family and Social Support	2.a.Emotional Reassurance from Family
	2.b.Importance of Social Understanding and Community Support
3. Psychological and Emotional Support from Healthcare Professionals	3.a.Empathy and Attentive Listening
	3.b.Reassurance and Psychological Comfort
4. Changes in Role Performance and the Need for Adaptation	4.a.Role Disruption and Loss of Independence
	4.b.Feelings of Burden on Family Members

Theme 1: Impact of Fatigue and the Need for Fatigue Self-Management

Fatigue emerged as the most prominent challenge experienced by participants, affecting both their physical and emotional well-being. Many patients emphasized the necessity of prolonged rest and sleep following dialysis sessions, describing how their bodies felt weak and incapable of basic activities. One participant expressed, *"After the dialysis session, I need at least three or four hours of rest because my body feels weak and I cannot even pray"* (P4), while another added, *"Usually, when I come back home after dialysis, I sleep immediately and wake up the next day still feeling dizzy and tired"* (P8). Beyond rest, patients described fatigue as a major barrier to fulfilling daily tasks and family responsibilities. For example, one participant stated, *"Before hemodialysis, I managed everything at home, but now I cannot. On good days, I only manage simple tasks like folding clothes"* (P5). Another explained, *"When I feel fatigued, I cannot take care of my children properly, and this makes me feel guilty and helpless"* (P2). These findings underscore the need for structured fatigue management strategies tailored to hemodialysis patients.

Theme 2: Need for Family and Social Support

Participants consistently highlighted the critical role of family in providing emotional reassurance and practical support during their treatment journey. Emotional presence from family members was described as a vital source of comfort and relief from distress. As one participant noted, *"I need my family to ask how I feel after dialysis so that I don't feel like a burden to them"* (P6). Similarly, another participant reflected, *"Talking to my wife after dialysis reduces my sadness and helps me feel comfortable"* (P3). Social understanding and broader community support were also considered essential, helping patients cope with isolation and enhancing their resilience. For instance, one participant explained, *"I need people around me to understand my condition and to help me"* (P6), while another emphasized, *"Life would be difficult without supportive people. No one can survive alone without support"* (P11). These narratives highlight the interconnectedness of family, social networks, and patient well-being.

Theme 3: Psychological and Emotional Support from Healthcare Professionals

Another central theme was the need for greater psychological and emotional support from nurses and physicians. Participants expressed the importance of empathy and attentive listening, as repetitive complaints and concerns were often overlooked. One patient stated, *"I need nurses to listen to me, even when I repeat the same complaint each time"* (P9), and another shared, *"Sometimes I just need someone from the healthcare team to hear me out when I feel exhausted"* (P16). Reassurance from healthcare providers was also essential in alleviating fear and promoting psychological comfort. As one participant described, *"Each time I am connected to the machine, I feel scared. I need doctors to reassure me that I will be safe"* (P13). Another emphasized, *"Psychological comfort is important. I need to feel calm when I come back from dialysis because I still have responsibilities at home"* (P2). These accounts demonstrate the value patients place on compassionate communication and the integration of psychosocial care in dialysis units.

Theme 4: Changes in Role Performance and the Need for Adaptation

Finally, participants revealed that hemodialysis had significantly altered their roles within their families and communities, resulting in a loss of independence and a sense of burden. Patients reported being unable to maintain employment or carry out household responsibilities, which created frustration and feelings of inadequacy. One participant explained, *"I cannot work like before, so my wife and son became responsible for supporting the family"* (P7). Another admitted, *"Despite many years on dialysis, I still struggle to adapt to not being able to fulfill my role as a mother and housewife"* (P10). The sense of being a burden was deeply felt, as illustrated by a participant who shared, *"When I started dialysis, two of my sons had to walk me on each side like a child. I felt like a burden to them"* (P5). Similarly, another expressed, *"I cannot find work, and my family pays all my expenses. I feel that I should be the one supporting them, not the opposite"* (P15). These insights reveal the psychosocial impact of role disruption and the ongoing struggle for adaptation among patients living with long-term hemodialysis.

Discussion

This qualitative study explored the supportive care needs of patients with chronic kidney failure undergoing hemodialysis in Saudi Arabia. Four major themes were identified: the impact of fatigue and the need for fatigue self-management, the importance of family and social support, the role of healthcare professionals in providing psychological and emotional support, and changes in role performance requiring adaptation. These findings are consistent with international literature emphasizing the multidimensional challenges of living with hemodialysis, which extend beyond clinical management to encompass psychosocial and cultural domains (Xhulia et al., 2015; Jonasson & Gustafsson, 2017). By highlighting patients' perspectives, this study contributes to the growing evidence that patient-centered supportive care is essential to improving quality of life in this population.

Fatigue was the most commonly reported and distressing symptom, substantially limiting patients' daily activities and family roles. This aligns with previous findings that fatigue is one of the most prevalent symptoms among patients on chronic hemodialysis and is strongly associated with reduced physical functioning and emotional well-being (Bossola et al., 2018; Almutary et al., 2016). Participants in this study relied heavily on rest and sleep as coping strategies, reflecting limited access to structured fatigue management interventions. Previous research suggests that integrating self-management education, physical activity programs, and symptom monitoring may reduce fatigue burden and enhance daily functioning (Horigan et al., 2013; Almutary et al., 2017). Thus, nursing interventions must move beyond observation to actively address fatigue through individualized care planning.

Family and social support were also identified as crucial for coping with the challenges of hemodialysis. Participants emphasized the need for emotional reassurance, empathy, and understanding from family members to mitigate feelings of burden and isolation. Similar results have been reported in other cultural contexts, where family support has been shown to reduce psychological distress and improve adherence to treatment (Xhulia et al., 2015). In contrast, a lack of social and family engagement has been associated with increased depression and poorer quality of life (Bayoumi & Alwakeel, 2012). These findings suggest that supportive care strategies should involve family members and community networks, encouraging shared responsibility in patient care. Culturally sensitive family-centered interventions may therefore play a vital role in enhancing patient well-being.

Psychological and emotional support from healthcare professionals was another significant theme. Participants expressed a need for empathetic listening, reassurance, and counseling from nurses and physicians, highlighting gaps in current care. This resonates with evidence that anxiety and depression are highly prevalent among hemodialysis patients in Saudi Arabia, with estimates ranging from 5.6% to 44.7% (Al-Nashri & Almutary, 2022; Almutary, 2023). Healthcare providers often focus on technical aspects of dialysis while overlooking psychosocial needs, leading to patient dissatisfaction (Cramm et al., 2015). Empathic communication, active listening, and psychological assessment should be integrated into routine care, and referrals to mental health services should be offered when needed. Enhancing the therapeutic relationship between patients and healthcare providers can foster trust and promote treatment adherence.

Changes in role performance and the need for adaptation emerged as another critical dimension of supportive care needs. Many patients reported losing the ability to work or fulfill family responsibilities, resulting in feelings of guilt, dependence, and burden. These findings are consistent with previous studies indicating that hemodialysis restricts physical activity and disrupts social and family roles (Jonasson & Gustafsson, 2017; Yang, 2017). Patients' sense of identity and self-worth is often challenged, particularly when they are unable to contribute financially or perform domestic duties. Facilitating adaptive strategies, such as role negotiation within families and psychosocial support, may reduce the emotional toll of these changes. Interventions that strengthen resilience and coping mechanisms can assist patients in adjusting to long-term lifestyle disruptions.

The cultural context of Saudi Arabia significantly shapes patients' supportive care needs. Strong family structures and religious beliefs influence patients' coping strategies, as family involvement and spirituality are culturally embedded sources of strength (Al

Eissa et al., 2010; Almutary, 2023). Religious practices, such as prayer, often provide meaning and psychological comfort during illness, while familial obligations reinforce the expectation of caregiving support. However, if healthcare providers overlook these cultural dimensions, care may feel fragmented or misaligned with patient values (Bayoumi & Alwakeel, 2012). Therefore, culturally tailored supportive care interventions that acknowledge family dynamics and integrate spiritual resources are essential in this context.

The findings of this study have several implications for nursing practice and health policy. Nurses should conduct routine assessments of fatigue, psychological well-being, and family support to provide individualized, holistic care. Educational programs for families could improve awareness of patients' needs and promote supportive caregiving. Furthermore, dialysis units should integrate psychosocial interventions, including counseling services, support groups, and spiritual care, into routine practice. Despite these contributions, this study had limitations, including a small sample size and recruitment from a single dialysis center, which may limit generalizability. Future research should include diverse populations across different regions of Saudi Arabia and explore the effectiveness of tailored interventions in addressing supportive care needs..

Conclusion and Recommendation

This study explored the supportive care needs of patients with chronic kidney failure undergoing hemodialysis in Saudi Arabia. The findings revealed four key areas of need: the impact of fatigue and the necessity for fatigue self-management, the importance of family and social support, the requirement for psychological and emotional support from healthcare professionals, and the challenges of role disruption requiring adaptation. These multidimensional needs highlight that hemodialysis affects not only the physical health of patients but also their psychological well-being, social relationships, and cultural roles. Addressing these domains is essential for improving quality of life and enhancing patient-centered care. By capturing patients' perspectives, this study underscores the importance of integrating supportive care into routine dialysis management. Interventions that go beyond clinical treatment to include psychosocial, familial, and cultural dimensions are vital in ensuring holistic care delivery. The study contributes valuable insights that can inform healthcare providers, policy makers, and nursing professionals in tailoring services that meet the complex needs of this population.

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Declaration of conflict of interest

The authors declare no competing interests.

Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

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