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RENAL NURSES LIVED EXPERIENCES OF CONDUCTING MENTAL HEALTH ASSESSMENTS AMONG HEMODIALYSIS PATIENTS: A HERMENEUTIC PHENOMENOLOGICAL STUDY

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Abstract

This qualitative hermeneutic phenomenological study explored the personal experiences of renal nurses in conducting mental health assessments among hemodialysis patients at a private hospital in Davao City. Trustworthiness of the study was established through member checking, triangulation, and reflexive journaling. A purposive sample of 12 renal nurses were interviewed. Results indicated that renal nurses' experiences included Navigating the Human Dimensions of Renal Nursing, Caring through Listening, Reading Between the Lines, and Establishing Rapport. The renal nurses' means of coping were focused on Sustaining Professional Well-Being, Sharing Knowledge, Establishing Emotional Boundaries and Restoring Balance. The insights that renal nurses wanted to share with fellow nurses and to the nursing practice in general included Engaging in Mental Health Care, Acknowledging Support, Collaborating with Professionals and Embracing Responsibility. Renal nurses' experiential contribution about mental health help to develop a supportive clinical culture in which mental health is embedded within the renal care.

Keywords: *Dialysis Nursing, Renal Nurses, Mental Health Assessments, Hermeneutic Phenomenology, Davao City, Philippines*

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Introduction

Renal nurses frequently emphasize technical hemodialysis processes because of their historical training centered on clinical components, resulting in shortcomings in handling serious mental health issues or performing regular psychosocial evaluations. (Bachynski et al., 2023) Focusing too much on technical skills may neglect relational factors, leading to assistance that is solely technical instead of offering full emotional support. (Camedda et al., 2023).

Depression screening using patient-reported outcomes is required in every dialysis center in the USA, yet international views on implementation and management differ. (Schick-Makaroff et al., 2021) The overall prevalence of depression among hemodialysis patients ranges from 26.5% to 31.7%, which is greater than in pre-dialysis stages, indicating inconsistent assessment practices globally. (Adejumo et al., 2024). In the Philippines, the prevalence of hemodialysis by 2024 reached 71,770 patients according to Department of Health statistics, during a time of mental health shortages. (DOH, 2025). The National Kidney and Transplant Institute conducted studies on 410 patients that centered on quality of life without detailing assessment rates. (TCH et al., 2019). The gaps in care for end-stage renal disease, including psychosocial support, remain. (Aruta, 2023), In the early stages of research being conducted in Davao City, it was evident that there was an absence of institutional psychological screenings in private hospitals and renal care units. Emotional stress during treatment was evident. Renal nursing lacks the institutional support and psychological oversight for mental distress affecting patients. These compromises mental health and weakens the multi-disciplinary bio-psycho-socio care that nursing in the Philippines is expected to provide. (World Health Organization, 2023; David et al., 2020).

Studies indicate a gap in renal nursing practice, where care is largely focused on technical aspects of hemodialysis, with limited attention to mental health due to training, scope, and resource constraints (Alwar & Addis, 2021; Schick-Makaroff et al., 2021). Consequently, patients' psychological needs are often overlooked, delaying timely interventions. Although integrating mental health into chronic disease care is increasingly recognized, little research explores renal nurses' experiences in this area. In many dialysis centers—especially in resource-limited settings—mental health assessments remain inconsistent or informal (David et al., 2020; Chilcot et al., 2025). This study aims to address this gap by informing nurse-led education, improving assessment practices, and strengthening policies to better integrate mental health into dialysis care in the Philippines

Methods

This research utilized a hermeneutic - phenomenological study design in an effort to recognize and explain the lived experiences of renal nurses in assessing the hemodialysis patients' mental health. Hermeneutic phenomenology, as Van Manen (1990, 2021) has developed it, is devoted to description and interpretation; it recognizes that meaning is co-constructed in the interaction between the participants' narratives and the reflective consideration of the researcher. Such an approach is especially suited to this research because mental health assessment in the hemodialysis setting is not only a clinical procedure but also a context-sensitive and emotionally charged practice. It is through the utilization of this approach that the research seeks to uncover the underlying significance that is embedded in the nurses' experience, beliefs, and coping behaviors, which the mere quantitative or surface analysis might overlook. Last, this design offered a rich, detailed conceptualization of renal nurses internalizing and navigating the difficulties of meeting the psychological needs of patients in an extremely structured clinical setting.

This study highlighted both experiential accounts and the construction of meaning, focusing on the lived experiences of renal nurses in a private hospital located in Davao City. To achieve this, a total of 12 participants have agreed to partake in this study, 5 of whom were individually interviewed, while the other 7 renal nurses participated in a focus group discussion. This discussion served as the primary source of inquiry, allowing nurses to share their daily experiences, thoughts, feelings, and actions related to this method of exploring themes that emerge from participants' narratives. As articulated by Van Manen, Hermeneutic phenomenology perceives the research endeavor as a reflective and interpretive expedition wherein the researcher profoundly interacts with participants' narratives to collaboratively build understanding while staying rooted in the contextual and experiential aspects of the phenomenon (Hewis, 2024)

Results and Discussions

Table 1. Participants' Profile

Code	Current Designation	Years in Current Designation	Years in Conducting Mental Health Assessments	Study Group
P1	Hemodialysis Nurse	4 years	2 years	IDI1
P2	Hemodialysis Nurse	8 years	2 years	IDI2
P3	Hemodialysis Nurse	6 years	2 years	IDI3
P4	Hemodialysis Nurse	3 years	2 years	IDI4
P5	Hemodialysis Nurse	2 years	2 years	IDI5
P6	Hemodialysis Nurse	3 years	2 years	FGD
P7	Hemodialysis Nurse	4 years	2 years	FGD
P8	Hemodialysis Nurse	2 years	2 years	FGD
P9	Hemodialysis Nurse	2 years	2 years	FGD
P10	Hemodialysis Nurse	3 years	2 years	FGD
P11	Hemodialysis Nurse	5 years	2 years	FGD
P12	Hemodialysis Nurse	4 years	2 years	FGD

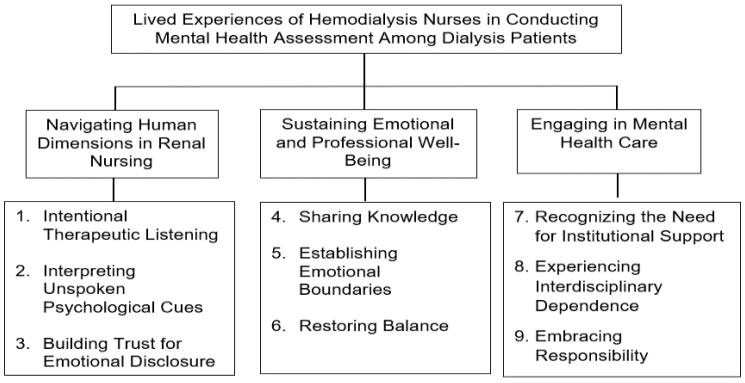

Figure 1: Thematic Map

Results and discussion

Hermeneutic phenomenology is the selected research approach for investigating renal nurses' lived experiences in conducting mental health assessments. Van Manen's approach focused on revealing the significance that participants attribute to their experiences. Through the examination of interview transcripts, key themes and fundamental frameworks that reflect the essence of nurses' experiences in conducting mental health assessments. These experiential descriptive assertions are subsequently categorized into key themes reflecting repeated experiences.

The researcher engaged with the data thoroughly, reading the transcripts several times in order to gain a comprehensive understanding of the participants' experiences. The researcher sifted through the transcripts, marking portions that stood out and contained essential or significant ideas of interest. These segments were then distilled and refined in such a way that the fundamental characteristics and the real sentiments of the participants were maintained. Further, the researcher sought to articulate the underlying meanings that were revealed in the lived realities of nurses and expanded upon the descriptions of the essence of the individual experiences.

After the phenomenon description has been analyzed by checking recurring statements, concepts and emotional expression that has been identified by the multiple participants. Related meanings and experiences were grouped to create larger categories that embody the common essence of the participants' lived experiences. By means of careful analysis, these clusters were given concise thematic labels referred to as essential themes, that summarizes the core meanings of the phenomenon.

As soon as the researcher identifies the cluster themes, all cluster themes were analyzed further to create an emergent theme. This phase encompassed a more profound interpretive process where the researcher examined how various key themes connect and enhance a broader comprehension of the phenomenon. Through the integration of these connections, the researcher identified emerging themes that encapsulate the comprehensive and evolving aspects of the participants' experiences.

From 377 total transcriptions, 299 significant statements were gathered. From these statements, 12 key themes were identified. The recognized themes are subsequently combined into emergent themes that reflect the fundamental experiences of renal nurses in conducting mental health assessments in a private hospital in Davao City.

Emergent Theme 1: Navigating Human Dimensions in Renal Nursing

The first emergent theme demonstrates how renal nurses are intricately involved in understanding patients' expressions of emotions and psychological dimensions, highlighting the relational, interpretive, and compassionate dimensions of the mental health assessment. This reflects the human, lived experience rather than care provided at the level of the task. This emergent theme consists of three cluster themes: Caring Through Listening, Reading Between the Lines and Establishing Rapport. While caring for patients within the human dimensions of renal nursing, patients are not only treated medically, but there are also emotional, psychosocial, and socio-spatial issues that become the scope of care within the practice (Abdolsattari et al. 2022). Nurses give continuity and holistic care which consists of teaching, psychosocial support and lifestyle counselling (Alodhialah & Almutairi, 2025).

Cluster Theme 1: Intentional Therapeutic Listening

This first cluster theme expresses compassionate caring of the nurses towards the hemodialysis patients in conducting mental health assessments. It resulted where some of the renal nurses realizes that patients do have emotional suffering however hides it through their smile, or does not want to show their real emotions towards their patients.

Compassionate care, which encompasses empathy, can significantly improve the mental and emotional state of patients (Nikpey et al., 2023). Nurses recognize that patients' emotions, even negative ones such as anger or frustration, should not be overlooked. However, emotionally charged feelings can be helpful. Effectively channeling patients' emotions can be instrumental in goal attainment, illustrating the value of a good therapeutic relationship (Camedda et al., 2023). The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"She said she didn't want to be a burden to anyone, and she didn't want anyone to feel sorry for her." (SS: 107 Line: 206-207 IDI: 3)

"Listening to patients share about losing their independence, facing financial burdens, and coping with the fear of death can be emotionally overwhelming." (SS: 2 Line: 5-6 IDI1)

"When they open up and feel heard, it eases some of their burden, even just for that moment. (SS: 92 Line: 172-173 IDI2)

The researcher affirms on the testimonies of

her colleagues, there is indeed emotional connection whenever we conduct mental health assessments among dialysis patients. Each session holds a story, especially where a patient's quiet strength masks profound sorrow. Medicine and Dialysis only addresses part of the burden, the rest being an emotional toll of suffering that bleeds a nurse's spirit dry. Such empathy, while ethically commendable, can be at times emotionally draining. The researcher appreciates the empathy participants demonstrated, she also recognizes that the need to maintain one's own emotional strength necessitates some degree of self-detachment. To listen is to care: to understand the patient's crossed legs, dejected posture, silence, or sad facial expression, which may be accompanied by other unexpressed emotions, that make up the patient's multifaceted experience (Alwar & Addis, 2021). Patience is required of nurses to unveil concerns that will be brought forth after considerable contemplation (Alwar & Addis, 2021).

Cluster Theme 2: Interpreting Unspoken Psychological Cues

This second cluster theme reveals the challenges that the nurses encounter while conducting the mental health assessment. It resulted to nurses pertaining to on how they deal with reluctance of the hemodialysis patients to open up and share their true emotions to them since some of the hemodialysis patients may look mental health issues as a stigma.

Patients on dialysis may not report new symptoms due to the 'psychological burden' which comes with the 'stigma of illness' burden (Xu et al., 2021). In extreme cases, psychological burden may manifest through stigma, loss of social support, social isolation, and discrimination (Li et al., 2023). While there are initiatives to provide renal patients with emotional and psychological support, there is inadequate comprehension regarding the challenges staff face in recognizing and addressing patient distress (Damery et al., 2020). This is made worse when patients are unwilling to express their emotional pain and suffering. The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"Some patients may avoid discussing their mental health due to stigma or fear of judgment. Others may not even recognize that what they're experiencing is a mental health issue." (SS: 110 Line: 211-212 IDI3)

"I agree with both of you. In my experience, mental health assessment is never straightforward, we need to know the exact words to say for them to open up freely." (SS: 171 Line: 331-332 FGD)

"Assessing the mental health of hemodialysis patients is challenging; it requires building trust so they feel safe to share their feelings." (SS:68 Line: 126-127 IDI: 2)

On the researchers' perspective, she affirms the struggle felt by the participants. Nurses administering hemodialysis frequently find themselves in the vague understanding between bodily and psychological symptoms such as fatigue may be due to uremia, or it may be depression. A lack of structured direction may cause doubt, but she refuses to accept that this lack of resolution devalues the nurse. Quite the opposite, she believes it increases our humility and sensitivity to the situation. Dealing with uncertainty can involve ambiguous situations regarding "difficulty interpreting and predicting outcomes." Such uncertainty may provide an opportunity to gain valuable professional insight and develop an advanced understanding of client requirements (Cunha et al., 2023).

Cluster Theme 3: Building Trust for Emotional Disclosure

The third theme emphasizes that nurses, despite their limitations, cited that establishing rapport through good communication is the significant enabler of the mental health assessments. Informal dialogue was used as the primary means to establish trust, discern feelings, and offer soothing aid.

For patients suffering from chronic diseases such as end-stage renal disease, the effectiveness of care is considerably impacted by the effectiveness of nurse-patient communication. This communication considerably aids in the formation of the therapeutic relationship, which is indispensable since patients spend many hours a week in contact with nurses during hemodialysis (Camedda et al., 2023). Effective communication skills are essential for all professionals providing healthcare in nephrology. The treatment decisions for patients with End Stage Renal Disease (ESRD) have long-lasting and considerable ramifications (Fang et al., 2022). Research shows the importance of the skills described in the effective communication between physicians and patients which strengthens trust and improves treatment adherence (Golsorkhi et al, 2025). The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"It's more on using the appropriate words for the appropriate situation." (SS: 140 Line: 275 IDI4)

"I use softer words, like asking "How are you coping?" instead of directly saying "Are you

depressed?" since that can make them defensive. It's delicate work." (SS: 189 Line: 356-357 FGD)

"Build rapport and trust-without it, patients won't open up." (SS: 281 Line: 477 FGD)

With the researchers'' own dialysis practice, communication serves as a mechanism and a form of therapy. Unpacking unacknowledged burdens often begins with opening dialogue with, "How are you today?" Still, supportive structural avenues are needed alongside communication, and without such, discourse will be unproductive. Yet, she takes pleasure in those intervals in which a patient lies quietly, and the machine is operating, as those are the times when unbroken and unrestrained discourse truly and completely share and reconstitutes the personhood which illness so often diminishes. Starting conversations with phrases like "How are you today?" is a good first step in communication and relieving unarticulated stress. 'Caring' in nursing means certain relationships are built on trust, with nurses fully disclosing, understanding, and attempting to solve patients' problems, which will have a positive impact on the patient's mental and psychological health (Nikpey et al., 2023).

Emergent Theme 2: Sustaining Emotional and Professional Well- Being

The second emergent theme integrates the nursing copings as continual avenues of self-protection and career enhancement, illustrating the ways in which nurses cope with the emotional challenges while sustaining their professional emotional and analytical fluency and strength. Sustaining professional well-being is the capacity to be mentally well enough to handle routine life stressors, understand one's potential, operate effectively, and give back to society (Miguel et al, 2023). This is especially important in fields that are mentally taxing, like mental exam evaluations, that are high in emotional work (Andersson et al, 2020).

Cluster Theme 4: Sharing Knowledge

This fourth cluster theme resulted to nurses expressing that after conducting mental health assessments they lean to their colleagues for relief and emotional validation, thereby creating peer support systems within the renal setting. Relief and validation are attained through experience sharing and team cohesion.

A collaborative approach aids in building a shared understanding wherein collective experience compensates for gaps that may exist in the formal training of mental health. Relationships of trust that are founded on shared experience and reciprocity allow peer mental health support to develop, creating opportunities for both formal and informal knowledge exchange among health professionals (Kanavaki et al., 2021). For nurses, having peer support systems available is essential for helping them cope with the complexities of their work. As an illustration, peer support allows nurses to verbalize their apprehensions, worries, and reflective experiences, and facilitates the self-doubt and self-closure processes. (Wentzel et al., 2023). Healthcare workers' psychosocial peer support initiatives focus on mental health and burnout, provide psychological first aid, and instill hope through their work (Simms et al., 2023). The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"I've learned to lean on my colleagues for support and to turn to prayer when the emotional weight feels to heavy." (SS: 32 Line: 63-64 IDI1)

"Of course, there would be emotional support and guidance from people I trusted." (SS: 160 Line: 31 IDI: 5)

"I debrief with colleagues after difficult cases." (SS: 259 Line: 449 FGD)

The researcher fully supports these observations. She finds that conversations with co-workers after a shift can provide valuable relief for emotional burdens. She noticed that shared empathy among nurses helps to soften the feelings of solitude. Thus, the idea of support from colleagues can provide more than the sheer act of coping, it can also relationally provide resilience as well. Peer relations involve individuals dynamically supporting one another socio emotionally within a given context and situation (Pereira et al., 2021). Furthermore, co-worker social support directly increases stress resilience among nurses and thus should be prioritized when trying to reduce stress within the workplace (Ernawati et al., 2024).

Cluster Theme 5: Establishing Emotional Boundaries

The fifth cluster theme results to nurses practiced emotional distancing while compassion was still conveyed. Self-care was an essential part of the moral balance, and nurses understood this.

Emotional distancing can be perceived as an effective technique to safeguard the psychological well-being of nurses without compromising patient care (Kim et al., 2020). As stated by Savina et al., (2025) "overstepping personal and professional limits…" can lead to "harmful emotional fusion and conflation of one's professional role identity and personal role identity." Nurses should maintain a

balance between their professional and personal identity by staying emotionally disengaged from work after working hours, and to avoid harmful sentiment fusion with one's personal life (Savina et al., 2025). The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"By setting limits when facing other peoples' problem. Know how to understand and deal boundaries." (SS: 158 Line: 309-310 IDI5)

"I look things professionally instead of personally." (SS: 142 Line: 277 IDI4)

"Carrying their fears and struggles day after day is heavy, and I've learned that nurses need spaces to rest, to share, and to be reminded that we are not alone in this work." (SS:63 Line: 117-118 IDI1)

On the researchers' perspective, she recognizes how important balance is. Given the frequency and duration of the relational encounters, patient suffering can profoundly affect one's personal life, especially when relationships are developed over years because of thrice-weekly encounters. Her understanding is a learning and personal evolution Compassion, she have learned, is a bounded, purposeful state. For her, boundaries are not barriers, but bridges, that allow compassion to pour forth, and maintain the balance, over the long haul. Emotional well-being is determined by the degree of separation one maintains between personal and professional identity (Savina et al, 2025). Intermingling the personal and professional front can cause emotional strain (Savina et al, 2025). This isn't about gatekeeping, rather creating a "boundaried ethic of care" where the relational and interdependent nature of individuals are acknowledged while also preserving the emotional resources of the professional (Au & Stephens, 2022).

Cluster Theme 6: Restoring Balance

The sixth themes express that for nurses, reflection becomes a process of transformative change whereby weighty feelings are regarded as indications of growth in one's career. Prayer, journaling, and quiet contemplation are avenues of restoring balance and finding purpose that emotional stress and burnout translates into learning and empathy, and a desire to forge on.

According to Dogham et al. (2025), Emotional Intelligence involves the components of Self-awareness, emotionally managing, Motivating oneself, Empathy, and the Social Skills buff as Self-Management. For nurses to deal with the emotional challenges of the job, Emotional Intelligence is a necessity. Self-awareness is nurses' ability to know their limitations and seek help and/or training. Training on Mental Health conditions and working collaboratively helps nurses gain confidence and knowledge as the experience increases in Mental Health. (Alwar & Addis, 2021). The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"It reinforces holistic nursing—we care for body, mind and spirit." (SS: 284 Line: 480 IDI: FGD)

"Dialysis may keep my patients alive, but it doesn't take away the sadness, fear, or exhaustion they quietly carry." (SS: 52 Line: 98-99 IDI1)

"Looking back, the key insight is that mental health assessment is an essential part of holistic renal care. It helps identify hidden struggles like depression or anxiety that directly affect treatment adherence and quality of life." (SS: 147 Line: 286-288 IDI4)

The researcher affirms on their statements, reflection has been the way for reconciling the emotional contradictions in dialysis care such as thankfulness for saving lives and sadness for losing them. Along with the participants, she views self-awareness as both shield and a compass, initially protecting against emotional exhaustion and the latter directing towards the guiding purpose. The nursing vocation allows for the flourishing of compassion and the desire to serve humanity. Self-awareness allows for the connection to intrinsic motivation, the appreciation of one's work, insight application, and the entire work process's intrinsic meaning, especially when the work is appreciated (Malik & Shankar, 2023; Teutsch et al., 2025).

Emergent Theme 3: Engaging in Mental Health Care

The emergent theme moves towards an interpretive meaning of "opportunities," indicating that the mental health assessment process is a shared, growing process defined by partnerships, interdependence, and professional responsibility. The cluster themes are acknowledging support, collaborating with professionals and embracing Responsibility. Nurses need more organized education, interdisciplinary integration, and professional development to provide comprehensive care. Investing in them improves patient outcomes and the well-being of nurses. It remains necessary to prepare tailored recommendations for standards psychosocial and physical rehabilitation care and for commissioning and measuring them (Coyne et al., 2023). The continuous learning support for renal nurses in mental health assessment to advanced

practice roles and improved health outcomes for patients with chronic kidney disease is an area of potential research (Nozu et al., 2024).

Cluster Theme 7: Recognizing the Need for Institutional Support

This seventh cluster theme embodied the nurses' continuous feedback has highlighted the need for organized mental health training to develop abilities and self-assurance regarding psychological evaluations. There is a sentiment that current training is too centered on the technical aspects of performing dialysis while the emotional components are neglected.

Renal nurses have traditionally been taught the technical facets of acute hemodialysis. They often receive little to no training in the care of individuals with severe mental illnesses (Alwar & Addis, 2021). This training shortcoming may make the care of patients with overlapping complex mental health issues even more challenging and, needless to say, stressful (Alwar & Addis, 2021). The lack of mental health resources is an issue often cited by patients and nurses alike, and this lack of resources critically impacts assessment and ongoing care (Schick-Makaroff et al., 2021). The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"We need more training in mental health so that we can also develop some techniques in handling difficult situations or conversations." (SS: 267 Line: 458-459 FGD)

"We're trained so well on the machines and the treatments, but not enough on how to respond when a patient quietly says, "I'm tired of fighting." (SS:44 Line: 83-84 IDI1)

"Nurses need several forms of support to effectively conduct mental health assessments among hemodialysis patients, including proper training, and tools." (SS: 121 Line: 231-232 IDI3)

In practicing my role as a dialysis nurse, the researcher can assure you that she has endured this lack of support structure psychosocially as compared to the technical competency that is streamlined through education. She felt this same lack in the face of a patient who is hopelessly expressing their concern, not knowing to whom she should console or if she should even refer them immediately. Therefore, she has to advocate for the inclusion of structured educational training focused on mental health. Research shows that mental health training has tangible benefits, decreases in depressive and anxious symptoms and increased patient satisfaction with care from trained nurses (Beaudin et al., 2024). There seems to be little training around the issue of distress and symptom management that enables nurses to feel competent in tackling these problems and making the right referrals for patients who decline help (Götz et al., 2022).

Cluster Theme 8: Experiencing Interdisciplinary Dependence

This eighth theme focuses on the nurses appreciates the significance of interdisciplinary collaboration with psychologists, psychiatrists, and social workers. They understood that mental health care cannot be handled by nurses alone.

For these challenges to be handled adequately, a teamwork model where diverse healthcare practitioners share and synthesize their knowledge to reach shared management objectives is essential (Baragar et al., 2023). This approach includes, apart from the healthcare teams, the mental health specialists, which consist of psychologists and social workers (Delgado-Domínguez et al., 2021; Hansen et al., 2021). The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"In addition, collaborating closely with social workers, mental health professionals and the rest of the care team ensures proper referrals and follow-through." (SS: 101 Line: 194-195 IDI: 2)

"They should also collaborate closely with mental health professionals for timely referrals and advocate for supportive system." (SS: 153 Line: 300-301 IDI: 4)

"Collaborate with mental health professionals." (SS:293 Line: 489 FGD)

On the researcher's perspective, she completely supports the participants' wish to work with social workers and mental health professionals. From her perspective, interdisciplinary collaboration often sheds light on aspects of the patient's care I may not fully appreciate. However, she did not say that collaboration is joint-task completion; rather, interdependency is the essence of collaboration. When there is partnership among nurses, physicians, and psychologists, the patient benefits from what can only be described as a seamless flow of care that crosses the boundaries of individual compassion. Recognizing the role of each member of the team is the basis of interdependency. For example, social workers, integrated into interdisciplinary teams, foreground the social aspects of the medical needs in the integration of services into care (Martin-Giacalone & Weng, 2025). In geriatric care, where a

multidisciplinary approach is particularly important, social workers, community workers, and psychologists collaborate with nurses and physicians to provide integrated care (Rudnicka et al., 2020). Collaboration across disciplines in delivery of care is particularly emphasized by psychiatric mental health nurse practitioners to advance the care of patients with mental and behavioral health issues (Kumar et al., 2020).

Cluster Theme 9: Embracing Responsibility

This last theme established in this study expresses the nurses' on facing difficulties and looking through this difficulty as opportunities to grow. They view emotional labor as an integral and meaningful component of their vocation. Nurses view their struggles within a positive framework as opportunities for growth. The emotional and ethical difficulties of nursing prompt a deeper understanding as every vocation is nursing. Each serves to strengthen and reinforce nursing's purpose as a profession of devoted presence.

As part of growth in the profession, the effective establishment and executing of comprehensive competency frameworks articulating the knowledge, skills, and values for renal nurses to master the psychosocial dimensions of care. For example, the work of constructing a competency framework for an Assistant Wellbeing Practitioner role. This framework delineates the fundamental knowledge, values, principles, and skills for working toward biopsychosocial outcomes in the renal specialty. These competencies encompass understanding kidney conditions and treatments, common psychosocial challenges, collaborative care models, and evidence-based proactive psychosocial care (Farrand et al., 2022). The hemodialysis nurses themselves emphasized their experience as witnesses on the silent suffering of patients as evidenced by the following significant statements:

"What I've learned is that my role isn't just to run the machine or give medications, it's to care for the whole person." (SS: 54 Line: 102-103 IDI1)

"To the nurses is to prioritize mental health as part of routine care, build trust through empathy, and use available tools for early detection." (SS: 149 Line: 291-292 IDI4)

"Growth makes us better at this role, we should mature in handling these types of conversations." (SS:299 Line: 497-498 IDI: FGD)

On the researcher's view, she affirms their statements. Her time as a hemodialysis nurse has taught her that the emotional and ethical burdens one has to carry are indeed deepening one's personal suffering. She would say, though, that to properly recognize growth, it must be a consequence of institutional recognition; the transformation that occurs within the nurse must be complemented with institutional frameworks. Healthcare institutions must acknowledge and appreciate the emotional difficulties that nurses experience. Counseling services, emotional debriefing, and peer support programs help nurses deal with emotional strain (Goudarzian et al., 2024). Changes in institutions as described above are essential so that change in nursing practices can be made and sustained evidence-based practices can be utilized (Ishii et al., 2025; Salma & Waelli, 2022). Moreover, having structural empowerment in the workplace has positive effects on the flourishing of nurses, which benefits their job performance and decreases their stress and turnover intentions (Engström et al., 2025).

Conclusion and Recommendations

This research emphasizes the lived experiences of renal nurses performing mental health evaluations on hemodialysis patients, illustrating mental health care as a relational, interpretive, and emotionally rooted component of renal nursing practice. Informed by Van Manen's hermeneutic phenomenology, the results indicate that mental health evaluation transcends a standard clinical duty and is rooted in nurse–patient interactions marked by attentiveness, engagement, and ethical awareness. Renal nurses address psychosocial care during daily dialysis procedures while balancing emotional pressures, professional strength, and organizational limitations. These results highlight that mental health evaluation is essential for comprehensive and empathetic kidney care.

In Nursing Practice, these findings strongly suggest that healthcare facilities should incorporate standardized, compassionate mental health evaluations into standard hemodialysis procedures. Creating peer support networks, conducting reflective debriefing meetings, and implementing emotional resilience initiatives are crucial for assisting nurses in coping with the psychological challenges of renal care. Moreover, interdisciplinary teamwork should be improved to boost the continuity and thoroughness of psychosocial treatments for patients receiving long-term dialysis.

Regarding nursing education, the research highlights the necessity to improve mental health evaluation skills via experiential, reflective, and narrative-driven learning methods. Integrating mental health assessment, psychological first aid, and psychosocial management of chronic conditions into undergraduate and ongoing education programs will aid nurses in cultivating interpretive judgment, empathy, and ethical responsiveness vital for proficient practice.

Finally, the investigator recognizes the constraint of

this research, which took place in one private hospital environment. It is suggested that future studies incorporate various healthcare facilities and patient viewpoints to enhance the comprehension of psychosocial nursing practices in kidney care. Using mixed-methods or quantitative research approaches can enhance evidence-based practice by investigating the connection between mental health nursing interventions and patient results. These suggestions seek to expand upon the results of the current research and aid in the progression

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