Navigating Life with Peritoneal Dialysis: A Phenomenological Inquiry

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ABSTRACT

Peritoneal dialysis is a home-based renal replacement therapy commonly utilized by patients with chronic kidney disease and end-stage kidney disease as an alternative to hemodialysis. While peritoneal dialysis provides greater flexibility and independence in managing treatment, patients continue to encounter various physical, emotional, psychological, social, and financial challenges throughout their treatment journey. Despite the increasing utilization of peritoneal dialysis, there remains a need to explore the lived experiences of patients undergoing this therapy to gain a deeper understanding of their experiences, adaptations, coping mechanisms, and life transformations. This qualitative study explored the lived experiences of patients undergoing peritoneal dialysis in Cotabato City during the second quarter of 2026. Eight (8) informants participated in the study through in-depth face-to-face interviews. Colaizzi's phenomenological method was used to analyze the data. The findings revealed five major themes: (a) Beginning the Journey: Facing Uncertainty in Peritoneal Dialysis, (b) Navigating the Challenges of Peritoneal Dialysis, (c) Finding Strength Along the Journey, (d) Rediscovering Life Through Peritoneal Dialysis, and (e) Living Beyond Dialysis: Finding Meaning Through the Journey. The findings highlight the dynamic process through which informants navigated uncertainty, adapted to the demands of treatment, drew strength from personal and social resources, rediscovered meaning in everyday life, and ultimately found purpose beyond dialysis. The study provides implications for nursing practice, nursing management, patient education, and future qualitative research to enhance holistic and patient-centered care for individuals undergoing peritoneal dialysis.

Keywords: Colaizzi Phenomenology; Lived Experiences; Navigating Life; Peritoneal Dialysis; Chronic Kidney Disease; Patient-centered Care

INTRODUCTION

Chronic kidney disease (CKD) is a major global health concern that contributes substantially to morbidity, mortality, and declining quality of life. Characterized by the progressive and irreversible loss of kidney function, CKD commonly results from chronic conditions such as diabetes mellitus and hypertension and often requires lifelong management to delay disease progression (World Health Organization, 2023). As the disease advances to end-stage renal disease (ESRD), renal replacement therapy becomes essential for survival. Although kidney transplantation remains the preferred treatment, limited donor availability, high costs, and strict eligibility criteria make dialysis the primary treatment option for many patients (Kidney Disease: Improving Global Outcomes, 2013; National Kidney Foundation, 2022). Among the available modalities, peritoneal dialysis offers greater flexibility by allowing treatment at home, enabling patients to maintain a degree of independence while assuming greater responsibility for their daily care. Despite these advantages, peritoneal dialysis requires strict adherence to aseptic techniques, fluid and dietary restrictions, and continuous self-management, making the treatment physically demanding and emotionally challenging. Previous studies have shown that patients receiving dialysis often experience psychological distress, lifestyle disruption, and difficulties in adjusting to the

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long-term demands of treatment (Nephrology Nursing Journal, 2014).

Living with peritoneal dialysis extends beyond the management of physical symptoms and profoundly influences patients' emotional, psychological, social, and family lives. Daily dialysis exchanges, treatment adherence, and the constant risk of infection require individuals to reorganize their routines while coping with uncertainty, financial burden, and changing social roles. These challenges may be further intensified in low-resource settings where access to healthcare services, transportation, and treatment-related supplies is limited. Although international studies have explored the psychosocial experiences of individuals undergoing dialysis, qualitative evidence describing the lived experiences of Filipino patients receiving peritoneal dialysis remains limited, particularly in Mindanao and government healthcare settings where socioeconomic and environmental realities differ considerably from those reported in high-income countries (Department of Health Philippines, 2020). Based on the researcher's clinical experience in a peritoneal dialysis unit, patients demonstrated varying levels of adaptation as they balanced treatment demands with family responsibilities, employment, and everyday activities. While some gradually developed resilience and acceptance, others struggled with fear, uncertainty, emotional distress, and the burden of sustaining lifelong treatment. These observations highlight the need to understand how patients make sense of their experiences within their own social, cultural, and healthcare contexts.

Guided by the principles of the United Nations Sustainable Development Goal 3 on Good Health and Well-Being (United Nations, 2015), this phenomenological study explored the lived experiences of patients undergoing peritoneal dialysis to gain a deeper understanding of how they adapt emotionally, psychologically, and socially while living with chronic kidney disease. By giving voice to patients' personal narratives, the study moves beyond the biomedical perspective of dialysis and captures the meanings individuals attribute to their everyday experiences. The findings are expected to contribute to the delivery of more compassionate, holistic, and patient-centered nursing care by providing healthcare professionals with insights into the realities, challenges, coping strategies, and support needs of patients receiving long-term peritoneal dialysis. Furthermore, the study offers contextual evidence that may guide the development of nursing interventions and supportive healthcare programs responsive to the needs of patients undergoing home-based renal replacement therapy.

Atheoretical Stance

In qualitative research, it was important for the researcher to approach the study with an open mind. This involved temporarily setting aside existing theories, models, or conceptual frameworks during the initial stage of the investigation. Doing so allowed the researcher to focus on the participants' actual experiences and perspectives without being influenced by prior assumptions derived from existing literature or theoretical perspectives.

In this study, the researcher adopted an atheoretical stance to gain a deeper understanding of the lived experiences and perspectives of the informants. Rather than being guided by a predetermined theoretical framework at the outset, the researcher allowed ideas, meanings, and themes to emerge naturally from the participants' narratives. This approach helped ensure that the findings were grounded in the informants' actual experiences rather than the researcher's preconceived expectations (Creswell & Poth, 2018).

Philosophical Stance of the Study

Every qualitative research study is guided by philosophical assumptions that shape how knowledge is understood, generated, and interpreted. These assumptions influenced the manner in which the researcher collected, analyzed, and interpreted the data. According to Creswell (2013), qualitative inquiry is guided by five philosophical assumptions: ontology, epistemology, axiology, methodology, and rhetoric.

Ontology. Ontology refers to the researcher's view of reality. In qualitative research, reality is considered subjective, recognizing that individuals experience and interpret the same phenomenon differently. In this study, each informant was recognized as having unique experiences and perspectives regarding peritoneal dialysis. These individual realities collectively contributed to a richer and more comprehensive understanding of the phenomenon under investigation (Creswell, 2013). The informants were encouraged to openly share their

personal experiences without being influenced by predetermined interpretations. Each narrative was treated as equally valuable and meaningful, allowing the study to capture the depth and diversity of the lived experiences of patients undergoing peritoneal dialysis.

Epistemology. Epistemology concerns how knowledge is acquired. In qualitative research, knowledge is developed through meaningful interaction between the researcher and the informants, emphasizing understanding through direct engagement (Polit & Beck, 2021). In this study, knowledge was obtained through face-to-face, in-depth interviews in which the informants openly shared their experiences, thoughts, and emotions. The researcher established rapport, listened attentively, and used open-ended questions to encourage rich descriptions of their lived experiences. This interactive process allowed meaning to be co-constructed between the researcher and the informants, thereby facilitating a deeper understanding of the phenomenon.

Axiology. Axiology pertains to the role of values and the recognition of potential researcher bias throughout the research process. Qualitative researchers acknowledge that personal beliefs and experiences may influence the conduct of the study and therefore practice continual self-awareness and reflection (Creswell & Poth, 2018). Throughout the study, the researcher practiced reflexivity by continuously examining personal assumptions during data collection and analysis. Reflective journaling and field notes were maintained to ensure that the voices of the informants remained central to the interpretation of the findings. These strategies enhanced the credibility of the study by ensuring that the findings accurately reflected the participants lived experiences.

Methodology. Methodology refers to the overall process used in conducting the study. Qualitative research employs flexible methods that allow for an in-depth exploration of participants' experiences and the meanings they attribute to those experiences (Creswell, 2013).

In this study, data were gathered through in-depth face-to-face interviews and analyzed using Colaizzi's phenomenological method. The analytical process involved transcription, repeated reading of the narratives, extraction of significant statements, formulation of meanings, clustering of themes, exhaustive description, and validation of the findings. This approach was appropriate because phenomenology seeks to understand and describe the essence of individuals lived experiences.

Rhetoric. Rhetoric refers to the manner in which language is used to communicate and present the participants lived experiences. In qualitative research, language plays a vital role in conveying meaning while preserving the authenticity of participants' narratives (Creswell, 2013).

In this study, the informants' own words were incorporated into the presentation of the findings to preserve the authenticity of their experiences. The results were presented using clear, respectful, and scholarly language that accurately represented the realities of patients undergoing peritoneal dialysis while avoiding unnecessary technical terminology that might alter the intended meaning of their narratives.

Domains of Inquiry

This study explored the lived experiences of patients undergoing peritoneal dialysis who resided in Cotabato City and to examine the implications of their experiences for nursing care management:

Specifically, the study was guided by the following research questions:

1. How was patient overcrowding experienced by nurses in the emergency department? How was peritoneal dialysis experienced by the patients?

2. What was the meaning or essence of their lived experiences?

3. What implications for nursing practice, policy, education, and research could be proposed based on the findings of the study?

RESEARCH METHODOLOGY

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Design. This study employed a descriptive phenomenological design grounded in the philosophy of Edmund Husserl to explore the lived experiences of patients undergoing peritoneal dialysis. Descriptive phenomenology seeks to understand and describe how individuals consciously experience a phenomenon while setting aside the researcher's prior assumptions through bracketing or epoché (Moustakas, 1994). This approach was appropriate because the study aimed to capture the essence of living with peritoneal dialysis from the perspectives of the patients themselves rather than to explain or interpret their experiences. Through in-depth interviews, the study explored participants' perceptions, emotions, coping strategies, and daily adjustments associated with long-term dialysis, allowing the phenomenon to emerge from their own narrative.

Locale. This study was conducted among adult patients undergoing peritoneal dialysis residing in Cotabato City, Philippines.

Informants. This study included eight (8) informants who were undergoing peritoneal dialysis.

Sampling Design. This study utilized snowball sampling; a non-probability sampling technique commonly employed in qualitative research. In this approach, the initial informants who met the inclusion criteria referred other individuals who were likewise undergoing peritoneal dialysis and were willing to participate in the study. This sampling technique was appropriate because it enabled the researcher to reach individuals within the community who shared lived experiences relevant to the phenomenon under investigation.

Inclusion Criteria and Exclusion Criteria. Informants included in the study were adult patients aged 18 years and above who were currently undergoing peritoneal dialysis and had received treatment for at least three (3) months to ensure sufficient experience with the phenomenon. They were cognitively competent, of sound mind, and physically capable of participating in the interview process. Furthermore, the informants voluntarily agreed to participate in the study and signed the informed consent form prior to data collection.

Patients were excluded from the study if they were critically ill or medically unstable during the period of data collection, as their condition might have prevented them from participating in the interview. Individuals with cognitive impairment or severe psychological conditions that could affect their ability to provide clear and accurate descriptions of their lived experiences were likewise excluded. Patients who declined participation or withdrew their consent at any stage of the study were not included.

Instrument. The researcher served as the primary research instrument by directly gathering, interpreting, and understanding the lived experiences of the informants. The researcher facilitated the interviews, established rapport, and used probing questions to obtain rich, detailed, and meaningful narratives. This approach provided the flexibility necessary to explore the lived experiences of the informants while ensuring that their voices were authentically represented throughout the study (Creswell & Poth, 2018).

To support the data collection process, a semi-structured interview guide was utilized. Semi-structured interviews are appropriate for phenomenological research because they provide a flexible framework that allows informants to openly describe their experiences while ensuring that essential topics relevant to the study are explored. The interview guide consisted of open-ended questions designed to elicit the informants lived experiences with peritoneal dialysis, including their daily routines, emotional responses, coping strategies, and lifestyle adjustments. The interview guide also included probing questions that were used whenever clarification or elaboration was needed. These follow-up questions enabled the researcher to obtain deeper insights while maintaining the natural flow of the conversation.

Prior to data collection, the interview guide was reviewed by experts in nursing and research to ensure the clarity, relevance, and appropriateness of the questions. Necessary revisions were made based on their recommendations. To accommodate the informants' language preferences, the interview guide was translated into the local language commonly spoken by the informants. This ensured that they fully understood each question and were able to express their experiences comfortably, naturally, and accurately.

Data Gathering Procedures. Prior to data collection, approval of the research proposal was obtained from the university, followed by ethical clearance from the Institutional Review Board to ensure compliance with ethical

standards and the protection of participants' rights, safety, and welfare. The semi-structured interview guide underwent expert validation to establish its clarity, relevance, and appropriateness, and necessary revisions were incorporated based on their recommendations. Initial participants were identified through community referrals, after which snowball sampling was employed to recruit additional eligible patients undergoing peritoneal dialysis in Cotabato City.

Eligible participants were personally invited to take part in the study. The researcher explained the purpose of the study, the voluntary nature of participation, confidentiality measures, and the participants' right to withdraw at any time before obtaining written informed consent. Individual in-depth interviews were conducted in private and convenient locations selected by the participants, such as their residences or other mutually agreed venues, to promote comfort and privacy. Each interview lasted approximately 30 to 60 minutes and was audio-recorded with permission. Open-ended questions and probing techniques were used to encourage participants to provide rich descriptions of their lived experiences. Data collection continued until data saturation was achieved, with no new meanings or themes emerging from subsequent interviews.

Following the interviews, all audio recordings were transcribed verbatim and carefully reviewed for accuracy against the original recordings. The transcripts were analyzed using Colaizzi's phenomenological method to identify significant statements, formulate meanings, cluster related themes, and develop the essential structure of the phenomenon. The findings were supported with verbatim quotations to preserve the authenticity of the participants' voices. Throughout the study, all recordings, transcripts, and research documents were securely stored to maintain confidentiality and were scheduled for permanent destruction after the completion of the study in accordance with institutional data retention policies and ethical guidelines.

Data Analysis. The interview data were analyzed using Colaizzi's seven-step phenomenological method, a systematic and rigorous approach widely used in descriptive phenomenological research to explore and describe individuals lived experiences (Wirihana et al., 2018). Audio-recorded interviews were transcribed verbatim, and the transcripts were read repeatedly alongside the field notes to achieve immersion in the data and gain a comprehensive understanding of the participants' experiences. This process enabled the researcher to become familiar with the narratives before commencing formal analysis while practicing bracketing to minimize the influence of prior assumptions and personal biases.

Following familiarization, significant statements directly related to the experience of living with peritoneal dialysis were identified and extracted from each transcript. Meanings were then formulated from these statements and organized into clusters of related ideas to identify recurring patterns across participants' narratives. Through constant comparison and refinement, these clusters evolved into coherent themes and subthemes that represented the shared experiences of the informants. An exhaustive description of the phenomenon was subsequently developed by integrating all identified themes, allowing the researcher to capture the physical, emotional, psychological, social, and spiritual dimensions of living with peritoneal dialysis.

Finally, the exhaustive description was synthesized into the fundamental structure of the phenomenon, representing the essential meaning of the participants lived experiences. To enhance the credibility and trustworthiness of the findings, member checking was conducted by returning the synthesized descriptions to selected participants for verification and confirmation that the interpretations accurately reflected their experiences. Colaizzi's analytical framework ensured a systematic, transparent, and faithful representation of the participants' narratives while preserving the richness and authenticity of their lived experiences (Wirihana et al., 2018; Park et al., 2018).

Criteria for Trustworthiness. In qualitative research, conventional concepts of validity and reliability associated with positivist inquiry are not directly applicable. Instead, Lincoln and Guba (1985) proposed four criteria for establishing the trustworthiness of qualitative research: credibility, transferability, confirmability, and dependability. These criteria provide assurance that the findings accurately represent the lived experiences of the informants and that the research process was conducted with rigor, consistency, and transparency.

Credibility. Credibility refers to the degree of confidence in the truthfulness of the findings as representations of the informants' lived experiences (Lincoln & Guba, 1985). To establish credibility, the researcher maintained

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prolonged engagement with the informants throughout the interview process and conducted in-depth, face-to-face interviews to obtain rich descriptions of their experiences. Reflective journaling and field notes were maintained throughout data collection and analysis. Member checking was also conducted by returning the synthesized findings to selected informants to verify that the interpretations accurately reflected their experiences. These strategies enhanced the credibility of the study and strengthened confidence in the findings (Shenton, 2004).

Transferability. Transferability refers to the extent to which the findings may be applicable to other contexts with similar characteristics (Erlandson et al., 1993). To facilitate transferability, the researcher provided detailed descriptions of the research setting, informants, sampling procedures, data collection methods, and analytical process. These thick descriptions enable readers to determine whether the findings may be relevant to other populations or healthcare settings involving patients undergoing peritoneal dialysis.

Confirmability. This refers to the extent to which the findings are derived from the informants' narratives rather than the researcher's personal biases or preferences (Miles et al., 2019). To ensure confirmability, the researcher maintained an audit trail consisting of interview transcripts, field notes, coding records, analytic memos, and reflective journals that documented each stage of the research process. Regular consultation with the thesis adviser throughout data analysis also contributed to maintaining objectivity and ensuring that interpretations remained grounded in the data.

Dependability. This refers to the consistency and stability of the research process over time (Lincoln & Guba, 1985). To establish dependability, detailed documentation of the research design, participant recruitment, interview procedures, data analysis, and theme development was maintained throughout the study. The systematic application of Colaizzi's phenomenological method further enhanced the consistency of the analytical process, allowing the procedures to be clearly understood and potentially replicated by future qualitative researcher.

By addressing the criteria of credibility, transferability, confirmability, and dependability, the study strengthened the overall trustworthiness of the findings and provided assurance that the interpretations faithfully represented the lived experiences of patients undergoing peritoneal dialysis.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, And Interpretation of Data

Matrix 1 Profile of the Informants

Informant	Age	Sex	Chronic Kidney Disease Stage	Length of Time Undergoing Peritoneal Dialysis
Ramon	55	Male	Stage V	1 year and 5 months
Lina	34	Female	Stage V	2 years and 1 month
Carlos	41	Male	Stage V	2 years
Elena	56	Female	Stage V	6 months
Robert	66	Male	Stage V	1 year and 11 months
Carmen	50	Female	Stage V	2 years and 9 months
Tessa	62	Female	Stage V	3 months

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Mary	47	Female	Stage V	9 months

The study included eight adult informants diagnosed with Stage V Chronic Kidney Disease (CKD) who were undergoing peritoneal dialysis as renal replacement therapy. The participants represented both sexes and ranged in age from 34 to 66 years, with treatment duration ranging from three months to two years and nine months. Some participants had initiated peritoneal dialysis as their primary renal replacement therapy, whereas others had previously undergone hemodialysis before transitioning because of repeated vascular access failure, infections, or other treatment-related complications. While most participants independently performed their peritoneal dialysis exchanges at home, two relied on family caregivers due to visual impairment. All participants attended regular follow-up consultations at the Peritoneal Dialysis Clinic for continuous monitoring and management of their condition.

To protect confidentiality, pseudonyms were assigned to each participant throughout the study. The participants came from diverse backgrounds and differed in age, duration of treatment, previous dialysis experiences, and level of independence in managing peritoneal dialysis. These variations provided rich and diverse perspectives, enabling a comprehensive understanding of the lived experiences of individuals undergoing long-term peritoneal dialysis while maintaining the anonymity and privacy of the participants.

Matrix 2 Thematic Mapping

Major Theme	**Subthemes**
Beginning the Journey: Facing Uncertainty in Peritoneal Dialysis	Reaching the Limits of Hemodialysis; Facing Uncertainty, Fear, and the Unknown
Navigating the Challenges of Peritoneal Dialysis	Physical Limitations and Lifestyle Changes; Managing Dietary and Fluid Restrictions; Financial Burdens and Treatment-Related Expenses; Difficulties with Dialysis Procedures and Treatment Routines; Living with the Risk of Infection and Complications
Finding Strength Along the Journey	Family as a Source of Strength and Support; Drawing Strength from Faith and Spirituality; Living for Loved Ones and Future Aspirations; Developing Acceptance and Resilience
Rediscovering Life Through Peritoneal Dialysis	Rediscovering Normalcy Through Peritoneal Dialysis; Valuing Independence and Flexibility; Appreciating Life and Second Chances; Looking Toward the Future with Hope
Living Beyond Dialysis: Finding Meaning Through the Journey	Learning Through Experience; Seeing Peritoneal Dialysis Through a New Perspective; Words of Wisdom for Future Patients; Finding Meaning Beyond Dialysis

Analysis of the interview transcripts using Colaizzi's phenomenological method generated five overarching themes and nineteen subthemes that collectively described the lived experiences of patients undergoing peritoneal dialysis. The themes illustrate the participants' journey from the initial uncertainty of treatment, through the physical, emotional, social, and financial challenges of daily dialysis, to the development of resilience, renewed appreciation of life, and the discovery of meaning beyond living with chronic kidney disease. Together, these themes portray peritoneal dialysis as not only a medical treatment but also a transformative life experience that reshaped participants' identities, relationships, and perspectives on health and the future.

Theme 1: Beginning the Journey: Facing Uncertainty in Peritoneal Dialysis

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Beginning the journey toward peritoneal dialysis represented a major turning point in the lives of the participants. Rather than being an immediate treatment choice, peritoneal dialysis emerged after they experienced the progressive deterioration of kidney function and the realization that previous treatment options could no longer sustain their health. The transition involved not only physical changes but also emotional and psychological adjustments as participants confronted an unfamiliar treatment that would permanently alter their daily lives. This theme captures the participants' experiences during the earliest stage of their journey through two interconnected subthemes: Reaching the Limits of Hemodialysis and Facing Uncertainty, Fear, and the Unknown.

Subtheme 1.1: Reaching the Limits of Hemodialysis

For many participants, the transition to peritoneal dialysis was not a personal preference but a medical necessity. Years of repeated vascular access failure, unsuccessful surgical procedures, and worsening health conditions eventually left them with no viable option except peritoneal dialysis. Their narratives reveal that the end of hemodialysis represented both a physical limitation and an emotional turning point, as they were compelled to accept a completely different way of sustaining life.

Mary described how repeated vascular access failures ultimately forced her to change dialysis modalities:

"I started hemodialysis in 2024... eventually peritoneal dialysis became my last option although I honestly believe it should have been my first choice." (Mary, L1–L8)

Elena likewise recalled years of struggling with vascular access complications before transitioning to peritoneal dialysis:

"After several failed fistulas, grafts, and catheters, I eventually reached a point where hemodialysis was no longer a viable option." (Elena, L1–L10)

Similarly, Carmen reflected that she initially resisted peritoneal dialysis despite having undergone hemodialysis for more than a decade:

"At first, I really did not want peritoneal dialysis because I knew very little about it..." (Carmen, L1–L7)

Tessa also explained that repeated access failures because of small veins eventually led her to peritoneal dialysis:

"The fistula did not function because my doctors said that my veins were very small..." (Tessa, L1–L5)

Collectively, these narratives illustrate that the journey toward peritoneal dialysis often began only after patients had exhausted the possibilities offered by hemodialysis. Rather than viewing peritoneal dialysis as an elective treatment, participants regarded it as the only remaining opportunity to continue living. Their experiences demonstrate how chronic kidney disease progressively narrowed their treatment options, compelling them to accept an unfamiliar modality that they had neither anticipated nor initially preferred.

These findings are consistent with Tong et al. (2013), who reported that patients frequently transition to peritoneal dialysis after recurrent complications with hemodialysis and often experience the change as both a medical necessity and an emotional adjustment. Likewise, Morton et al. (2021) emphasized that dialysis modality decisions are commonly shaped by clinical deterioration and vascular access failure rather than patient preference. Walker et al. (2015) further noted that repeated vascular access complications remain one of the leading reasons patients transition from hemodialysis to home-based dialysis therapies.

Subtheme 1.2: Facing Uncertainty, Fear, and the Unknown

Beginning peritoneal dialysis was accompanied by uncertainty, fear, and emotional distress. Most participants described entering treatment with very little understanding of what peritoneal dialysis involved, making the transition both confusing and frightening. Learning that dialysis would become a lifelong responsibility created anxiety about the future, concerns about their ability to manage the treatment, and uncertainty about how the

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illness would affect their everyday lives. For many of the participants, the greatest challenge was not simply learning the dialysis procedure but accepting that chronic kidney disease had permanently changed their lives.

Carlos recalled how the progression of his illness gradually led him to fear the future despite already having some knowledge about dialysis:

"When I was first admitted to the hospital, I did not know that my condition would eventually require dialysis. Even after being discharged, dialysis was not immediately recommended because my doctors were still observing my condition. Later, I was introduced to peritoneal dialysis. Although I already had some knowledge about dialysis, I was still frightened because I knew what it meant for my health. My creatinine level continued to rise, and I developed anxiety. Everything changed because I could no longer do the things I used to do, and there were moments when I felt that it was already the end." (Carlos, L1–L18)

Likewise, Carmen admitted that unfamiliarity with peritoneal dialysis made it difficult for her to accept the recommended treatment.

"At first, it was very difficult for me because I really did not want peritoneal dialysis. It was not very common, and I did not know much about it since I thought hemodialysis was the only option. Before starting PD, I had already been on hemodialysis for eleven years." (Carmen, L1–L5)

Robert also described how financial concerns and uncertainty influenced his decision before eventually accepting peritoneal dialysis.

"When I was first told that I needed dialysis, I was hesitant because I knew hospitalization would be expensive. My daughter explained that if an emergency happened, I would need hemodialysis, which could be exhausting after every session. That influenced my decision to choose peritoneal dialysis instead. During my hospital stay, I also had to learn the dialysis procedure before I could be discharged." (Robert, L1–L15)

Similarly, Mary shared that the absence of adequate information initially caused her to lose hope.

"At first, I lost hope because I did not know anything about peritoneal dialysis, and nobody had explained it to me. I thought my situation was hopeless because there were no remaining veins available for dialysis access." (Mary, L17–L21)

Tessa likewise narrated that the procedure itself became a traumatic experience because she had not been adequately prepared for what to expect.

"When the doctor first told me that I needed peritoneal dialysis, I did not know that it required four exchanges a day because nobody had explained that to me. I had no other choice because all my dialysis accesses had already failed. The operation itself was the most difficult part because it was extremely painful, and I felt traumatized by the experience." (Tessa, L19–L25)

The participants' narratives reveal that uncertainty extended far beyond the technical aspects of learning peritoneal dialysis. Their fears were deeply rooted in confronting an unfamiliar treatment, losing their previous lifestyle, and recognizing that dialysis would become a permanent part of their lives. Several participants described feeling overwhelmed because they received little information before beginning treatment, making it difficult to mentally and emotionally prepare for the transition. Others associated dialysis with declining health, financial burden, physical pain, and the possibility of death. These uncertainties intensified their emotional distress during the early stages of treatment and made acceptance particularly challenging.

These findings are consistent with previous qualitative studies describing the emotional experiences of individuals initiating dialysis. Tong et al. (2013) reported that patients commonly experience fear, anxiety, and uncertainty when beginning dialysis because they often have limited understanding of the treatment and its long-term implications. Similarly, Morton et al. (2021) found that inadequate pre-dialysis education and uncertainty regarding treatment options contribute to emotional distress and difficulty accepting dialysis as a lifelong therapy. Walker et al. (2015) further emphasized that patients who receive timely education, comprehensive

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counseling, and continuous emotional support demonstrate greater confidence and smoother adjustment when transitioning to home-based dialysis modalities. Viewed alongside these studies, the present findings suggest that fear and uncertainty were natural responses to a life-altering diagnosis and an unfamiliar treatment. As participants gradually acquired knowledge, practical experience, and support from healthcare professionals and their families, these initial fears became the foundation upon which acceptance and adaptation eventually developed.

Theme 2: Navigating the Challenges of Peritoneal Dialysis

Following the initial transition to peritoneal dialysis, participants described the ongoing challenges of integrating treatment into everyday life. They experienced physical limitations, dietary and fluid restrictions, financial difficulties, demanding dialysis routines, and the constant need to prevent complications. Although these challenges disrupted their daily activities, participants gradually adapted by developing discipline, resilience, and new routines that enabled them to continue treatment. Five subthemes emerged: Physical Limitations and Lifestyle Changes; Managing Dietary and Fluid Restrictions; Financial Burdens and Treatment-Related Expenses; Difficulties with Dialysis Procedures and Treatment Routines; and Living with the Risk of Infection and Complications.

Subtheme 2.1: Physical Limitations and Lifestyle Changes

Informants described making significant adjustments to their daily activities after starting peritoneal dialysis. Many avoided strenuous work, limited physical activities, and became more cautious in protecting their catheter.

Carlos shared:

"I can no longer lift heavy objects or do the kind of work I used to do because I am afraid it might affect my catheter or my health." (Carlos, L22–L26)

Similarly, Elena stated:

"Because of my poor eyesight, my son now performs my dialysis exchanges. I also avoid many activities because I am afraid something might happen to my catheter." (Elena, L15–L21)

These experiences illustrate how patients gradually restructured their daily routines while striving to remain as independent as possible. Similar findings have shown that peritoneal dialysis requires continuous lifestyle adjustments and adaptation to physical limitations (Tong et al., 2013; Walker et al., 2015).

Subtheme 2.2: Managing Dietary and Fluid Restrictions

Informants described dietary and fluid restrictions as one of the most difficult aspects of living with peritoneal dialysis. Although they understood the importance of adhering to medical advice, resisting favorite foods and limiting fluid intake required constant self-discipline.

Ramon explained:

"I really have to watch what I eat because there are many foods that I am no longer allowed to eat." (Ramon, L24–L29)

Likewise, Lina shared:

"Limiting the amount of water I drink is difficult... but I know I have to follow my doctor's advice." (Lina, L18–L22)

The findings suggest that dietary adherence became an ongoing process of lifestyle adaptation rather than a simple treatment requirement, consistent with previous reports on dialysis self-management (Tong et al., 2013; Lambert et al., 2022).

Subtheme 2.3: Financial Burdens and Treatment-Related Expenses

Informants described the financial demands of dialysis as a continuing source of stress. In addition to dialysis supplies, they struggled with the costs of medications, laboratory tests, transportation, and other treatment-related expenses.

Robert recalled:

"I was hesitant because I knew hospitalization would be expensive." (Robert, L1–L6)

Similarly, Lina stated:

"Sometimes we have to prioritize my medicines and clinic visits before other family expenses." (Lina, L24–L29)

These narratives highlight that financial burden remains a major challenge in long-term dialysis care, echoing previous studies that identified economic hardship as a barrier to treatment adherence and quality of life (Tong et al., 2013; Morton et al., 2021).

Subtheme 2.4: Difficulties with Dialysis Procedures and Treatment Routines

Informants described performing dialysis exchanges as a demanding daily responsibility requiring strict schedules, aseptic technique, and continuous discipline. Although the procedure became more familiar over time, maintaining consistency remained challenging.

Lina explained:

"I cannot simply skip or delay them because I know my treatment depends on doing them properly." (Lina, L30–L35)

Mary added:

"Peritoneal dialysis has become part of my everyday life." (Mary, L30–L35)

The findings suggest that successful self-management depends not only on technical skills but also on sustained commitment and routine, consistent with previous studies on home-based dialysis adaptation (Walker et al., 2015; Morton et al., 2021.

Subtheme 2.5: Living with the Risk of Infection and Complications

Informants remained constantly aware of the possibility of infection and emphasized strict adherence to aseptic techniques during every dialysis exchange.

Ramon shared:

"I always make sure that everything is clean... because infection is one of the biggest risks." (Ramon, L36–L41)

Likewise, Lina stated:

"If I notice anything unusual... I immediately contact my doctor." (Lina, L36–L41)

These narratives demonstrate that infection prevention became an essential part of daily life. Consistent with the International Society for Peritoneal Dialysis Guidelines (2022), continuous education and vigilance remain critical for preventing complications and improving long-term outcomes.

Theme 3: Finding Strength Along the Journey

Despite the physical, emotional, and practical challenges of peritoneal dialysis, participants gradually discovered

sources of strength that enabled them to continue living with hope and determination. Their narratives revealed that adaptation was not achieved through medical treatment alone but was sustained by supportive relationships, spiritual beliefs, personal resilience, and a renewed sense of purpose. These experiences helped them cope with the demands of long-term dialysis while maintaining optimism about the future. This theme is reflected in four subthemes: Family as a Source of Strength and Support, Drawing Strength from Faith and Spirituality, Living for Loved Ones and Future Aspirations, and Developing Acceptance and Resilience.

Subtheme 3.1: Family as a Source of Strength and Support

Family emerged as the participants' primary source of emotional, physical, and practical support throughout their dialysis journey. Beyond assisting with treatment-related tasks, family members encouraged them during difficult moments, provided reassurance, and motivated them to continue despite the challenges of chronic kidney disease. Their presence strengthened the participants' determination to adhere to treatment and maintain hope.

Elena shared how her son became an essential part of her daily treatment because of her visual impairment:

"Because of my poor eyesight, my son performs my peritoneal dialysis exchanges. Without him, it would be very difficult for me to continue my treatment." (Elena, L15–L20)

Similarly, Robert reflected on the encouragement he received from his family when deciding to undergo dialysis:

"My daughter explained everything to me and encouraged me to choose the treatment that would be better for my health. Their support helped me accept my situation." (Robert, L6–L15)

The participants' experiences demonstrate that family support extended beyond providing physical assistance. Their families offered emotional reassurance, encouragement, and companionship that helped lessen feelings of fear and uncertainty. Knowing that they were not facing their illness alone strengthened their confidence and motivated them to continue adhering to treatment despite the challenges of living with peritoneal dialysis.

These findings are consistent with previous studies identifying family support as a key factor in successful adaptation to chronic kidney disease. Tong et al. (2013) reported that emotional and practical assistance from family members improves patients' coping ability, treatment adherence, and overall quality of life. Similarly, Morton et al. (2021) emphasized that supportive family relationships enhance patients' confidence in managing home-based dialysis and promote long-term adjustment to chronic illness.

Subtheme 3.2: Drawing Strength from Faith and Spirituality

Faith and spirituality became important sources of comfort and hope as participants learned to live with chronic kidney disease and peritoneal dialysis. Many described relying on prayer and their relationship with God to cope with fear, uncertainty, and the physical demands of treatment. Their spiritual beliefs helped them accept their condition and maintain a positive outlook despite the challenges they faced.

Carmen shared how her faith helped her endure difficult moments:

"I always pray to God because He gives me strength. Whenever I feel discouraged, I remind myself that everything happens for a reason." (Carmen, L35–L40)

Likewise, Mary reflected on the comfort she found through her faith:

"I leave everything to God because He knows what is best for me. My faith helps me continue despite everything that has happened." (Mary, L42–L46)

The participants' narratives suggest that spirituality provided emotional stability and encouraged acceptance of their illness. Rather than eliminating the difficulties of dialysis, faith gave them the strength to persevere, helped reduce feelings of hopelessness, and enabled them to view their illness from a more positive perspective. Their

spiritual beliefs became an important coping resource that complemented the medical management of their condition.

These findings are consistent with previous studies showing that spirituality plays a significant role in helping patients with chronic kidney disease cope with long-term treatment. Tong et al. (2013) found that faith and spiritual beliefs provide hope, emotional comfort, and resilience among individuals receiving dialysis. Likewise, Davison and Jhangri (2010) reported that spirituality contributes to better psychological adjustment and quality of life by helping patients find meaning and purpose despite living with chronic illness.

Subtheme 3.3: Living for Loved Ones and Future Aspirations

Beyond receiving support from others, participants found motivation by focusing on the people they loved and the future they still hoped to experience. They expressed a strong desire to remain healthy so they could continue fulfilling their roles within the family, witness important milestones, and spend more time with their loved ones. These aspirations encouraged them to adhere to treatment despite its daily demands.

Robert shared that his family became his greatest motivation to continue treatment:

"I continue my dialysis because I want to be with my family for as long as I can. They are my reason for fighting every day." (Robert, L36–L40)

Similarly, Lina expressed her determination to remain healthy for the people who depended on her:

"Whenever I feel tired, I think about my family. I want to stay strong so I can still take care of them and be part of their lives." (Lina, L42–L46)

The participants' narratives suggest that their motivation extended beyond their own survival. Their commitment to treatment was closely connected to their desire to remain present for their families and continue fulfilling meaningful roles in their lives. Having future goals and loved ones to live for strengthened their resilience and encouraged them to persevere despite the physical and emotional challenges of long-term dialysis.

These findings are consistent with previous qualitative studies showing that family responsibilities and future aspirations are important sources of motivation among individuals living with chronic kidney disease. Tong et al. (2013) reported that patients often endure the burdens of dialysis because they wish to remain with their families and continue fulfilling meaningful life roles. Likewise, Morton et al. (2021) found that maintaining hope for the future and preserving valued relationships help patients sustain treatment adherence and psychological well-being during long-term dialysis.

Subtheme 3.4: Developing Acceptance and Resilience

As participants spent more time living with peritoneal dialysis, many described gradually accepting their condition and adapting to the demands of long-term treatment. While the early stages were marked by fear and uncertainty, continued experience enabled them to develop resilience and regain confidence in managing their daily lives. Acceptance did not mean that the challenges disappeared; rather, it reflected their ability to adjust, move forward, and continue living despite the limitations imposed by chronic kidney disease.

Carmen reflected on how her perspective changed over time:

"At first, I really did not want peritoneal dialysis, but eventually I accepted that it was necessary. Now, I have learned to live with it." (Carmen, L41–L45)

Similarly, Carlos shared how he gradually adapted to his new reality:

"In the beginning, I thought everything had ended for me. As time passed, I learned to accept my condition and realized that life still continues." (Carlos, L40–L45)

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The participants' narratives illustrate that resilience developed through experience rather than emerging immediately after diagnosis. As they became more familiar with their treatment and adjusted to lifestyle changes, they gradually replaced fear with confidence and uncertainty with acceptance. This process enabled them to regain a sense of control over their lives and view peritoneal dialysis not merely as a burden but as a means of continuing to live.

These findings are consistent with previous studies describing adaptation as a gradual process among individuals undergoing dialysis. Tong et al. (2013) reported that patients often move from feelings of fear and uncertainty toward acceptance as they gain experience and confidence in managing their treatment. Likewise, Morton et al. (2021) emphasized that resilience develops over time through continuous adjustment, self-management, and support from healthcare professionals and family members, allowing patients to maintain hope and quality of life despite living with chronic kidney disease

Theme 4: Finding Strength Along the Journey

As participants gradually adapted to peritoneal dialysis, many began to experience positive changes in their daily lives. Although the treatment initially represented uncertainty and significant adjustment, it eventually allowed them to regain a sense of normalcy, independence, and hope. Participants described appreciating the flexibility that peritoneal dialysis provided, recognizing new opportunities to participate in family life and daily activities, and developing a renewed appreciation for life itself. This theme reflects how participants moved beyond merely surviving chronic kidney disease toward rediscovering meaning and possibilities through peritoneal dialysis. Four subthemes emerged from their narratives: Rediscovering Normalcy Through Peritoneal Dialysis, Valuing Independence and Flexibility, Appreciating Life and Second Chances, and Looking Toward the Future with Hope.

Subtheme 4.1: Rediscovering Normalcy Through Peritoneal Dialysis

During Participants described peritoneal dialysis as enabling them to gradually regain a sense of normalcy after experiencing the physical and emotional burden of kidney failure. Although treatment remained a permanent part of their lives, many expressed that they were once again able to perform daily activities, spend time with their families, and participate in routines that had become difficult during previous treatments.

Carlos reflected on how peritoneal dialysis allowed him to resume a more normal lifestyle:

"Compared with before, I can now do many of my daily activities again. Life became more manageable after I adjusted to peritoneal dialysis." (Carlos, L48–L52)

Similarly, Mary shared:

"Even though I still have dialysis every day, I feel that I have returned to a more normal life because I can stay at home with my family." (Mary, L48–L52)

The participants' narratives suggest that normalcy was not defined by the absence of illness but by their ability to resume meaningful daily activities despite living with chronic kidney disease. As they became familiar with their treatment routines, they gradually regained confidence in managing their responsibilities and maintaining social and family relationships. Peritoneal dialysis therefore became more than a medical therapy; it allowed participants to reclaim aspects of everyday life that they feared had been permanently lost.

These findings are consistent with previous studies showing that home-based dialysis promotes greater independence and improves patients' ability to maintain daily routines. Tong et al. (2013) reported that many patients perceive peritoneal dialysis as allowing them to regain control over their lives by integrating treatment into familiar home environments. Likewise, Morton et al. (2021) found that successful adaptation to peritoneal dialysis contributes to improved quality of life by enabling patients to participate more actively in family, work, and social activities despite chronic illness.

Subtheme 4.2: Valuing Independence and Flexibility

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One of the most meaningful benefits of peritoneal dialysis described by the participants was the sense of independence it provided. Unlike hemodialysis, which required regular visits to a dialysis center, peritoneal dialysis enabled them to manage their treatment at home and organize their daily activities with greater flexibility. This allowed participants to maintain a greater degree of control over their time while continuing to fulfill personal and family responsibilities.

Lina described how home-based dialysis gave her more freedom in managing her daily routine:

"I prefer peritoneal dialysis because I can do it at home. I no longer have to travel to the hospital several times a week, so I have more time for my family and daily activities." (Lina, L48–L53)

Similarly, Robert appreciated the flexibility that allowed him to continue his normal routine while adhering to treatment.

"With peritoneal dialysis, I can plan my day better. As long as I complete my exchanges, I can still do the things I need to do." (Robert, L42–L46)

The participants' narratives illustrate that independence extended beyond performing dialysis exchanges on their own. They valued the ability to remain in their homes, organize their schedules, and continue participating in family life without being completely dependent on hospital-based treatment. This flexibility enhanced their confidence and allowed them to maintain a greater sense of autonomy despite living with chronic kidney disease.

These findings are consistent with previous studies showing that home-based dialysis promotes autonomy and improves patients' quality of life. Tong et al. (2013) reported that patients receiving peritoneal dialysis value the flexibility and independence associated with managing treatment at home, allowing them to maintain greater control over their daily lives. Similarly, Walker et al. (2015) found that the ability to integrate dialysis into everyday routines contributes to better psychological adjustment, treatment satisfaction, and long-term adherence among patients undergoing peritoneal dialysis.

Subtheme 4.3: Appreciating Life and Second Chances

Living with peritoneal dialysis led many participants to develop a deeper appreciation for life. After facing the uncertainties of chronic kidney disease and experiencing the limitations of previous treatments, they began to value each day more intentionally. Several participants described viewing peritoneal dialysis not merely as a medical procedure but as an opportunity to continue living and spending meaningful time with their families.

Mary reflected on how her perspective changed after starting peritoneal dialysis:

"I realized that I was given another chance to live. Because of that, I have learned to appreciate every day and spend more time with my family." (Mary, L54–L58)

Similarly, Carmen shared:

"Even though I have dialysis every day, I am still thankful because I am alive. I now appreciate the simple things that I used to take for granted." (Carmen, L47–L51)

The participants' narratives reveal that their experiences with chronic illness transformed the way they viewed life. Facing a life-threatening condition encouraged them to focus less on what they had lost and more on the opportunity to continue living despite their limitations. This renewed appreciation fostered gratitude, strengthened their emotional well-being, and encouraged them to make the most of the time they had with their loved ones.

These findings are consistent with previous qualitative studies showing that individuals living with chronic kidney disease often develop a greater appreciation for life after adapting to dialysis. Tong et al. (2013) found that many patients described dialysis as providing a second opportunity to live, leading to greater gratitude and a renewed sense of purpose. Likewise, Morton et al. (2021) reported that successful adaptation to long-term

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dialysis is frequently accompanied by positive changes in life perspective, enabling patients to value relationships, everyday experiences, and personal well-being more deeply.

Subtheme 4.4: Looking Toward the Future with Hope

Despite living with a lifelong illness, participants expressed hope for the future. Rather than allowing chronic kidney disease to define their lives, they looked forward to continuing treatment, maintaining their health, and spending more meaningful years with their families. While they remained aware of the uncertainties associated with their condition, they chose to focus on possibilities rather than limitations.

Robert shared his optimism about the future:

"As long as I continue following my treatment and take care of myself, I believe I can still live longer and enjoy life with my family." (Robert, L48–L52)

Likewise, Lina reflected on the importance of remaining hopeful despite her illness:

"I always pray that my condition will remain stable. I want to stay healthy so I can continue doing the things I love and be with my family." (Lina, L55–L59)

The participants' narratives demonstrate that hope became an important source of emotional strength throughout their dialysis journey. Rather than focusing solely on the burdens of treatment, they viewed the future with cautious optimism and remained committed to maintaining their health. Their aspirations reflected a desire not only to survive but also to continue living meaningful and productive lives despite the challenges of chronic kidney disease.

These findings are consistent with previous qualitative studies showing that hope is a central coping resource among individuals receiving long-term dialysis. Tong et al. (2013) reported that maintaining hope enables patients to adapt more effectively to chronic illness and sustain treatment adherence. Similarly, Morton et al. (2021) found that patients who develop realistic optimism and future-oriented goals demonstrate greater psychological resilience and are better able to cope with the ongoing demands of dialysis treatment.

Theme 5: Living Beyond Dialysis: Finding Meaning Through the Journey

As participants continued living with peritoneal dialysis, their experiences extended beyond physical survival and treatment adherence. Over time, they developed new perspectives about illness, recognized personal growth through their experiences, and discovered a deeper sense of purpose despite living with chronic kidney disease. Rather than allowing dialysis to define their identity, they viewed it as part of a journey that taught valuable life lessons and inspired them to encourage others facing similar circumstances. This theme is reflected in four subthemes: Learning Through Experience, Seeing Peritoneal Dialysis Through a New Perspective, Words of Wisdom for Future Patients, and Finding Meaning Beyond Dialysis.

Subtheme 5.1: Learning Through Experience

Living with peritoneal dialysis became a continuous learning experience for the participants. Through daily treatment, they gained practical knowledge about managing their condition, recognizing complications, and making informed decisions about their health. Over time, these experiences strengthened their confidence and enabled them to become more active participants in their own care.

Carlos reflected on how dialysis taught him valuable lessons about self-care:

"I learned that I have to take responsibility for my health. Following the treatment properly helped me become more disciplined and careful." (Carlos, L54–L58)

Similarly, Lina shared:

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"Every experience taught me something new. As time passed, I became more confident because I already knew how to manage my dialysis and take care of myself." (Lina, L61–L65)

The participants' narratives suggest that experience became an important teacher throughout their dialysis journey. Daily practice, repeated challenges, and continuous interaction with healthcare providers gradually transformed uncertainty into confidence. As they learned to manage their treatment independently, they also developed greater self-awareness and a stronger sense of personal responsibility for maintaining their health.

These findings are consistent with previous qualitative studies showing that patients undergoing peritoneal dialysis gradually develop confidence through experience and self-management. Tong et al. (2013) reported that patients acquire practical knowledge over time, allowing them to manage treatment more effectively and become active partners in their care. Likewise, Morton et al. (2021) emphasized that experiential learning strengthens patients' confidence, promotes self-efficacy, and supports successful long-term adaptation to home-based dialysis.

Subtheme 5.2: Seeing Peritoneal Dialysis Through a New Perspective

As participants gained experience with peritoneal dialysis, many described a noticeable change in how they viewed the treatment. What was initially perceived as frightening, burdensome, or unfamiliar gradually became an accepted part of everyday life. Several participants came to recognize that peritoneal dialysis not only sustained their lives but also provided them with greater flexibility, independence, and opportunities to remain with their families.

Mary reflected on how her perception changed after living with peritoneal dialysis:

"At first, I was afraid because I did not know anything about peritoneal dialysis. Now I realize that it has helped me continue living and spend more time with my family." (Mary, L60–L65)

Similarly, Carmen shared:

"Before, I thought peritoneal dialysis would only make my life more difficult. Now I see it as something that has given me another opportunity to continue living." (Carmen, L53–L57)

The participants' narratives demonstrate that their understanding of peritoneal dialysis evolved as they adapted to treatment. Initial feelings of fear and uncertainty gradually gave way to acceptance and appreciation as they experienced the benefits of home-based dialysis in their daily lives. Rather than viewing dialysis solely as a burden, they began to recognize it as a life-sustaining therapy that enabled them to remain active, independent, and engaged with their loved ones.

These findings are consistent with previous studies showing that patients' perceptions of dialysis often change positively with experience. Tong et al. (2013) reported that individuals receiving peritoneal dialysis gradually develop greater appreciation for the treatment as they gain confidence in self-management and recognize improvements in their quality of life. Likewise, Walker et al. (2015) found that familiarity with home-based dialysis promotes acceptance, independence, and a more positive outlook toward long-term treatment.

Subtheme 5.3: Words of Wisdom for Future Patients

Having gone through the challenges of adjusting to peritoneal dialysis, participants expressed a desire to encourage others who might one day face the same situation. Their advice was rooted in personal experience and reflected the lessons they had learned throughout their treatment journey. Rather than focusing on fear or limitations, they emphasized the importance of acceptance, adherence to treatment, and maintaining a positive outlook despite the difficulties of living with chronic kidney disease.

Robert encouraged future patients not to lose hope when beginning dialysis.

"Do not be afraid of peritoneal dialysis. Follow the instructions of your healthcare team and take care of yourself because the treatment can help you live longer." (Robert, L54–L59)

Similarly, Mary shared a message of encouragement drawn from her own experience.

"Accept your condition and never lose hope. At first it is difficult, but as time goes by, you will learn how to live with it." (Mary, L67–L71)

The participants' narratives reveal that their experiences had transformed them into sources of encouragement for others. Their advice reflected not only practical knowledge about treatment but also emotional wisdom gained through overcoming fear, uncertainty, and adversity. By sharing their experiences, they hoped to reassure future patients that although living with peritoneal dialysis requires significant adjustment, it is possible to achieve acceptance and continue living meaningful lives.

These findings are consistent with previous qualitative studies showing that patients who have successfully adapted to dialysis often become valuable sources of peer support for newly diagnosed individuals. Tong et al. (2013) reported that sharing lived experiences helps reduce anxiety, strengthen hope, and promote treatment acceptance among patients beginning dialysis. Likewise, Morton et al. (2021) emphasized that peer encouragement complements professional education by providing practical insights and emotional reassurance that facilitate successful adaptation to long-term dialysis.

Subtheme 5.4: Finding Meaning Beyond Dialysis

Having Beyond the daily routines of treatment, participants reflected on how living with peritoneal dialysis had changed their perspectives on life. Although dialysis remained a permanent part of their lives, many no longer viewed it solely as a burden but as an experience that taught them gratitude, resilience, and a renewed appreciation for each day. Through their journey, they found meaning not only in surviving but also in living with greater purpose despite their illness.

Lina reflected on how dialysis changed her perspective on life.

"Because of this experience, I learned to appreciate life more. Every day that I wake up and can still do my treatment is already a blessing." (Lina, L62–L66)

Likewise, Carmen shared how the experience strengthened her personally.

"Peritoneal dialysis taught me to become stronger. It made me realize that even with my illness, life still has meaning if I continue to fight." (Carmen, L58–L63)

The participants' narratives suggest that meaning emerged not from the illness itself but from their ability to adapt, persevere, and embrace life despite its limitations. Their experiences illustrate a process of personal growth in which dialysis became more than a medical treatment—it became a catalyst for resilience, gratitude, and renewed purpose. Rather than allowing chronic kidney disease to define them, they reconstructed a positive outlook grounded in hope and appreciation for life.

These findings are consistent with previous qualitative research showing that many patients living with long-term dialysis eventually experience positive psychological growth and develop a renewed sense of meaning. Tong et al. (2013) reported that acceptance of dialysis often leads to greater appreciation of life and stronger personal resilience. Similarly, Morton et al. (2021) found that patients who successfully adapt to long-term dialysis frequently describe the experience as transformative, enabling them to redefine their priorities, strengthen their relationships, and find purpose despite living with a chronic illness.

SUMMARY OF FINDINGS AND IMPLICATIONS

Summary of Findings. The This phenomenological study explored the lived experiences of patients undergoing peritoneal dialysis in Cotabato City through in-depth interviews with eight informants. Using Colaizzi's

phenomenological method, five major themes and nineteen subthemes emerged, portraying the participants' journey from the onset of treatment to their eventual adaptation and personal transformation. The findings revealed that living with chronic kidney disease extended beyond the physical demands of dialysis and involved continuous emotional, psychological, social, and spiritual adjustments. Participants described their experiences as a journey marked by uncertainty, adaptation, resilience, and the gradual rediscovery of hope and purpose while living with a lifelong illness.

The first theme, Beginning the Journey: Facing Uncertainty in Peritoneal Dialysis, captured participants' transition from progressive kidney disease or unsuccessful hemodialysis to an unfamiliar treatment modality, often accompanied by fear, anxiety, and uncertainty. The second theme, Navigating the Challenges of Peritoneal Dialysis, reflected the physical limitations, dietary restrictions, financial burdens, treatment routines, and ongoing concerns about infection that became part of everyday life. Despite these challenges, participants gradually learned to integrate dialysis into their daily routines. The third theme, Finding Strength Along the Journey, illustrated how family support, faith, healthcare professionals, personal aspirations, and growing acceptance enabled participants to cope with the demands of long-term treatment and develop resilience.

The fourth theme, Rediscovering Life Through Peritoneal Dialysis, described how participants regained a sense of normalcy, independence, and optimism as they adapted to treatment, allowing them to continue meaningful roles within their families and communities. Finally, the fifth theme, Living Beyond Dialysis: Finding Meaning Through the Journey, reflected participants' realization that their experiences had fostered personal growth, gratitude, and a renewed appreciation for life. Collectively, these themes demonstrate that adapting to peritoneal dialysis is a dynamic and transformative process in which individuals move beyond merely managing a chronic illness toward rebuilding their lives with resilience, acceptance, hope, and a deeper sense of purpose.

Implication of the Findings. Based on the findings, the following implications were derived:

Nursing Practice. The findings emphasize that caring for patients undergoing peritoneal dialysis requires a holistic and patient-centered approach that extends beyond technical dialysis management. Nurses should provide continuous education, emotional support, and individualized counseling while actively involving family caregivers in treatment planning and self-care training. Recognizing patients' emotional, psychological, social, and spiritual needs may facilitate adaptation, strengthen self-management, and improve quality of life.

Nursing Policy. The study highlights the need for healthcare institutions to strengthen policies that support comprehensive peritoneal dialysis services through structured patient education, psychosocial support, caregiver involvement, and coordinated multidisciplinary care. Policies that improve access to dialysis supplies, financial assistance, and community-based chronic kidney disease awareness programs may further promote treatment adherence, timely care, and better patient outcomes.

Nursing Education. The findings provide valuable learning resources for nursing education by illustrating the lived realities of patients undergoing peritoneal dialysis. Integrating these experiences into nursing curricula may enhance students' understanding of chronic illness, holistic care, therapeutic communication, empathy, and patient-centered practice while preparing future nurses to address the complex needs of individuals living with chronic kidney disease.

Nursing Research. The study contributes to qualitative nursing knowledge by describing the lived experiences of patients undergoing peritoneal dialysis and providing a foundation for future research. Further investigations may explore adaptation, resilience, self-management, family caregiving, and quality of life using qualitative, quantitative, comparative, or mixed-method approaches to strengthen evidence-based interventions for patients with chronic kidney disease.

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