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Selected Perspectives on Psychonephrology

Anita L R Saldanha[1], Alina MAPN da Silva[1], Luiz Carlos Paiva Nogueira da Silva[1], Ana Paula Pantoja Margeotto[1], André Luis Valera Gasparoto[2] and Tania Leme da Rocha Martinez[1*]

[1]Nephrology Department, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil

[2]Intensive Care Unit, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil

ABSTRACT

Renal patients face profound psychological distress arising from financial strain, disease burden, and social stigma, often reshaping their self-concept and quality of life through adaptive coping strategies. Qualitative studies reveal how patients re-evaluate personal meaning and priorities, identifying key themes like control, acceptance, and doctor-patient relationships. Quantitative data confirm high rates of psychological distress, fatigue, irritability, and sleep problems, with social support strongly linked to self-esteem. Treatment demands-dietary restrictions, medication side effects, and the physical limitations of dialysis-further disrupt daily life and personal autonomy. Meta-syntheses describe hemodialysis as both a physical and emotional "shackle," while peritoneal dialysis may offer greater independence and a sense of control. Studies consistently highlight the heavy emotional, social, and existential toll of end-stage renal disease, emphasizing the need for holistic care that extends beyond biomedical management. Adaptation occurs through resilience, social support, and redefined identity, progressing from restriction toward regained control and optimism. However, financial hardship and limited access to psychosocial resources-especially in developing countries-exacerbate distress and hinder coping. Across this research, the central finding is clear: renal disease profoundly affects all dimensions of life, yet patients exhibit remarkable psychological flexibility and resilience. Comprehensive, multidisciplinary interventions that integrate psychological, social, and informational support-rather than focusing solely on clinical outcomes-are essential to promote adjustment, improve well-being, and enhance treatment satisfaction in this vulnerable population.

***Corresponding author**

Tania Leme da Rocha Martinez, Nephrology Department, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil.

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Abbreviations

CKD: Chronic Kidney Disease

Introduction

Renal patients experience significant psychological distress due to financial challenges, disease burden, and social stigma, adapting through cognitive reframing and coping strategies.

A qualitative study by Kamran et al. with 12 participants (6 men, 6 women) from Lahore renal clinics revealed 8 key themes of patient experiences, including approach-avoidance conflict, locus of control, and cost-benefit analysis. The research employed the 'response shift model', demonstrating how patients re-conceptualize their life experiences in response to chronic illness [1].

Supporting research Finnegan-John, Thomas consistently identifies psychological, social, and existential burdens faced by renal patients. While this specific study is limited to 12 participants in one location, it provides rich, nuanced insights into patient adaptation mechanisms and psychological coping strategies [2].

Comprehensive Overview of Psychological Distress and Adaptation in Renal Patients

Renal patients face profound psychological distress stemming from multiple interconnected challenges including financial hardship, overwhelming disease burden, and pervasive social stigma, leading them to develop complex adaptive mechanisms that fundamentally reshape their understanding of quality of life and personal identity. This comprehensive body of research reveals the multifaceted nature of living with Chronic Kidney Disease (CKD) and the remarkable resilience patients demonstrate in adapting to lifelong treatment protocols.

Primary Research Findings and Theoretical Framework

The foundational study by Kamran et al. employed a qualitative approach with 12 renal patients (6 men and 6 women) recruited through criterion-based sampling from renal clinics in Lahore, Pakistan. This research was grounded in the 'response shift model' of quality of life, which posits that individuals living with chronic conditions tend to re-conceptualize and reprioritize their responses to maintain psychological equilibrium. The study's thematic analysis revealed eight distinct emerging themes that characterize the patient experience: approach-avoidance conflict, cost-benefit analysis, locus of control, expectations, awareness and knowledge of side effects, health beliefs and future concerns, doctor-patient relationship, and acceptance [1].

Psychological Impact and Distress Patterns

The psychological burden experienced by renal patients is substantial and multidimensional. Research by Yogesh Kumar found that among 30 dialysis patients, 36.7% were doing well

psychologically, while 23.3% experienced mild psychological distress, 23.3% had moderate psychological distress, and 16.7% suffered from severe distress. Importantly, 73.3% maintained normal self-esteem, though 20% had low self-esteem, with social and family support showing significant correlation with self-esteem levels (p=0.033) [3].

Stavroula et al. conducted a comprehensive quantitative study of 100 hemodialysis patients in Athens, revealing that psychological disorders affected the population extensively. Patients reported lack of rest (43.8%), lack of joy (41.1%), feeling tired (41.8%), and irritability (37.5%). The primary stressors identified were the disease itself (41.7%), dietary restrictions (25%), fluid intake restrictions (32.7%), decreased travel ability (29.5%), and anxiety with sleep disorders (68.1%) [4].

Treatment-Related Challenges and Quality of Life Impact

The impact of mandatory treatment protocols creates significant disruption across multiple life domains. Tong et al. identified five major themes affecting patients across CKD stages 1-5: personal meaning of CKD, managing and monitoring health, lifestyle consequences, family impact, and informal support structures. Patients described overwhelming fatigue, complex treatment regimens, medication side effects, and dietary restrictions that severely constrained their daily lives. The study emphasized that patients required time to comprehend their diagnosis, cope with uncertainty, integrate treatment regimens into daily routines, and reestablish normalcy [5].

Bayhakki, Hatthakit conducted a meta-synthesis of qualitative studies focusing specifically on hemodialysis patients, identifying four critical themes: having a physical shackle in life, feeling mental and emotional distress, relying on hemodialysis machines, and dealing with problems. This research highlighted the profound sense of physical and emotional constraint that characterizes the hemodialysis experience [6].

Comprehensive Psychosocial Challenges

Finnegan-John, Thomas conducted an extensive needs assessment with renal patients in London, identifying seven emergent themes that influence quality of life in end-stage renal disease: physiological impact, impact of treatment, impact on daily life, psychological impact, impact on relationships, social impact, and coping responses. This study clearly established that end-stage renal disease carries emotional, physical, psychological, social, and existential burdens that require comprehensive healthcare approaches [2].

Adaptation Mechanisms and Coping Strategies

Despite these challenges, patients demonstrate remarkable adaptive capacity. Tong et al. examined peritoneal dialysis patients and identified seven themes including resilience and confidence, support structures, overwhelming responsibility, control, freedom, sick identity, and disablement. The research revealed that while peritoneal dialysis can offer patients a sense of control, independence, and freedom, holistic multidisciplinary care is essential to mitigate risks of impaired self-esteem and reduced social functioning [7].

Reid et al. synthesized experiences of 576 in-center hemodialysis patients across 17 studies, developing four analytic themes: a new dialysis-dependent self, a restricted life, regaining control, and relationships with health professionals. This framework demonstrated that patients can progress through stages of identity change and restriction toward regaining control and optimism, with healthcare relationships playing a crucial mediating role [8].

Financial And Sociocultural Factors

The research particularly emphasizes the role of financial constraints in developing countries. Kamran et al. specifically highlighted how affordability issues, combined with disease burden and stigma, create serious psychological distress [1]. Stavroula et al. noted that patients face difficulties maintaining employment, social life, and financial flexibility, while managing liquid and food restrictions [4].

Diagnosis And Adjustment Processes

Teasdale et al. examined the post-diagnosis experience through meta-ethnography of 596 CKD patients, identifying seven key themes: challenging diagnosis, diverse beliefs about causation, anticipated concerns about progression, delaying disease progression, unmet informational needs, psychosocial impact, and adjustment to life with CKD. This research highlighted significant variation in patient understanding and an overall lack of information about disease trajectory [9].

Clinical Implications and Future Directions

The collective evidence demonstrates that renal patients require comprehensive, multidisciplinary support that addresses not only clinical parameters but also psychological, social, and practical needs. Tong et al. emphasized that rather than focusing solely on clinical targets, greater attention should be given to providing information and psychosocial support at a patient-level rather than organ-specific level. The research consistently indicates that effective interventions must strengthen social support systems, promote resilience and confidence, and facilitate positive adjustment to achieve improved psychosocial outcomes and treatment satisfaction [5].

This extensive body of research reveals that while renal disease presents formidable challenges across physical, psychological, and social domains, patients demonstrate remarkable capacity for adaptation and re-conceptualization of their life experiences, particularly when supported by comprehensive, patient-centered care approaches that acknowledge the full spectrum of their needs and experiences.

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