CULTIVATING A POSITIVE MINDSET IN HEMODIALYSIS PATIENTS: A PHENOMENOLOGICAL STUDY AND ITS IMPLICATIONS FOR HEALTH EDUCATION

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ABSTRACT
Hemodialysis is a vital therapy for patients with end-stage chronic kidney disease (CKD), yet it often imposes significant psychological and social burdens, including stress, depression, and a diminished sense of autonomy. While prior studies have highlighted the benefits of fostering a positive mindset in chronic care, little is known about the internal processes through which patients cultivate such resilience. This study aims to explore the lived experiences of hemodialysis patients in developing a positive mindset and to analyze its role in enhancing their quality of life. Using a qualitative research design with a descriptive phenomenological approach, data were collected through in-depth, semi-structured interviews with ten purposively selected patients at Blambangan Hospital, Indonesia. Data were analyzed using Colaizzi's method, ensuring rigorous and participant-centered thematic extraction. The findings revealed four interrelated themes: (1) awareness and self-acceptance, reflecting emotional transition from denial to constructive adaptation; (2) family support, both emotional and practical, which bolstered motivation and treatment adherence; (3) trust in medicine and spiritual engagement, which helped patients find inner peace and existential meaning; and (4) focus on controllable aspects of daily life, enabling self-regulated health behavior and increased agency. These themes converged into a holistic framework where psychological, social, and spiritual domains interacted synergistically to build resilience and foster emotional well-being. This study underscores the importance of integrating cognitive-behavioral interventions, family involvement, and spiritual support within hemodialysis care. It also offers insights for educational institutions to reform health curricula and for healthcare systems to adopt interdisciplinary, patient-centered approaches. Future research should explore comparative and longitudinal studies to assess the effectiveness of psychological and spiritual interventions across cultural and religious contexts in chronic care populations.

Keywords: cognitive behavioral therapy, hemodialysis, positive mindset, psychological resilience, phenomenology

INTRODUCTION

Hemodialysis is a primary therapy for patients suffering from end-stage chronic kidney disease (CKD), functioning as a substitute for impaired kidney activity in filtering waste and excess fluids from the blood (Hastantia, 2014). While this procedure extends patients' lives, it also imposes a substantial burden on their physical, psychological, and social wellbeing. Patients must adjust to long-term medical dependency, strict lifestyle changes, and limitations in daily functioning. Studies have shown that individuals undergoing hemodialysis are prone to emotional challenges such as stress, depression, and anxiety (Dwi Miharja et al., 2021; Mailani, 2024; Mayang, 2022). Despite the severity of these issues, psychological aspects of care often remain underprioritized in comparison to biomedical treatments (Silaen, 2018; Flythe et al., 2021).

The primary problem lies in the inadequate integration of psychological support in routine hemodialysis care. Although the physiological dimensions of CKD are addressed through clinical protocols, there is a persistent gap in recognizing the psychosocial and emotional resilience required to live with a chronic condition (Chen et al., 2010). As a general solution, health researchers and clinicians advocate for a holistic

approach that encompasses not only physical treatment but also psychological reinforcement, including mindset transformation to enhance adaptability and mental endurance (Mailani, 2024; Bujang et al., 2015).

Health psychology introduces the concept of a "positive mindset" as a cognitive-emotional state that helps individuals focus on solutions, maintain optimism, and cope effectively with chronic stressors (Putanta, 2016; Snyder, 2002). Numerous studies support the role of positive mindset in improving patient resilience, promoting treatment adherence, and reducing emotional distress (Silaen, 2019; Corey, 2013). Cognitive Behavioral Therapy (CBT), in particular, is widely cited as an effective psychotherapeutic intervention that enhances patients' cognitive awareness and emotional regulation (Elon, 2019; Beck, 2011). Furthermore, research suggests that the involvement of family and social support systems significantly bolsters psychological well-being among hemodialysis patients (Cinar et al., 2009; Patel et al., 2022).

While past research has highlighted the benefits of positive mindset and social support in managing chronic illness, few studies explore the internal, subjective experiences of hemodialysis patients in cultivating and sustaining such a mindset. Most findings rely on quantitative measures, overlooking qualitative narratives that could illuminate the psychological transformation patients undergo (Salsabilla, 2024). In recent studies, the need for narrative-based exploration of chronic illness coping strategies has been emphasized to complement evidence-based interventions (Tong et al., 2009; Zhang et al., 2020). This gap in the literature underlines the necessity of employing phenomenological approaches to better understand how patients perceive, construct, and maintain positivity in the face of adversity.

This study aims to explore the lived experiences of hemodialysis patients in developing a positive mindset and to analyze its impact on their quality of life. The novelty of this research lies in its phenomenological design, which provides a rich, in-depth understanding of the subjective psychological processes often omitted in standard clinical evaluations. The study also offers a practical justification by recommending the integration of structured psychological interventions—such as mindset training and CBT—within hospital-based hemodialysis care. The scope of the research is centered on adult patients undergoing routine dialysis therapy, with attention to their personal narratives, psychological strategies, and social support dynamics.

METHOD

Research Design and Approach

This study employed a qualitative research design using a descriptive phenomenological approach, aiming to capture and interpret the lived experiences of hemodialysis patients in developing and sustaining a positive mindset amidst their chronic health condition. Phenomenology, rooted in the philosophical work of Edmund Husserl, seeks to uncover the essence of human experience as it is subjectively lived (Creswell, 2013). The focus of this study is not to test pre-existing theories, but rather to explore how patients themselves perceive, construct, and navigate psychological resilience in the context of long-term medical dependency. A descriptive phenomenology was selected to allow the researcher to set aside personal biases and theoretical assumptions (through bracketing) and concentrate solely on describing the essence of the participants' experiences as conveyed through their narratives (Giorgi, 2009; van Manen, 2014). This methodological choice was particularly appropriate given the need to explore emotional, cognitive, and social phenomena that may not be fully captured through quantitative or theory-laden frameworks.

Research Site and Participants

The research was conducted at Blambangan Hospital, Banyuwangi, East Java, Indonesia. The hospital serves as a referral center with a specialized unit for hemodialysis treatment, providing regular therapeutic support to patients with end-stage chronic kidney disease (CKD). The setting was selected due to its

established hemodialysis program and diverse patient demographic, which offered a rich context for exploring subjective illness experiences.

Participants were selected using purposive sampling, which is a non-random technique often used in qualitative studies to select individuals based on their knowledge, experience, and relevance to the research topic (Miles et al., 2014; Patton, 2015). The inclusion criteria were as follows: Adults aged 18 years or older; Diagnosed with chronic kidney disease and undergoing routine hemodialysis therapy for a minimum of 6 months; Willing to provide informed consent and participate voluntarily in the study; Capable of verbal communication and able to express personal experiences clearly; Demonstrating cognitive awareness and not under acute distress or psychiatric conditions that would hinder meaningful interaction. The final sample consisted of 10 participants (6 males and 4 females), reflecting diversity in age, education, and duration of treatment. Saturation was achieved when no new thematic patterns emerged from the interviews, indicating sufficient depth and richness of data.

Data Collection Procedures

Data were gathered through in-depth, semi-structured interviews, allowing participants to express their thoughts, emotions, and coping strategies freely, while enabling the researcher to probe for deeper insights when necessary (Bogdan & Biklen, 2007). Interviews were guided by open-ended questions such as: “Can you describe your experience since you began hemodialysis treatment?”; “What does having a positive mindset mean to you?”; “How do you maintain motivation and optimism in your daily life?”; “What role do your family, friends, or medical staff play in supporting your outlook?”. Each interview lasted approximately 45–60 minutes, and was conducted in a private consultation room at the hospital to ensure comfort and confidentiality. All interviews were audio-recorded with the participants’ permission and subsequently transcribed verbatim for analysis. Field notes were also taken to document non-verbal expressions, environmental context, and the researcher’s reflections during each session. This helped triangulate and enrich the data for more accurate interpretation (Miles et al., 2014).

Data Analysis

Data analysis followed Colaizzi’s (1978) method of phenomenological interpretation, which is widely recognized for its systematic, rigorous, and participant-centered approach. The seven steps of Colaizzi's method used in this study included: 1) Familiarization: The researcher read each transcript multiple times to immerse in the data and obtain a holistic sense of the participants’ experiences. 2) Extracting Significant Statements: Phrases or sentences that directly pertained to the development of a positive mindset were identified and isolated from each transcript. 3) Formulating Meanings: The researcher formulated meanings from these significant statements while bracketing personal assumptions and theoretical preconceptions. 3) Clustering Themes: Related meanings were grouped into clusters of themes that reflected common psychological and emotional processes among participants, such as “resilience through faith,” “support system as foundation,” and “finding purpose in illness.” 5) Developing Exhaustive Descriptions: An integrated, rich narrative of participants’ collective experience was constructed from the thematic clusters. 6) Producing the Fundamental Structure: The essence of the phenomenon—how hemodialysis patients experience and sustain a positive mindset—was synthesized into a core structural description. 7) Validation by Participants: Participants were invited to review the findings to ensure that their experiences had been accurately and authentically represented. This step, often termed member checking, was crucial for maintaining credibility and ethical transparency.

Trustworthiness and Rigor

To ensure validity and reliability in qualitative research, several criteria of trustworthiness were addressed (Lincoln & Guba, 1985): Credibility: Achieved through prolonged engagement with participants,

triangulation via field notes and member checking, and consistent bracketing throughout analysis. Transferability: Rich descriptions of participants' context and experiences were provided to enable readers to assess the applicability to other settings. Dependability: An audit trail was maintained, including interview guides, transcripts, field notes, and coding frameworks. Confirmability: The researcher's subjectivity and potential biases were documented through reflexive journaling, ensuring findings emerged from participants' voices, not the researcher's assumptions.

Ethical Considerations

This study was conducted in accordance with ethical guidelines for research involving human subjects. Ethical clearance was obtained from the Hospital Research Ethics Committee at Blambangan Hospital. Participants were provided with an informed consent form that detailed the purpose of the research, procedures, confidentiality assurances, and their right to withdraw at any time without consequences. All identifying information was anonymized in the transcription process. The recorded data were securely stored in password-protected digital files accessible only to the principal researcher. During the research process, emotional distress was monitored, and participants were offered psychological counseling referrals if necessary.

Reflexivity

Given the subjective nature of phenomenological research, the researcher engaged in reflexivity throughout the study. Reflective memos were kept to monitor assumptions, manage positionality, and ensure transparency. Being aware of the potential influence of personal experience and background in psychology, the researcher employed bracketing techniques prior to and during the analysis to maintain objectivity and openness to participants' authentic voices (Finlay, 2009).

RESULTS AND DISCUSSION

This study aimed to deeply explore the lived experiences of hemodialysis patients in developing a positive mindset as a strategy for coping with chronic illness. Using a descriptive phenomenological approach and Colaizzi's method of data analysis, four main themes consistently emerged from the participants' narratives. This section elaborates on these findings through a critical dialogue with previous literature while discussing their significance within clinical, psychosocial, and health policy contexts.

Awareness of Conditions and Self-Acceptance

Most participants described their experiences as a journey from emotional denial to the eventual acceptance of their chronic medical condition. This process was not instantaneous but rather developed through the continuous interaction between personal reflections, medical treatment, and social support. As one participant stated: "At first I couldn't accept it… But after undergoing therapy often, I realized there was no point in continuing to blame myself. I have to keep living for the family." (Kurnia, 2024). Self-acceptance marked a pivotal turning point in building psychological stability. Patients who accepted their condition were better able to redirect their energy toward managing daily life more productively. These findings align with health psychology theory, which identifies self-acceptance as an essential component of healthy coping mechanisms (Dwi Miharja et al., 2021). The process also reflects the framework of Cognitive Behavioral Therapy (CBT), in which patients are encouraged to identify and reframe negative thought patterns with more rational and constructive perspectives (Corey, 2013; Khofifah et al., 2023). In chronic illness contexts, acceptance does not imply passivity but rather represents an active form of adaptation. Bandura (1997) refers to this as self-efficacy—the belief in one's ability to manage challenging situations.

Family Support as a Source of Strength

Family support was a central theme across all participant narratives. This support was both emotional and practical, such as assisting with hospital visits, preparing appropriate meals, and providing daily motivation. “My family always said I had to be strong. They helped me take care of my diet and take me to the hospital, so I didn’t feel alone.” (Anas, 2024). Patients who felt cared for by their families demonstrated higher motivation to attend treatment regularly and were less likely to experience emotional breakdowns. These findings support research by Silaen (2019) and Patel et al. (2022), which emphasize that social support—especially from family—correlates positively with quality of life in chronic illness patients. The family plays a dual role: providing emotional comfort and serving as a facilitator of medical routines. Cinar et al. (2009) also noted that the presence of a support system strengthens patients' cognitive processes in developing a positive mindset and accelerates adaptation to challenging circumstances.

Belief in the Role of Medicine and Spirituality

Trust in healthcare professionals and spiritual beliefs often appeared together in participants’ narratives. Many shared that their mental calmness stemmed from following doctors' advice in tandem with routine prayer and religious reflection. “I believe the doctor is the best for me. In addition, I also prayed diligently, feeling calmer afterwards.” (Fathur, 2024). Mayang (2022) and Agustina et al. (2023) emphasized the importance of spirituality in supporting patients’ mental health. Spirituality plays a vital role in the meaning-making process, helping patients reframe suffering not as punishment but as part of a greater life challenge. Furthermore, the integration of spirituality into hospital care systems has been shown to enhance patient satisfaction and reduce depression rates (Koenig, 2012). These findings underscore the importance of holistic approaches that combine medical, psychological, and spiritual interventions in clinical practice.

Focus on Controllable Aspects of Life

Patients who developed a positive mindset tended to focus on elements of life within their control, such as following a healthy diet, engaging in light exercise, and maintaining regular therapy appointments. “I don’t want to think about bad things. The important thing is that I do what I can do, like eat healthy and stay motivated.” (Anonymous, 2024). This finding closely relates to self-regulation theory and the concept of locus of control. Individuals who perceive that they can control certain aspects of their lives are generally more psychologically resilient (Rotter, 1966; Bandura, 1997). In the context of hemodialysis patients, focusing on controllable actions helps rebuild confidence and provide daily purpose.

Thematic Integration: Interplay of Psychological, Social, and Spiritual Domains

The four major themes identified in this study—self-acceptance, family support, trust in medicine and spirituality, and focus on controllable aspects—do not exist in isolation. Rather, they are deeply interwoven, forming an integrated thematic framework that explains how a positive mindset is cultivated and sustained by hemodialysis patients. This framework is anchored in the dynamic interplay of three essential domains: psychological, social, and spiritual. The synergy between these domains forms a holistic support structure that reinforces resilience, meaning-making, and emotional stability in the face of chronic illness. At the core of the psychological domain is self-acceptance, which plays a pivotal role in how patients perceive and manage their condition. The process of accepting a chronic diagnosis like end-stage renal disease often begins with emotional turbulence—grief, denial, or anger—but gradually transforms into psychological adaptation through meaning reconstruction. Psychological flexibility and the ability to reframe distressing thoughts have been shown to predict better emotional outcomes in patients with chronic illness (Duarte & Pinto-Gouveia, 2016). This aligns with the cognitive restructuring principle in Cognitive Behavioral Therapy (CBT), which enables patients to challenge irrational beliefs and replace them with more constructive perspectives (Beck, 2011).

In this study, patients who reached a level of acceptance were more likely to exhibit behavioral control—adhering to treatment, maintaining dietary discipline, and engaging in self-care routines. These behaviors are part of a self-regulatory mechanism that fosters agency and prevents feelings of helplessness. According to Bandura's theory of self-efficacy, individuals who believe in their ability to exert control over their lives are more likely to persist through adversity (Bandura, 1997). The social domain functions as an emotional and logistical safety net. Patients often cited the crucial role of family support in reducing feelings of isolation and encouraging treatment adherence. Emotional validation from family members enhanced their sense of self-worth, while practical assistance—transportation to dialysis, help with meals—reduced the burden of care. Social support is widely acknowledged as a buffer against stress and a promoter of psychological well-being, especially in populations with chronic illness (Uchino, 2006). Moreover, this domain extends beyond the nuclear family. Relationships with peers in the dialysis unit or spiritual communities also serve as sources of encouragement and shared understanding. Such community bonds not only promote compliance with treatment but also facilitate the exchange of coping strategies. The third pillar—spirituality—offers existential grounding and promotes emotional resilience. Patients in this study who maintained regular religious practices or spiritual reflections described feeling calmer and more hopeful. Spirituality allows patients to assign meaning to their suffering and transform it into a source of personal growth. Studies have shown that spiritual well-being is associated with reduced depression and enhanced quality of life in individuals undergoing hemodialysis (Tanyi et al., 2006). Trust in divine will and the presence of a transcendent purpose were mentioned as anchors that helped patients maintain a sense of peace despite physical decline. Importantly, this sense of peace often translated into greater emotional acceptance and interpersonal compassion, further strengthening their social ties.

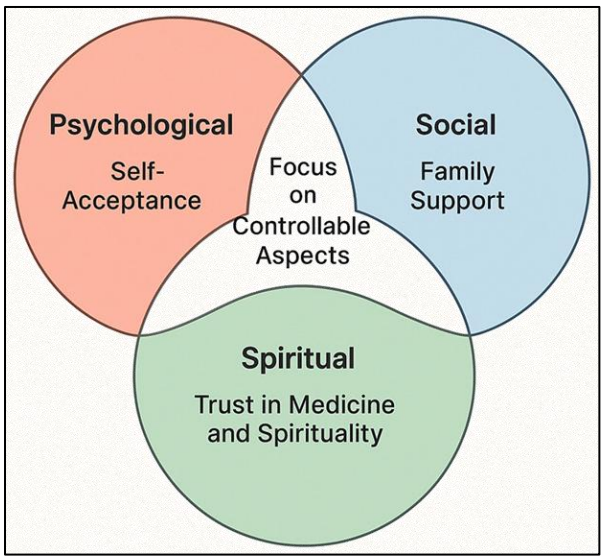

Figure 1. Interplay of Psychological, Social, and Spiritual Domains

These three domains—psychological, social, and spiritual—do not operate in silos. Instead, they mutually reinforce one another. Psychological stability enhances the capacity to form and maintain supportive social relationships. Social support, in turn, encourages patients to stay engaged with spiritual practices. Spiritual insight can lead to greater emotional regulation, feeding back into psychological balance. This triadic synergy creates a robust framework for mental resilience and serves as a protective factor against the emotional toll of chronic disease. By understanding this interconnected model, healthcare providers can better tailor interventions that address all three dimensions—psychological counseling,

family involvement programs, and spiritual care—thereby supporting a truly holistic approach to patient well-being.

Implications in Education

The findings of this study, though rooted in the clinical experiences of hemodialysis patients, offer profound implications for the field of education—particularly in health education, professional development, and interdisciplinary curriculum design. The emphasis on a holistic model of care that integrates psychological, social, and spiritual support reveals a critical gap in the way health professionals are traditionally educated and trained. Bridging this gap requires targeted changes in educational practices and policies at both institutional and systemic levels. 1) Integrating Psychosocial and Spiritual Dimensions in Health Curriculum. Traditional medical and nursing education has historically prioritized biomedical knowledge, often at the expense of psychosocial competencies. However, this study underscores the indispensable role of mental health, family dynamics, communication skills, and spirituality in patient resilience. Therefore, curriculum reform in medical and nursing schools should include mandatory coursework in health psychology, pastoral/spiritual care, and communication studies. Students must be exposed to models of care that go beyond disease treatment to include narrative medicine, empathetic listening, and culturally sensitive counseling. Incorporating case studies like those in this research—real narratives of patients navigating chronic illness—into coursework will not only humanize abstract theories but also improve future professionals' capacity to engage with patients holistically. Simulation-based training that allows students to role-play as both caregiver and patient can further enhance understanding of the emotional and spiritual dimensions of care. 2) Continuing Professional Development for Practitioners. For practitioners already in the field, the study reveals the need for continuing professional development (CPD) programs that focus on empathy, interprofessional collaboration, and psychological screening. Nurses, doctors, and allied health professionals should be trained to recognize early signs of emotional distress in patients and refer them to appropriate support services. These CPD programs can also be expanded to include mindfulness training, burnout prevention strategies, and family engagement workshops, enhancing practitioners' own mental resilience while improving patient outcomes. 3) Interdisciplinary and Community-Based Educational Collaborations. The study also highlights the need for interdisciplinary educational frameworks that foster collaboration between healthcare educators, psychologists, social workers, and theologians. Schools of medicine and public health should create platforms where students from diverse disciplines can co-learn, co-research, and co-develop community interventions aimed at improving psychosocial health. This interdisciplinary education can prepare future leaders to design, implement, and evaluate community-based psychosocial programs, especially in low-resource or culturally diverse settings. Partnerships between universities and local hospitals—such as service-learning programs or clinical internships—can also be enriched by involving students in real-world interventions that include counseling, patient education, and spiritual care. Such exposure nurtures practical empathy, cultural competence, and systemic thinking, which are essential attributes in today's complex healthcare landscape. 4) Research-Based Educational Innovation. Finally, the recommendations for future research provided by the study (e.g., on CBT, religious coping, and longitudinal support systems) offer multiple entry points for educational research. Educators and graduate students can design research projects, theses, or dissertations that examine the educational implications of psychosocial care, exploring how training affects caregiver behaviors, patient outcomes, or system-wide healthcare delivery.

CONCLUSION

This study aimed to explore the subjective experiences of hemodialysis patients in developing a positive mindset and to analyze its impact on their quality of life. Using a descriptive phenomenological approach, the study sought to uncover the deeper meaning of psychological resilience built by patients in confronting

physical limitations, emotional stress, and the demands of end-stage chronic kidney disease. The research specifically focused on how patients interpret, construct, and maintain a positive mindset as an adaptive strategy in the face of long-term treatment.

The findings revealed that the development of a positive mindset among hemodialysis patients was supported by four interrelated themes, Patients experienced a transition from denial to acceptance of their chronic condition, which enabled healthier emotional regulation and psychological adjustment; Emotional and practical involvement from family members significantly increased patients' motivation to comply with treatment and provided a sense of hope; A combination of trust in healthcare providers and spiritual calmness formed a foundation of optimism and inner peace, which helped patients face ongoing medical procedures; Patients concentrated their energy on actions within their control—such as maintaining a healthy diet, engaging in light physical activity, and adhering to therapy schedules—helping them regain a sense of agency over their lives. These four themes illustrate the internalization process of a positive mindset as the result of intersecting psychological, social, and spiritual factors that mutually reinforce one another.

This study makes significant contributions in three main areas: 1) The study expands current understanding of health psychology theory and the application of Cognitive Behavioral Therapy (CBT) within the Indonesian context, particularly among hemodialysis patients. The findings enrich the literature by employing a phenomenological approach that captures the subjective dimensions of patient survival strategies—elements often overlooked in quantitative studies. 2) The study provides an empirical foundation for integrating psychological interventions—especially CBT-based approaches—into chronic patient care programs in hospitals. The results support the development of psychosocial support services such as counseling, family education, and spiritually integrated care as essential components of routine medical practice. 3) This study proposes a conceptual model grounded in patients' real-life experiences, which can serve as a reference for hospitals in formulating policies on holistic care. For Blambangan Hospital and similar institutions, the findings suggest the importance of staff training in empathetic communication, basic psychological screening, and strengthening patient community support as part of a patient-centered care system. Overall, this study affirms that building a positive mindset is not merely an individual psychological effort but a product of interconnected social, spiritual, and medical processes. By understanding and supporting this process comprehensively, healthcare services can assist hemodialysis patients not only in surviving but also in leading more meaningful and improved lives.

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