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# A Narrative Inquiry into the Struggles and Triumphs of Hemodialysis Nurses

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**ABSTRACT**

This qualitative narrative inquiry explored the struggles and triumphs of hemodialysis nurses working in hospital-based dialysis centers in Quezon Province, Philippines, and used their narratives as the basis for a structured support program. Fifteen licensed hemodialysis nurses with at least three years of experience were purposively selected from public and private hospitals, with narrative saturation reached in the sample. Data were gathered from January to February 2026 through 20–30-minute semi-structured interviews conducted face-to-face or through Zoom, supported by audio/video recording and field notes with consent. Interviews were transcribed verbatim and analyzed through a narrative thematic approach using NVivo for coding and organization; participant transcript review, expert consultation, and three Certified Nephrology Nurse interraters/intercoders supported credibility and consistency. The narratives revealed workplace stressors involving work overload, unpredictable patient conditions, nurse–patient ratios, increasing patient volume, technical challenges, and demanding patients and relatives. Nurses managed these pressures through teamwork, self-care, boundary-setting, patience and understanding, and spiritual coping. Professional and personal struggles centered on work–life imbalance, attachment to patients, burnout, and mental and emotional burden. Despite these difficulties, nurses described fulfillment through helping and saving patients, compassionate care, inspiration from patients' recovery and gratitude, and continued professional growth. The findings show that hemodialysis nursing involves intertwined strain and fulfillment and support the S.P.E.C.S. (Support Program for Professional Excellence and Coping Sustainability) as a needs-based framework for strengthening well-being, coping sustainability, professional growth, and continued patient-centered care.

**Keywords:** *hemodialysis nurses, narrative inquiry, occupational stress, coping mechanisms, professional fulfillment, S.P.E.C.S.*

## INTRODUCTION

Hemodialysis nurses provide continuous, technically demanding, and emotionally intensive care to patients whose lives depend on repeated dialysis treatment. Their work requires simultaneous patient monitoring, machine management, rapid response to complications, medication administration, documentation, and sustained communication with patients and families. In the Philippine context, increasing dialysis demand and workforce constraints intensify these responsibilities, making the experiences of nurses in specialized renal settings important to both workforce sustainability and quality patient care (Alibudbud, 2023; Butao et al., 2021).

Research on dialysis nursing has consistently described high job demands, emotional strain, burnout risk, and challenges to work–life balance. Yet much of the available evidence has emphasized measurable outcomes such as stress, burnout, or job satisfaction rather than how nurses themselves narrate the coexistence of struggle, resilience, meaning, and professional fulfillment. This distinction is especially relevant in hospital-based units,

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where nurses may encounter unstable patients and complex cases in addition to the recurring demands of long-term dialysis care.

A local qualitative gap remains in Quezon Province, where the realities of hospital-based hemodialysis nursing have received limited narrative attention. The present study therefore explored how hemodialysis nurses experience and manage common stressors, how these demands affect professional performance and personal well-being, what significant moments contribute to fulfillment, how these experiences shape motivation and job satisfaction, and what support program may be derived from the findings. By integrating narratives of both difficulty and achievement, the study sought to generate a context-responsive basis for the Support Program for Professional Excellence and Coping Sustainability (S.P.E.C.S.).

## Literature Review

### *Occupational stressors and workload in hemodialysis nursing*

Hemodialysis nursing combines high clinical responsibility with repeated exposure to complex procedures and chronic illness. Workplace stress may arise from large or unstable patient loads, technical demands, time pressure, and the need to respond quickly to treatment complications. Badu et al. (2021) described workplace stress and coping among nurses in hemodialysis centers, while Butao et al. (2021) linked burnout among dialysis nurses in the Philippines with the challenge of sustaining high-quality care. These findings frame occupational stress as both a workforce concern and a patient-care concern.

Staffing and workload conditions are central to this problem. Alibudbud (2023) emphasized the broader shortage and burnout concerns affecting nurses in the Philippines, while Kim et al. (2022) examined nurse caseload in hemodialysis units and its relationship to patient outcomes. In hospital-based dialysis settings, staffing gaps and increasing patient volume may compound the physical and cognitive workload because nurses must balance routine dialysis care with rapid responses to unstable or critically ill patients.

The emotional dimension of workload is equally important. Alnazly and Samara (2020) documented mental-health and burnout consequences among nurses exposed to demanding work conditions, while Thomas et al. (2019) linked occupational stress and compassion fatigue with turnover intention among hemodialysis nurses. For hemodialysis nurses, these demands are intensified by repeated patient contact, the possibility of sudden deterioration, and the responsibility to remain calm and precise during high-risk treatment episodes.

### *Coping, resilience, and social or spiritual support*

Coping determines how nurses interpret and respond to workplace demands. The study's Stress and Coping lens emphasizes how nurses interpret demanding conditions and use behavioral or emotional strategies to manage them; this is consistent with coping patterns reported in hemodialysis settings by Adwan et al. (2019). In hemodialysis settings, problem-focused strategies may involve teamwork, communication, and skill development, whereas emotion-focused strategies may include rest, boundary-setting, reflection, or spiritual practice.

Social support is repeatedly identified as an important protective resource. Adwan et al. (2019) described coping strategies among nurses working in hemodialysis settings, and Kosar Sahin et al. (2025) highlighted teamwork in the care management of patients receiving hemodialysis. Strong coworker relationships can distribute practical responsibilities, provide emotional reassurance, and help nurses manage the unpredictability of demanding shifts.

Resilience does not imply the absence of distress; rather, it describes the capacity to continue functioning and adapt despite adversity. Magdi (2022) showed that resilience-focused training can strengthen nurses' capacity to cope with stress, while Adwan et al. (2019) documented the practical importance of coping strategies in hemodialysis work. These perspectives support the study's attention to patience, self-care, spiritual coping, and interpersonal support as mechanisms that help nurses sustain professional functioning.

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***Work–life balance, burnout, and compassion fatigue***

The demands of hemodialysis nursing frequently extend beyond the clinical setting. Alenezi et al. (2020) linked work–life balance with job satisfaction among hemodialysis nurses, showing the importance of separating professional demands from personal recovery time. Long hours, overtime, rotating duties, and persistent concern about patients can interfere with rest and family life, making work–life imbalance both a professional and personal struggle.

Burnout and emotional burden may intensify when demanding work is sustained without sufficient recovery or support. Sarabia-Cobo et al. (2021) examined burnout, compassion fatigue, and psychological flexibility among nurses, while Thomas et al. (2019) linked occupational stress and compassion fatigue with turnover intention among hemodialysis nurses. These patterns are particularly relevant in dialysis because repeated encounters with chronic illness and patient decline can create cumulative emotional demands.

The nursing work environment can either aggravate or buffer these pressures. Chen et al. (2025) found that work environment conditions influence compassion fatigue, while Song et al. (2021) showed that emotional labor can affect nurses through burnout-related mechanisms. These findings support the need to address organizational conditions, personal boundaries, and psychological support together rather than treating burnout solely as an individual coping deficit.

***Professional fulfillment, patient relationships, and job satisfaction***

Hemodialysis nursing also contains powerful sources of professional meaning. Repeated contact with patients allows nurses to witness recovery, adaptation, and the effects of sustained care over time. Messineo et al. (2021) linked empathy with altruistic motivation in nursing, illustrating why helping, preserving life, and reducing suffering can become important sources of professional fulfillment.

Compassion and meaningful patient relationships can strengthen nurses' sense of purpose, but they also require emotional regulation. Messineo et al. (2021) showed that empathy and altruistic motivation are closely connected in nursing, helping explain why relational care can reinforce professional meaning. The same relational closeness that produces satisfaction can therefore also increase emotional vulnerability when patient outcomes are poor.

Job satisfaction is further reinforced when nurses perceive growth, competence, and supportive practice conditions. Lucas et al. (2025) linked the nursing practice environment with job satisfaction, intention to leave, and burnout. These findings support examining patient inspiration and professional growth as complementary sources of motivation rather than viewing job satisfaction only in terms of workload or compensation.

***Organizational support and professional development***

Supportive organizational structures can help translate individual coping into sustainable professional practice. Badu et al. (2021) emphasized workplace stress and coping in hemodialysis centers, while Kosar Sahin et al. (2025) highlighted the importance of teamwork in managing dialysis care. Together, these findings indicate that staffing practices, peer support, psychological resources, and workplace culture shape nurses' capacity to continue providing safe and compassionate care.

Professional growth also serves as a resilience resource. Magdi (2022) reported on resilience training for nurses coping with stress, suggesting that structured learning can strengthen adaptive capacity. In the present study, professional development is not treated as a stand-alone technical intervention; it is integrated with workload support, psychosocial care, coping, and work–life balance through S.P.E.C.S.

The literature therefore supports a comprehensive response that recognizes both the burdens and rewards of hemodialysis nursing. A program derived from nurses' narratives can address organizational stressors while also sustaining the sources of meaning, connection, and competence that keep nurses engaged. This rationale informed the study's theoretical paradigm and the development of S.P.E.C.S. from the themes generated by the participants.

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***Conceptual and theoretical framework***

The study was anchored on four complementary perspectives. Compassion Fatigue Theory and Stress and Coping Theory framed the workplace stressors and the ways nurses respond to them, while Narrative Theory and Resilience Theory guided interpretation of how nurses construct meaning, sustain professional identity, and transform difficult experiences into sources of growth. Consistent with the Stress and Coping perspective described in the thesis, coping was understood as a process through which nurses interpret demanding situations and use practical or emotion-focused strategies to manage them.

The retained paradigm below presents the dual experience of workplace stressors and professional fulfillment, followed by data collection, thematic analysis, interpretative analysis, and the development of S.P.E.C.S. It reflects the thesis framework while positioning the support program as the applied outcome of the nurses' narrated struggles, coping practices, and triumphs.

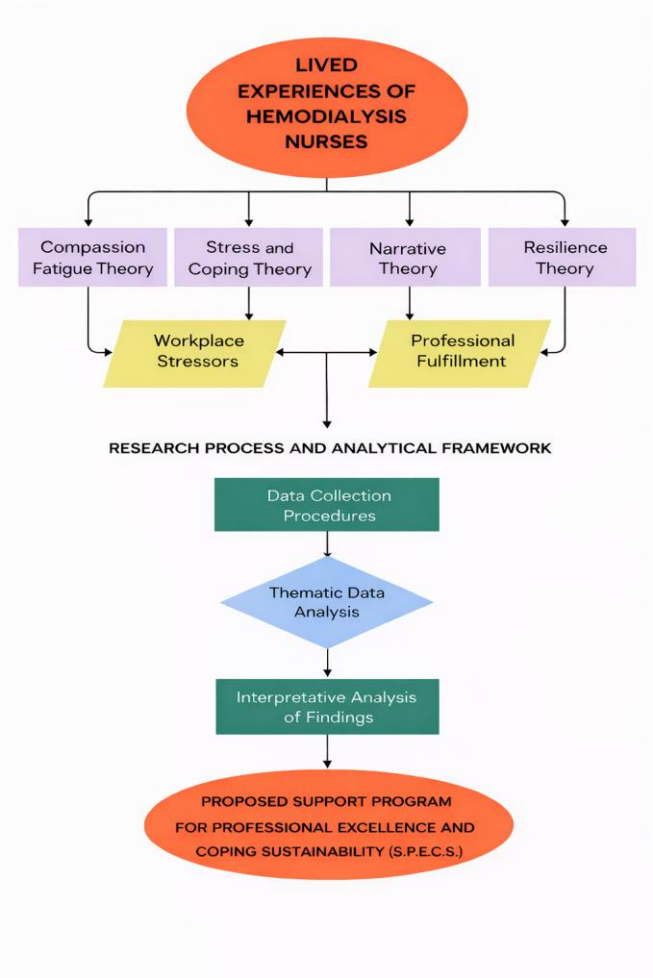



*Figure 1. Theoretical paradigm for the lived experiences of hemodialysis nurses*

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## METHODS

### Research Design

The study employed qualitative narrative inquiry to explore the personal stories, emotions, reflections, struggles, coping experiences, and triumphs of hemodialysis nurses working in hospital-based hemodialysis centers in Quezon Province. Narrative inquiry was appropriate because it allowed participants to describe their professional realities in their own words and enabled the researcher to identify recurring patterns while preserving the experiential meaning of their accounts. The thematic findings served as the basis for developing S.P.E.C.S.

### Research Locale

The research was conducted in eight hospital-based hemodialysis centers across Quezon Province, Philippines. The participating settings included secondary and tertiary hospitals and both government-owned and private institutions. Hospital-based units were relevant because they serve patients requiring life-sustaining dialysis while also managing complex and, at times, critically ill cases that demand intensive monitoring and specialized nursing care.

### Participants and Sampling Technique

Purposive sampling was used to select licensed hemodialysis nurses who could provide information-rich narratives about the phenomenon. Narrative saturation was reached with 15 participants. Inclusion criteria required participants to be licensed nurses, to have at least three years of hemodialysis nursing experience, to be currently employed in hospital-based dialysis centers in Quezon Province, and to be willing to share their experiences. Nurses from both public and private hospitals were included to capture experiences across different institutional contexts.

### Research Instrument

The primary instrument was a researcher-developed semi-structured interview guide aligned with the narrative inquiry design. Interviews lasted approximately 20–30 minutes. The guide contained introductory questions on experience and institutional context, core narrative questions concerning daily struggles, emotional challenges, coping mechanisms, significant moments and achievements, and follow-up questions on how these experiences shaped participants' careers. The semi-structured format allowed consistency across interviews while giving participants room to elaborate on personally meaningful events.

Content relevance, clarity, and appropriateness were reviewed by three experts: a Dean of a College of Nursing, a hemodialysis clinical instructor, and a hemodialysis nurse supervisor. Their comments were used to refine the interview guide and align the questions with the study objectives.

### Data Gathering Procedure

Formal approval for data collection was obtained from the Dean of the Master of Science in Nursing program. Data collection occurred from January to February 2026. Potential hospital-based hemodialysis units were identified, invitation letters and informed-consent forms were distributed, eligibility and willingness were confirmed, and individual interview schedules were arranged to minimize disruption to work and personal commitments.

Semi-structured interviews were conducted face-to-face or through Zoom. The researcher established rapport before the interview and encouraged participants to narrate their struggles, triumphs, and coping mechanisms. With consent, interviews were audio- or video-recorded, and field notes were used to capture nonverbal cues, emotions, and contextual details. Recordings were transcribed verbatim. Participants were allowed to review their transcripts, and consultation with qualitative research experts supported the credibility of the analytic process.

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**Data Analysis**

Analysis followed a narrative thematic approach. The researcher repeatedly read the verbatim transcripts to become familiar with the data, identified initial codes representing significant phrases and ideas, and grouped related codes into broader themes. NVivo was used to organize and manage the coded material. Themes were reviewed and refined to ensure that they represented the participants' narratives and addressed the study questions. The final analysis emphasized recurring patterns across stories while retaining participant exemplars to preserve experiential meaning.

Three Certified Nephrology Nurses with at least three years of hemodialysis experience served as specialist informants, interraters, and intercoder reviewers. Through feedback, critique, and consensus, they reviewed the accuracy, consistency, and relevance of the thematic findings, supporting credibility and rigor. The study also used participant transcript review and expert consultation as additional strategies for credibility and faithful representation.

**Ethical Consideration**

Participation was voluntary and informed consent was obtained before data collection, with separate consent for audio or video recording. Participants were informed of the study purpose, procedures, confidentiality safeguards, and their right to withdraw at any time without penalty. Interviews were conducted in private settings, whether face-to-face or online, and the researcher remained attentive to emotional distress during narration. Data were pseudonymized, recordings and files were stored securely, and the thesis specified disposal after one year. Participants could review the interview record and request omission of portions they did not wish to retain, and a summary of findings was made available upon request. These procedures were undertaken in accordance with the Data Privacy Act of 2012 and the ethical safeguards described in the thesis.

## RESULTS AND DISCUSSION

The narratives generated five interconnected analytic areas: workplace stressors, coping and adaptation strategies, professional and personal struggles, significant moments and achievements, and the impact of these experiences on motivation and job satisfaction. Together, the findings portray hemodialysis nursing as a practice in which strain and fulfillment coexist rather than occur as separate experiences.

Table 1. *Summary of Major Themes from the Hemodialysis Nurses' Narratives*

| Analytic Area | Themes / Subthemes | Meaning in the Narratives |
|---|---|---|
| Workplace stressors | Work overload; unpredictability of patient conditions; nurse–patient ratio; increasing patient volume; technical challenges; demanding patients and relatives | Daily work required sustained vigilance, rapid clinical decisions, simultaneous responsibilities, and emotional regulation. |
| Coping and adaptation | Teamwork and coworker support; personal self-care; establishing boundaries; patience and understanding; spiritual coping | Nurses used interpersonal, behavioral, emotional, and spiritual strategies to remain functional and protect well-being. |
| Professional and personal struggles | Work–life imbalance; attachment to patients; burnout; mental and emotional burden | Clinical demands and long-term patient relationships often extended beyond the unit and affected rest, family life, mood, and emotional health. |
| Significant moments and achievements | Sense of fulfillment; saving patients' lives; compassionate care | Patient improvement, successful care, and meaningful relationships reinforced professional purpose. |
| Motivation and job satisfaction | Inspiration from patients; professional growth | Patient resilience, gratitude, and opportunities to improve knowledge and skills sustained motivation and confidence. |

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**Workplace stressors and coping mechanisms**

Participants consistently described an environment shaped by work overload, unpredictable patient conditions, staffing pressures, increasing patient volume, technical demands, and difficult interactions with patients or relatives. The narratives emphasized the need to monitor multiple patients and machines while remaining prepared for complications such as hypotension, bleeding, access problems, and cardiac instability. These findings are consistent with evidence that hemodialysis workload and caseload create substantial physical and cognitive demands (Badu et al., 2021; Kim et al., 2022).

> *"Honestly, for me, the greatest stressor is the unpredictability of the shift... there can be sudden hypotensive episodes, clotting of lines, or simultaneous machine alarms. You cannot afford to panic because patients are watching you." (P15)*

Despite these pressures, nurses described coping as an active and multidimensional process. Teamwork and coworker support reduced the sense of carrying the workload alone, while self-care, time management, boundaries, patience, and spiritual practices helped participants recover emotionally and maintain professional composure. This pattern aligns with research emphasizing coping and collaborative care in dialysis settings (Adwan et al., 2019; Kosar Sahin et al., 2025).

> *"Of course, it is still better to maintain a good relationship with our coworkers because they are the ones we rely on... teamwork, in essence, is the key to success." (P8)*

The participants' coping narratives also illustrate the logic of stress appraisal: nurses did not remove all stressors, but they used available resources to reduce their impact and preserve functioning. The findings therefore support the study's Stress and Coping framework and the view that adaptive strategies can sustain resilience and patient care under demanding conditions (Adwan et al., 2019; Magdi, 2022).

**Professional and personal struggles**

The professional consequences of stress were closely linked with personal well-being. Work–life imbalance emerged when long shifts, staffing demands, and continuing concern about patients interfered with sleep, family time, emotional recovery, and the ability to separate work from home. Participants also described attachment to long-term patients as both a meaningful part of care and a source of grief when patients deteriorated or died. This dual experience reflects research linking work environment, emotional labor, and compassion fatigue with nurses' psychological strain (Chen et al., 2025; Song et al., 2021).

> *"Another challenge for me is the emotional toll of caring for chronic dialysis patients, who often become like friends or family members... when their condition declines, it can feel personal, and losing a patient is especially difficult." (P5)*

Burnout and mental or emotional burden were evident when participants described exhaustion, reduced concentration, loss of enthusiasm, and difficulty recovering from repeated stress. These experiences are consistent with evidence that burnout and compassion fatigue are associated with prolonged job demands and emotional exposure in nursing (Alnazly & Samara, 2020; Sarabia-Cobo et al., 2021; Thomas et al., 2019). Importantly, participants linked fatigue to patient-safety concerns because dialysis requires sustained attention and accurate decision-making.

**Significant moments, professional fulfillment, and compassionate care**

Alongside strain, nurses described moments of accomplishment that reinforced professional identity. Fulfillment came from completing care safely, seeing patients improve, helping extend life, and recognizing that their work allowed patients more time with their families. These experiences transformed routine clinical responsibilities into personally meaningful achievements and helped participants reconnect with why they chose nursing.

> *"I find it rewarding, and it is emotionally fulfilling for me, because the actions I take as a hemodialysis nurse have a significant impact on the survival and quality of life of my patients. This gives me a strong sense of purpose as a hemodialysis nurse." (P1)*

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Compassion and empathy were central to this fulfillment. Participants described caring not only for physical treatment needs but also for fear, uncertainty, and the emotional burden of chronic disease. This is consistent with the relationship between empathy and altruistic motivation described by Messineo et al. (2021), which helps explain why compassionate patient care can become a source of professional meaning. However, the same close relationships that produce fulfillment also increase vulnerability to grief, reinforcing the need for boundaries and support.

***Motivation, job satisfaction, and professional growth***

Patients themselves emerged as a source of motivation. Participants were encouraged by patients' resilience, recovery, increasing confidence, and expressions of gratitude. These relational rewards provided emotional validation and helped counterbalance the burdens of technically and emotionally demanding work. Such findings support the view that the nursing practice environment and meaningful professional relationships contribute to job satisfaction and engagement (Lucas et al., 2025).

> *"I view these challenges as opportunities to improve my skills and expertise, and to expand my knowledge over the years." (P8)*

Professional growth was also described as a triumph. Nurses interpreted difficult cases as opportunities to strengthen clinical judgment, technical skill, and confidence. This growth orientation is important because motivation was not sustained solely by patient gratitude; it was also reinforced by the sense of becoming more capable over time. The finding is consistent with evidence that supportive practice environments and professional engagement are associated with job satisfaction and sustained nursing practice (Lucas et al., 2025).

***S.P.E.C.S. as the research output***

The Support Program for Professional Excellence and Coping Sustainability (S.P.E.C.S.) was developed directly from the convergence of the themes. The thesis framed the program around structural and personal supports intended to reduce stress, strengthen resilience, support professional competence, and sustain quality patient care. It recognizes that well-being and professional excellence are interdependent: nurses are better able to provide consistent patient-centered care when workload, emotional health, coping resources, and professional growth are addressed together.

Table 2. *Core Components of the S.P.E.C.S. Program Derived from the Findings*

| Program Component | Finding Addressed | Support Emphasis |
|---|---|---|
| Staffing and workload management | Work overload, nurse–patient ratio, increasing patient volume, unpredictable shifts | Workload review, safe staffing attention, shared responsibilities, and organizational coordination. |
| Professional competence and technical support | Technical challenges and rapidly changing patient conditions | Continuing learning, clinical skill development, troubleshooting support, and reflective review of difficult cases. |
| Emotional and psychosocial support | Attachment to patients, emotional burden, compassion fatigue, burnout | Peer support, debriefing, psychological support, and recognition of emotional labor. |
| Purpose, social support, and spirituality | Patient inspiration, compassion, sense of fulfillment, spiritual coping | Meaning-centered reflection, teamwork, social connection, recognition, and opportunities for spiritual coping where appropriate. |
| Coping and work–life balance | Work–life imbalance, fatigue, stress carried home | Self-care, rest, boundaries, time management, and sustainable coping practices. |

The thesis further organized the program into three broad stages: assessing nurses' needs, implementing targeted supports, and evaluating outcomes for continuous improvement. This staged approach preserves the study's practical orientation while allowing hospitals and nursing leaders to adapt implementation details to local

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resources and priorities. The program was proposed from the present findings; its effectiveness was not tested within this narrative inquiry.

## CONCLUSION

Hemodialysis nursing in the participating hospital-based centers was characterized by a continuous interaction between occupational strain and professional fulfillment. Nurses managed heavy workloads, unpredictable patient conditions, staffing pressures, increasing patient volume, technical challenges, and difficult interpersonal encounters while also carrying the emotional consequences of repeated and long-term patient contact. Teamwork, self-care, boundaries, patience, understanding, and spiritual coping helped them remain resilient and continue providing care.

However, work–life imbalance, attachment to patients, burnout, and mental and emotional burden showed that coping has limits when organizational and personal demands accumulate. At the same time, helping patients, saving or extending lives, compassionate relationships, patient gratitude, and professional growth gave nurses a strong sense of meaning and sustained motivation. The study therefore concludes that supporting hemodialysis nurses requires attention to both sides of their experience: reducing preventable strain while protecting the relationships, competence, and sense of purpose that make the work meaningful. S.P.E.C.S. represents a direct, needs-based response to these findings by integrating workload, professional, psychosocial, relational, spiritual, and work–life supports. The conclusions are specific to the 15 nurses who participated in the eight hospital-based hemodialysis centers in Quezon Province and should be interpreted as narrative evidence rather than statistical generalizations.

### Recommendation

1. Hemodialysis nurses should use the S.P.E.C.S. framework to strengthen self-care, peer support, boundary-setting, reflective or spiritual coping, and continuous professional development while remaining attentive to signs of burnout and emotional overload.
2. Hemodialysis patients and families should be encouraged to participate actively in care, communicate concerns clearly, and maintain respectful collaboration with nurses; patient education may help reduce preventable conflict and strengthen therapeutic relationships.
3. Hospital administrators and policymakers should examine staffing and workload conditions, establish accessible psychosocial and peer-support mechanisms, recognize the emotional labor of dialysis nursing, and consider implementation of S.P.E.C.S. within existing staff-development and wellness structures.
4. The Renal Nurses Association of the Philippines may use the findings to support continuing education, mentorship, peer networks, advocacy for protective workplace policies, and dissemination of practices that strengthen both professional competence and nurse well-being.
5. Nursing education administrators should integrate stress management, empathy, coping, work–life boundaries, patient-centered communication, and the emotional realities of chronic renal care into nursing preparation and continuing professional education.
6. Future researchers should examine the effectiveness of S.P.E.C.S. through implementation or intervention studies, include broader and more diverse hemodialysis settings, and further investigate burnout, resilience, nurse–patient relationships, professional growth, organizational conditions, and their implications for nurse well-being and patient care.

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