

Stories and Statistics: A Mixed Method Study of Kidney Transplant Recipients' Lived Experiences and Quality of Life Outcomes

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Abstract

Kidney transplantation is a life-saving intervention for individuals with end-stage renal disease. However, recovery involves complex and multidimensional adjustments. This study aimed to explore the lived experiences of post-kidney transplant recipients and evaluate their quality-of-life outcomes across various dimensions. An exploratory sequential mixed-methods design was employed. In the qualitative phase, purposive sampling was used to gather narratives through semi-structured interviews, which were analyzed using Colaizzi's method. The findings revealed major themes, including reclaiming life and celebrating joy after transplant, as well as physical, psychological, emotional, socio-environmental, and financial dimensions, along with coping strategies. The findings from the qualitative phase served as the basis for the development of a researcher-designed questionnaire for the quantitative phase, which employed total enumeration sampling involving 52 respondents. Data were analyzed using frequency and percentage, weighted mean, and the Chi-square test at the 0.05 level of significance. The results revealed generally favorable quality-of-life outcomes among kidney transplant recipients. Moderate levels were observed in the physical, financial, and overall well-being dimensions, while high levels were noted in the psychosocial and emotional, socio-environmental, and coping strategy dimensions. Improvements following kidney transplantation were evident across most dimensions; however, financial aspects remained at a moderate level of improvement. Furthermore, no significant relationships were found between demographic variables and quality-of-life outcomes or the extent of improvement across the different dimensions, leading to the failure to reject the null hypotheses. The study concludes that recovery following kidney transplantation is holistic, highlighting the need for continued psychosocial and financial support. A healthcare guide primer was developed to promote sustained recovery among kidney transplant recipients.

Key words: *kidney transplant recipient, lived experiences, quality of life, mixed-methods, post-transplant adjustment*

1. Introduction

Kidney transplantation is recognized as one of the most significant medical advancements for individuals suffering from end-stage renal disease (ESRD). It offers patients the opportunity to regain kidney function, improve survival, and live beyond the exhausting routines of long-term dialysis. However, despite the success of the surgical procedure, transplantation introduces a new phase of adjustment that involves physical, emotional, psychological, social, and financial challenges. Recipients often face lifelong dependence on immunosuppressive medications, strict adherence to medical regimens, and continuous monitoring to prevent graft rejection. While transplantation restores hope and independence, many recipients continue to experience uncertainty, fear, and pressure associated with maintaining their health and protecting the transplanted organ.

According to the World Health Organization (2025), approximately 674 million people worldwide are affected by chronic kidney disease (CKD), making it one of the fastest-growing causes of mortality globally. The organization further emphasized that CKD is projected to become one of the leading causes of death by 2050 due to increasing rates of hypertension, diabetes, aging populations, and limited access to treatment. This growing global burden highlights the urgent need for effective renal replacement therapies such as kidney transplantation.

In a similar context, kidney transplantation is widely considered the gold standard treatment for ESRD because it significantly improves physical functioning, independence, and overall well-being compared with dialysis (National Kidney Foundation, 2023). Recipients frequently describe transplantation as a "second chance at life" because it restores energy, mobility, and freedom from dialysis dependence. Many patients regain the ability to perform daily activities, return to work, rebuild social relationships, and participate in meaningful life experiences that were previously limited by chronic illness.

Parallel to this perspective, health-related quality of life (HRQoL) has become an essential indicator in evaluating the overall success of kidney transplantation. Studies by Ryu et al. (2021) revealed that transplant recipients generally report better physical functioning, emotional stability, and social relationships compared with patients who remain on dialysis. Similarly, Antoun et al. (2023) emphasized that transplantation enables recipients to rebuild normal routines and regain independence in daily living. Improvements in physical stamina, energy levels, and social participation often contribute to increased self-confidence and emotional well-being among recipients.

Comparable findings were also reported by The United States Renal Data System (2023) further reported that many kidney transplant recipients experience substantial improvements in overall well-being, including increased vitality, reduced fatigue, and enhanced work productivity. Recipients also had higher employment participation rates and significantly longer survival than patients remaining on maintenance dialysis. These improvements allow many individuals to resume family responsibilities, strengthen social relationships, and actively contribute to their communities. Such outcomes illustrate how transplantation positively influences not only physical health but also economic productivity and social reintegration, reinforcing its transformative impact on recipients' lives.

Despite these positive outcomes, kidney transplantation also presents ongoing emotional and psychological challenges that continue long after surgery. Studies by Sarhan et al. (2021), Sandwijk et al. (2023), and Nassar et al. (2025) found that anxiety, depression, emotional distress,

and fear of graft rejection remain common among transplant recipients even after physical recovery. Recipients often struggle with uncertainty regarding the long-term survival of the transplanted kidney and the possibility of returning to dialysis. Emotional stress may also arise from medication side effects, lifestyle restrictions, and the burden of maintaining strict adherence to treatment regimens.

Although transplantation offers significant benefits, financial burden also remains a significant challenge for kidney transplant recipients and their families. Although transplantation reduces the long-term costs associated with dialysis, recipients continue to face expensive maintenance medications, laboratory monitoring, hospital visits, and follow-up consultations. In the Philippine setting, many recipients experience financial strain despite assistance from PhilHealth and other support programs because out-of-pocket expenses remain substantial (PhilHealth, 2025). Lifelong immunosuppressive therapy and routine medical monitoring create ongoing economic pressure that may affect treatment adherence and overall well-being.

Consistent with previous literature, coping strategies play an important role in shaping the post-transplant experiences and recovery of kidney recipients. Recipients commonly rely on spirituality, emotional resilience, healthy lifestyle practices, adherence to medical regimens, and family support to manage stress and maintain long-term recovery. Crawford et al. (2024) emphasized that social support and health literacy significantly influence coping behaviors and treatment adherence, while McKie and Gaida (2022) highlighted the role of spirituality in strengthening resilience and improving quality of life among transplant recipients.

Relatedly, despite the growing body of research on kidney transplantation, there remains limited integration of recipients' lived experiences with quantitative measures of quality of life, particularly within the Philippine setting. Most existing studies focus primarily on biomedical outcomes such as graft survival and physiological recovery while overlooking the psychosocial, emotional, social, and financial dimensions of post-transplant adaptation. To address this gap and limitations in literature, the present study employed an exploratory sequential mixed-methods design to examine the lived experiences and quality-of-life outcomes of kidney transplant recipients at Lorma Medical Center Kidney Transplant Institute. Guided by Meleis' Transition Theory, Self-Efficacy Theory, and the Health Belief Model, the study aimed to provide a comprehensive, holistic, and patient-centered understanding of post-transplant recovery, adaptation, and overall quality of life among kidney transplant recipients.

2. Objectives and Problems

This study seeks to explore the lived experiences of post-kidney transplant patients. Moreover, it also aims to determine the quality of life of post-kidney transplant recipients and the extent of improvement in the overall quality of life outcomes across the identified dimensions.

Specifically, it seeks to answer the following questions:

1. What are the demographic variables of the respondents in terms of:
 - 1.1. Age;
 - 1.2. Gender;
 - 1.3. Civil Status;
 - 1.4. Monthly Income, and
 - 1.5. Highest Educational Attainment?
2. What is the extent of the quality of life among kidney transplant patients in terms of:
 - 2.1. Physical dimension;
 - 2.2. Psychological and Emotional dimension;

- 2.3. Financial dimension;
 - 2.4. Socio-environmental dimension;
 - 2.5. Coping Strategies; and
 - 2.6. Life satisfaction and overall well-being of post-kidney transplant patients?
3. What is the extent of improvement in the overall quality of outcomes of kidney transplant recipients after transplantation across the identified dimensions?
 4. Is there a significant relationship in the extent of quality-of-life outcomes among kidney transplant patients based on demographic variables?
 5. Is there a significant relationship between the profile characteristics of kidney transplant recipients and the extent of improvement in the overall quality of life outcomes across the identified dimensions?
 6. What Health Care Guide Primer can be developed to address the findings of the study?

Hypothesis

1. There is no significant relationship between the profile of the respondents and the extent of improvement in the overall quality of life outcomes of kidney transplant recipients across the identified dimensions.
2. There is no significant relationship between the profile characteristics of kidney transplant recipients and the extent of improvement in the overall quality of life outcomes across the identified dimensions.

3. Materials and Methods

This study employed an exploratory sequential mixed-methods design, combining qualitative and quantitative approaches to examine the lived experiences and quality-of-life outcomes of kidney transplant recipients. The qualitative phase first explored participants' post-transplant experiences through interviews, while the quantitative phase measured them using survey instruments. According to Alele & Aduli (2023), this design is appropriate when a phenomenon needs to be explored qualitatively before being measured quantitatively. The qualitative phase enabled researchers to first explore and document the breadth and complexity of post-transplant experiences which were frequently unique and subjective. These rich narratives provided essential insights that were used to construct or refine the quantitative instrument for the second phase. The quantitative phase then evaluated and validated these experiences with standardized quality of life indicators, allowing for greater generality and statistical analysis.

The study was conducted at Lorma Medical Center, Kidney Transplant Institute, City of San Fernando, La Union. In the qualitative phase, purposive sampling was used to select ten (10) kidney transplant recipients who met the inclusion criteria and could provide meaningful experiences related to transplantation. In the quantitative phase, total enumeration sampling was employed, involving all fifty-two (52) qualified kidney transplant patients under continuous follow-up care at the institute. The inclusion criteria were as follows: (1) participants had undergone successful kidney transplantation for at least six months at Lorma Medical Center, Kidney Transplant Institute; (2) male or female; (3) at least 18 years old but not older than 70 years at the time of participation; (4) currently residing in the provinces of Region I; (5) willing and able to provide informed consent and actively engage in interviews; and (6) technologically literate to ensure ease in online data collection and digital communication.

The study used a semi-structured interview guide and a researcher-made survey questionnaire as data gathering tools. The qualitative component utilized a semi structured interview protocol aimed at exploring and understanding the lived experiences of those who had undergone kidney transplantation. For this phase, the validated interview guide was simplified by using a single main question followed by relevant probing questions to encourage participants to share their experiences freely while avoiding premature assumptions about possible findings. Follow up questions were derived from the participants' responses to the probing question and

served as additional inquiries to further explore their experiences as post kidney transplant recipients. The construction of the quantitative survey questionnaire was directly based on the thematic findings from the qualitative phase. Once these themes and subthemes were identified, they served as the conceptual framework for developing the dimensions and indicators of the quantitative instruments. The survey instrument underwent validity and reliability testing. Additionally, the survey instrument underwent expert validation to ensure its accuracy, consistency, and suitability for the study. The pilot study involved twenty (20) kidney transplant recipients who were active members of a Facebook-based kidney transplant support group in the Philippines. Prior to data collection, consultation with the panelists was conducted, and approval was obtained from the Research Ethics Committee. The survey instrument yielded a Cronbach's alpha reliability coefficient of 0.83, indicating good internal consistency and reliability.

Before data collection, ethical approval and institutional permissions were secured from the Research Ethics Committee, the Dean of the College of Nursing, and Loma Medical Center. Participants were informed about the study's purpose, procedures, benefits, and risks before signing informed consent forms. Participation was voluntary, and respondents had the right to withdraw at any time. Confidentiality and anonymity were maintained using pseudonyms and the secure storage of recordings and transcripts. Ethical principles, including beneficence, non-maleficence, justice, fidelity, honesty, and confidentiality, were strictly observed throughout the study.

Qualitative data were analyzed using Colaizzi's seven-step framework, which included identifying significant statements, formulating meanings, clustering themes, and validating findings through participant feedback. This method allowed the researchers to accurately capture the lived experiences of kidney transplant recipients. The steps include: (1) familiarization with the data through repeated reading of transcripts; (2) identification of significant statements; (3) formulation of meanings; (4) clustering of themes; (5) development of an exhaustive description; (6) construction of the fundamental structure of the phenomenon; and (7) validation of findings through participant feedback.

In the quantitative phase, the researchers utilized descriptive and inferential statistics in analyzing the gathered data. Frequency and percentage distributions were used to describe the demographic profile of the respondents, while the average weighted mean was employed to determine the extent of quality-of-life outcomes and improvement of kidney transplant patients across identified dimensions. Correlational analysis using the Chi-square (χ^2) test of independence was employed to determine the significant relationship between the respondents' demographic variables and the extent of their quality of life across the identified domains. Likewise, the same statistical test was utilized to determine the significant relationship between the respondents' demographic variables and the extent of improvement in quality-of-life outcomes across the identified domains. The use of the Chi-square (χ^2) test was deemed appropriate since both the demographic profiles and quality-of-life outcomes were treated as categorical variables.

To determine the extent of quality of life of post kidney transplanted recipients across the identified domains, the weighted mean was utilized, and responses were measured using a four-point Likert scale, as shown below:

Scale	Scale Limit	Descriptive Meaning
4	3.26 – 4.00	High Quality of Life
3	2.51 – 3.25	Moderate Quality of Life
2	1.76 – 2.50	Poor Quality of Life
1	1.00 – 1.75	Very Poor Quality of Life

To assess the extent of improvement in the respondents' overall quality of life outcomes after kidney transplantation across the identified dimensions, the weighted mean was also utilized, and responses were measured using the following four-point Likert as shown below:

Scale	Scale Limit	Descriptive Rating
4	3.26 – 4.00	Great Extent of Improvement
3	2.51 – 3.25	Moderate Extent of Improvement
2	1.76 – 2.50	Low Extent of Improvement
1	1.00 – 1.75	Very Low Extent / No Improvement

4. Results

The Lived Experiences of Post Kidney Transplant Recipients

The findings identified six (6) major themes that illustrate the multidimensional quality of life of kidney transplant recipients: (1) Reclaiming Life and Celebrating Joy after Transplant, (2) Physical Dimension, (3) Psychological and Emotional Dimension, (4) Socio-environmental Dimension, (5) Financial Dimension, and (6) Coping Strategies. Collectively, these themes highlight the participants' experiences, adjustments, challenges, and overall well-being following kidney transplantation. Together, they reflect the holistic and interconnected nature of post-transplant recovery, showing that improvement in one domain often influences outcomes in others. The themes further demonstrate that kidney transplantation extends beyond physiological restoration, encompassing emotional healing, social reintegration, financial adaptation, and the development of coping mechanisms that support long-term survival and quality of life.

The results imply that kidney transplantation improves patients' quality of life in many areas, including physical, emotional, social, and coping abilities. However, financial difficulties remain a major challenge, showing the need for better financial support for medications and long-term care. The findings also suggest that recovery is more effective when patients receive strong family, community, and workplace support, along with psychological and coping assistance. Overall, the study revealed the importance of a holistic approach to post-transplant care that addresses not only medical needs but also emotional, social, and financial concerns.

Kidney transplantation should be viewed as a long-term, multidimensional recovery process rather than a single surgical outcome. This means healthcare systems need to shift from a purely biomedical model to a holistic, continuous care model that integrates physical rehabilitation, mental health services, social support, and financial assistance throughout the patient's post-transplant journey. The findings also suggest that emotional well-being and coping strategies are just as important as clinical stability, indicating that psychological care and counseling should be routinely embedded in transplant follow-up programs.

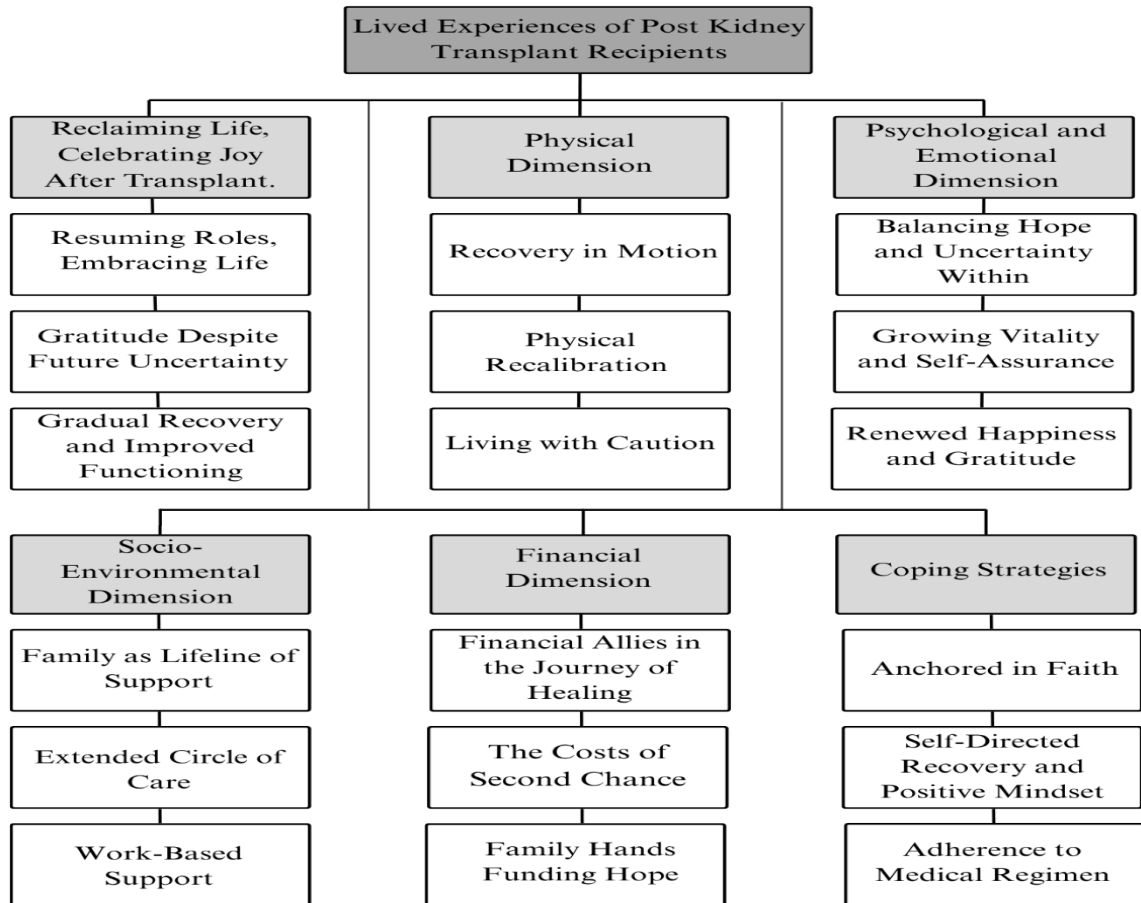


Figure 1. Concept Map

Figure 1 illustrates the six (6) major themes that emerged from the analysis of kidney transplant recipients lived experiences and quality of life. These themes include (1) Reclaiming Life and Celebrating Joy after Transplant, (2) Physical Dimension, (3) Psychological and Emotional Dimension, (4) Socio-environmental Dimension, (5) Financial Dimension, and (6) Coping Strategies, which collectively reflect the holistic post-transplant experiences and adaptation of the participants.

Taken together, the study identified six major themes describing the lived experiences of post-kidney transplant recipients. These include renewed life and gratitude after transplant, physical recovery with ongoing lifestyle adjustments, and emotional growth marked by hope and improved well-being. Social support from family, peers, and work settings played a key role in adjustment, while financial challenges persisted despite assistance from support systems. Recipients also relied on coping with strategies such as spirituality, self-management, and strict adherence to treatment. Overall, kidney transplantation is a continuous, multidimensional adaptation process involving physical, emotional, social, financial, and behavioral changes. The findings emphasize that post-kidney transplant recovery is a long-term, holistic process requiring continuous adjustment across physical, emotional, social, financial, and behavioral dimensions.

Table 1.
Demographic Profile of the Respondents

Variable		Frequency	Percent
Age	18-40 years old	11	21.2
	41-65 years old	41	78.8
Total		52	100.0
Gender	Female	21	40.4
	Male	31	59.6
Total		52	100.0
Civil Status	Single	11	21.2
	Married	41	78.8
Total		52	100.0
Highest Educational Attainment	High School	1	1.9
	Postgraduate	11	21.2
	College	40	76.9
Total		52	100.0
Monthly Family Income	₱10,000 – ₱20,00	6	11.5
	₱20,001 – ₱30,000	26	50.0
	Above ₱30,001	20	38.5
Total		52	100.0

Table 1 presents the socio-demographic profile of the respondents (N = 52), offering insights into their age distribution, gender composition, civil status, educational attainment, and monthly family income. This information serves as a foundational basis for analyzing patterns, relationships, and variations in the rents' perceptions and responses in relation to the variables under investigation. Most respondents were aged 41–65 years (78.8%) and slightly more were male (59.6%).

The majority of the respondents were married (78.8%), indicating strong family support. Most were college graduates (76.9%), and half had a monthly income of ₱20,001–₱30,000 (50.0%). Generally, the respondents are mostly middle-aged, educated, married, and from middle-income households, which may support their recovery after kidney transplantation. These results imply that post-kidney transplant care should be holistic and patient-centered, considering patients' age, family support, education, and income. Strong family involvement, continuous health education, and accessible financial support are important to improve recovery and long-term adjustment.

Table 2.
The Extent of Quality of Life Among Kidney Transplant Patients Across Identified Dimensions

Indicators	Mean	Descriptive Rating
1. Physical Dimension	3.23	Moderate Quality of Life
2. Psychosocial and Emotional Dimension	3.42	High Quality of Life
3. Financial Dimension	2.95	Moderate Quality of Life
4. Socio-environmental Dimension	3.37	High Quality of Life
5. Coping Strategies	3.41	High Quality of Life

6. Life Satisfaction and Overall Well-being of Post-Kidney Transplant Patients	3.22	Moderate Quality of Life
OVERALL MEAN	3.27	High Quality of Life

LEGEND: WM - Weighted Mean, DER - Descriptive Equivalent Rating, 3.26 - 4.00 – (HQL) High Quality of Life, 2.51 – 3.25- (MQL) Moderate Quality of Life, 1.76 – 2.50-(PQL) Poor Quality of Life, 1.00 – 1.75-(VPQL) Very Poor Quality of Life

Table 2 presents the extent of quality of life among kidney transplant patients across identified dimensions. Findings revealed an overall weighted mean of 3.27, interpreted as High Quality of Life, indicating that respondents generally experience favorable post-transplant well-being. Among the dimensions, the Psychosocial and Emotional Dimension obtained the highest mean (3.42), followed closely by Coping Strategies (3.41) and the Socio-environmental Dimension (3.37), all interpreted as High Quality of Life, suggesting positive emotional adjustment, effective coping, and supportive environmental experiences. Meanwhile, the Physical Dimension (3.23), Life Satisfaction and Overall Well-being (3.22), and Financial Dimension (2.95) were rated as Moderate Quality of Life, implying that while transplant recipients generally function well, challenges related to physical recovery, financial demands, and sustained life satisfaction remain present after transplantation.

Table 3.
The Extent of Improvement in the Overall Quality of Life Outcomes Among Kidney Transplant Patients Across Identified Dimensions

Indicators	Mean	Descriptive Rating
1. Physical Dimension	3.34	Great Extent
2. Psychosocial and Emotional Dimension	3.42	Great Extent
3. Financial Dimension	2.92	Moderate Extent
4. Socio-environmental Dimension	3.34	Great Extent
5. Coping Strategies	3.35	Great Extent
6. Life Satisfaction and Overall Well-being of Post-Kidney Transplant Patients	3.28	Great Extent
OVERALL MEAN	3.28	Great Extent

LEGEND: WM - Weighted Mean, DER - Descriptive Equivalent Rating, 3.26 - 4.00 – (GE) Great Extent, 2.51 – 3.25- (ME) Moderate Extent, 1.76 – 2.50-(LE) Low Extent, 1.00 – 1.75-(VLE/NI) Very Low Extent / No Improvement

Table 3 shows that kidney transplant patients experienced improvement in their overall quality of life to a Great Extent with an overall weighted mean of 3.28. The highest improvement was observed in the Psychosocial and Emotional Dimension (WM = 3.42), followed by Coping Strategies (WM = 3.35), and both the Physical and Socio-environmental Dimensions (WM = 3.34), all interpreted as improving to a Great Extent. Meanwhile, the Financial Dimension obtained the lowest mean (WM = 2.92), interpreted as Moderate Extent, indicating that financial challenges remain among recipients despite the benefits of transplantation. Overall, the findings suggest that kidney transplantation significantly improved the patients' physical, emotional, social, and overall well-being.

Table 4.
Correlation Between the Profiles of the Respondents and Extent of in the Quality-of-Life

Variables	x²	p-value (Sig.) (p < .05)	Interpretation	Decision
Age	.602	.438	Not Significant	Fail to Reject Ho
Sex	.027	.870	Not Significant	Fail to Reject Ho
Marital Status	.602	.438	Not Significant	Fail to Reject Ho
Monthly Income	1.996	.369	Not Significant	Fail to Reject Ho
Highest Educational Attainment	1.316	.518	Not Significant	Fail to Reject Ho

*** Reject Ho if p < 0.05; significant**

Table 4 presents the correlation between the respondents' profiles and the extent of quality of life. The findings revealed that age, sex, marital status, monthly income, and highest educational attainment all obtained p-values greater than 0.05, indicating no significant relationship with the respondents' quality of life. Hence, the results failed to reject the null hypothesis, suggesting that the respondents' profile variables do not significantly influence their extent of quality of life after kidney transplantation.

Table 5. Correlation Between the Profiles and Extent of Improvement on the Overall of Quality-of-Life Outcomes

Variables	x²	p-value (Sig.) (p < .05)	Interpretation	Decision
Age	.149	.700	Not Significant	Fail to Reject Ho
Sex	.727	.394	Not Significant	Fail to Reject Ho
Marital Status	.094	.760	Not Significant	Fail to Reject Ho
Monthly Income	1.997	.368	Not Significant	Fail to Reject Ho
Highest Educational Attainment	1.732	.421	Not Significant	Fail to Reject Ho

*** Reject Ho if p < 0.05; significant**

Table 5 presents the correlation between the respondents' profiles and the extent of improvement in overall quality-of-life outcomes. The results showed that age, sex, marital status, monthly income, and highest educational attainment all obtained p-values greater than 0.05,

indicating no significant relationship with the extent of improvement in quality of life among kidney transplant patients. Therefore, the results failed to reject the null hypothesis, indicating that the respondents' profile variables do not significantly influence the improvement in their overall quality-of-life outcomes after kidney transplantation.

Proposed Health Care Guide Primer Pathways to Renewal: A Holistic Health Care Guide for Post Kidney Transplant Patients

Rationale

Based on the salient findings of the study, the proposed health care guide primer of kidney transplant recipients focuses on the domains identified as requiring improvement, particularly the physical, psychological, and socio-environmental aspects, which emerged as areas with comparatively lower performance. It addresses the gaps through targeted, evidence-based, and context-sensitive interventions designed to enhance functioning, promote well-being, and strengthen overall quality of life among the respondents.

General Objective

To achieve an optimum level of quality of life among post-kidney transplant patients through holistic, evidence-based, and patient-centered interventions.

Specific Objectives

- 1.To address identified gaps in low-performing domains, specifically the physical, psychological, and socio-environmental aspects, through targeted, evidence-based, and context-sensitive interventions aimed at improving overall functioning and well-being.
- 2.To enhance the overall quality of life among post-kidney transplant patients by promoting balanced recovery across all health dimensions.
- 3.To promote self-management practices and long-term adherence to post-transplant care, including medication compliance, lifestyle modification, and routine follow-ups.
- 4.To strengthen coping mechanisms and support systems by enhancing spiritual, familial, and psychosocial support structures.
- 5.To provide evidence-based holistic care strategies that integrate physical rehabilitation, psychological support, and socio-environmental interventions for sustained posttransplant well-being.

Target Population

1. Adult kidney transplant recipients (≥ 18 years old)
2. Patients in post-transplant recovery (≥ 6 months post-surgery)
3. Families, caregivers, and healthcare providers supporting transplant patients

5. Discussion

5.1. The Lived Experiences of Post Kidney Transplant Recipients

The analysis revealed important insights into the lived experiences and quality of life of kidney transplant recipients. These findings highlighted the physical, psychological, social, financial, and coping-related changes experienced by participants after transplantation. The results revealed six (6) major themes describing the multidimensional quality of life of kidney transplant recipients. These include (1) Reclaiming Life and Celebrating Joy after Transplant, (2) Physical Dimension, (3) Psychological and Emotional Dimension, (4) Socio-environmental Dimension, (5) Financial Dimension, and (6) Coping Strategies. Collectively, these themes reflect the holistic experiences, challenges, adaptation, and quality of life of participants after kidney transplantation.

Under the major theme Reclaiming Life, Celebrating Joy After Transplant, the study highlights the overall transformation experienced by kidney transplant recipients as they shift from

a survival-focused life dominated by dialysis and illness to a renewed sense of freedom, independence, and emotional fulfillment. This theme emphasizes that transplantation not only restores kidney function but also rebuilds identity, purpose, and social connection. Participants described regaining the ability to live more normally, reconnect with family and community, and experience gratitude and joy despite ongoing medical uncertainties and lifelong care requirements.

The three sub-themes manifested the experiences of kidney transplant recipients in adjusting to life after surgery. Resuming Roles, Embracing Life shows that participants were able to return to their daily responsibilities at home, work, and in the community, although they had to adjust to lifelong medications and lifestyle changes. Gratitude Despite Future Uncertainty reflects their mixed emotions, as they felt thankful for a second chance in life but still experienced worry about possible complications and long-term health risks. Gradual Recovery and Improved Functioning highlights that physical recovery occurred slowly, with steady improvements in strength, energy, and daily functioning, which helped them regain independence and improve their overall quality of life.

These findings are consistent with the work of Sumanth et al. 2022, who reported that kidney transplant recipients undergo structured lifestyle modifications, including dietary regulation, strict immunosuppressive adherence, and calibrated physical activity, to sustain graft survival and prevent complications. Such behavioral adjustments are essential not only for physiological stability but also for facilitating safe reintegration into occupational and community roles. The participants' accounts of returning to work or community service reflect this adaptive integration of health management with social participation.

Parallel to these findings is relevant with the work of Sumanth et al. 2022, who reported that kidney transplant recipients undergo structured lifestyle modifications, including dietary regulation, strict immunosuppressive adherence, and calibrated physical activity, to sustain graft survival and prevent complications. Such behavioral adjustments are essential not only for physiological stability but also for facilitating safe reintegration into occupational and community roles. The participants' accounts of returning to work or community service reflect this adaptive integration of health management with social participation.

Under the major theme Physical Dimension, the study underscores the overall physical recovery experience of kidney transplant recipients, focusing on the restoration of strength, mobility, independence, and functional ability after transplantation. This theme shows that recovery is not only reflected in clinical improvements such as stable health indicators but also in the lived experiences of renewed energy, reduced dialysis burden, and the ability to return to daily activities. It emphasizes that physical recovery is gradual, adaptive, and requires continuous self-management to sustain long-term well-being.

The three sub-themes identified which describe the post-transplant experiences of kidney transplant recipients in terms of physical recovery and lifestyle adjustment. Recovery in Motion highlights the gradual return of strength, mobility, and independence, as participants were able to resume daily activities such as walking, working, and performing household tasks, despite some lingering fatigue. Physical Recalibration shows how recipients adjusted their routines and behaviors by adopting structured schedules, strict medication adherence, and healthier lifestyle practices to maintain post-transplant stability. Meanwhile, Living with Caution reflects their continued vigilance, as they remained careful in physical activities, avoided heavy exertion, practiced infection prevention, and limited exposure to risks, demonstrating a balance between regained independence and ongoing health protection.

In support of the present findings, Gordon et al. (2022) reported similar results, which further strengthen and validate the study's outcomes, kidney transplant recipients commonly experience residual physical limitations, particularly in activities involving heavy exertion. The study emphasizes that patients are advised to avoid strenuous tasks to prevent complications and protect graft function. This aligns with participants' statements regarding restrictions on lifting

heavy objects, suggesting that sustained physical limitations are a standard aspect of recovery that require long-term adaptation.

Under the major theme Psychological and Emotional Dimension, the study highlights the complex emotional journey of kidney transplant recipients as they adjust to life after surgery. This dimension reflects how transplantation influences not only physical recovery but also emotional stability, psychological resilience, and overall mental well-being. Participants experienced a mixture of gratitude, hope, anxiety, relief, and uncertainty as they adapted to a new phase of life. Emotional recovery was shown to be gradual and continuously shaped by personal experiences, family support, and ongoing health concerns.

The three sub-themes describe the emotional experiences of kidney transplant recipients after surgery. *Balancing Hope and Uncertainty Within* reflects the dual emotional state of hope for improved health alongside fears of graft rejection, complications, and financial burden, showing a continuous balance between optimism and worry. *Growing Vitality and Self-Assurance* highlights a positive emotional shift, where participants felt stronger, more confident, emotionally stable, and motivated to take better care of their health after transplantation. Meanwhile, *Renewed Happiness and Gratitude* emphasize the emergence of joy, relief, and deep gratitude as recipients returned to normal activities, experienced better health, and were freed from dialysis, leading to improved emotional well-being and a more positive outlook in life.

Moreover, in relation to the study of Martínez et al. (2023), post-transplant patients reported increased gratitude and psychological empowerment, which facilitated sustained adherence to dietary restrictions and preventive health behaviors. This research mirrors the participants' own expressions of valuing life, where the process of emotional renewal serves as the foundation for a commitment to self-care practices. Ultimately, this connection emphasizes that long-term health behaviors are not just physical routines but are deeply rooted in the patient's emotional and psychological transformation.

Furthermore, in corroboration with the findings of the World Health Organization (2022), organ transplantation is associated with improved quality of life outcomes, particularly in autonomy, emotional well-being, and self-management capacity. This systemic improvement is complemented by the research of Lee et al. (2021), which emphasizes that kidney transplant recipients develop heightened health vigilance and adaptive coping strategies following their experience with chronic illness. Collectively, these studies reinforce that growing vitality and self-assurance are key psychosocial outcomes, reflecting a successful transition from clinical dependency to empowered self-management.

Under the major theme Socio-environmental Dimension, the findings emphasize that kidney transplant recovery is strongly shaped by social relationships and support systems beyond medical care. This dimension highlights that recovery is not an individual process, but a shared experience supported by family, friends, neighbors, and workplace relationships. Participants consistently reported that emotional encouragement, financial assistance, and practical support contributed to treatment adherence, emotional stability, and improved quality of life. The socio-environmental context served as a protective and enabling factor, strengthening resilience and facilitating long-term post-transplant adjustment.

The three sub-themes exemplified the different sources of social support that contributed to the recovery of kidney transplant recipients. *Family as Lifeline of Support* highlights the essential role of immediate family members in providing financial assistance, caregiving, medication management, and emotional support, serving as a constant source of strength throughout post-transplant care. *Extended Circle of Care* emphasizes the support received from relatives, friends, neighbors, and the broader community, which offered emotional reassurance, companionship, and a sense of belonging, helping to reduce feelings of isolation and strengthen coping. Meanwhile, *Work-Based Support* shows how understanding colleagues and employers provided flexibility,

financial assistance, and encouragement, enabling participants to manage their health needs while maintaining employment, income, and a sense of identity during recovery.

In a study of Berdida et al. (2025) highlights that workplace social support among Filipino healthcare workers plays a significant role in strengthening resilience and psychological well-being. Their findings show that when employees experience supportive relationships within the workplace such as understanding supervisors, cooperative colleagues, and a positive work environment they are better able to cope with stress and maintain emotional stability. This emphasizes that workplace and peer-based support serve as an important “social safety net” that helps individuals manage job-related pressures and sustain long-term resilience and well-being.

Echoing this result, according to Kumnig et al. (2025) observed that engagement with peer networks improves psychosocial outcomes and long-term adjustment. These findings echo the participants' emphasis on "consistent and reliable" connections as a means of normalizing daily life during recovery. In the Philippine context, these dynamics are deeply rooted in the cultural values of bayanihan (communal unity) and pagkalinga (caregiving). According to Cajilig (2021), Filipino chronic illness patients rely on an extensive kinship system that includes not only biological relatives but also neighbors and "church family," who provide a collective safety net. This local evidence aligns with the participants' reflections, highlighting that in the Philippines, the "Extended Circle of Care" is a cultural cornerstone that mitigates the burden of recovery through shared communal responsibility.

Under the major theme Financial Dimension, kidney transplant recipients' experiences centered on the essential role of economic stability in sustaining post-transplant survival and long-term care. This theme will emphasize that recovery will not depend solely on medical success but will also require ongoing financial resources to support lifelong immunosuppressive medications, follow-up consultations, laboratory tests, and transportation. Financial support from families, government programs, workplaces, and community networks will collectively reduce treatment burden, improve access to care, and ensure adherence. Overall, the financial dimension will highlight that post-transplant recovery will be strongly shaped by the availability of sustained economic resources that will directly influence health outcomes and quality of life.

The three sub-themes illustrate the financial experiences and support systems of kidney transplant recipients during recovery. Financial Allies in the Journey of Healing highlights the role of government programs, workplace assistance, community support, and institutional aid in helping reduce the high costs of transplantation, thereby easing financial strain and improving access to continuous care. The Cost of a Second Chance reflects the ongoing and significant financial burden faced by recipients due to expenses such as immunosuppressive medications, laboratory tests, and follow-up care, which often exceed personal income and affect treatment adherence. Meanwhile, Family Hands Funding Hope emphasizes the crucial role of family members as the primary source of financial support, as they consistently provide for medications, hospital visits, and other healthcare needs through shared resources and sacrifices, enabling recipients to sustain their recovery despite economic challenges.

In a similar vein, Thompson and Rivera (2022) found that family-based financial support reduces psychological distress among transplant patients by alleviating concerns about treatment affordability. Their findings indicate that patients who receive consistent financial help from relatives report lower anxiety levels and higher confidence in managing post-operative care. This demonstrates that financial and emotional support from families is deeply interconnected in shaping recovery outcomes.

In addition, institutional reports emphasize that despite government insurance coverage, patients still face continuous financial strain due to lifelong immunosuppressive medications and follow-up requirements. Even with PhilHealth support, gaps in coverage often result in partial out-of-pocket spending, especially for maintenance drugs and additional laboratory tests (PhilHealth,

2025). This ongoing burden contributes to what is described as financial toxicity in long-term transplant care.

Under the major theme Coping Strategies, Kidney transplant recipients relied on a combination of psychological, behavioral, spiritual, and social mechanisms to manage the complex demands of post-transplant life. This theme highlighted how coping involves regulating emotions, maintaining treatment adherence, adapting to lifestyle changes, and seeking support systems to handle fear of rejection, financial strain, and long-term medication dependence. Coping strategies served as essential tools that enabled recipients to sustain resilience, reduce stress, and maintain stability as they adjusted to life after transplantation.

The three sub-themes reflected the coping strategies of kidney transplant recipients during recovery. Anchored in Faith highlights the strong influence of spirituality, where participants rely on prayer, gratitude, and belief in a higher power to cope with fear, uncertainty, and emotional distress, providing them with hope, meaning, and emotional stability. Self-Directed Recovery and Positive Mindset shows that coping is also driven by personal responsibility, as recipients adopt disciplined lifestyle choices, healthy habits, and a positive outlook to maintain their well-being and protect graft function. Meanwhile, Adherence to Medical Regimen emphasizes strict compliance with medications, follow-up consultations, and medical advice as essential to survival, with support from family and healthcare providers reinforcing consistent adherence as a key coping mechanism for long-term transplant success.

In relation to the study of Hariharan et al. (2021), kidney transplant recipients are required to adopt long-term precautionary behaviors, including infection prevention measures and activity modification, due to immunosuppressive therapy. The study highlights that although transplantation restores functional ability, recipients remain at increased risk of infections, necessitating continuous vigilance. This supports the participants' accounts of wearing masks, limiting social interaction, and exercising caution in daily activities, indicating that cautious living is an essential component of post-transplant care.

The findings also corroborate with the study of Griva et al. (2023) emphasized that patient awareness and health beliefs strongly influence adherence behaviors. Their study found that patients who understand the consequences of non-adherence are more likely to follow medical recommendations strictly. This highlights the role of health literacy in promoting responsible self-management after transplantation.

Similarly, according to the study of de Vera et al. (2023) conducted in the Philippines, kidney transplant recipients demonstrate improved independence post-transplant but continue to practice protective health behaviors, including dietary control, hygiene maintenance, and reduced exposure to crowded environments. The study further notes that adherence to these precautionary measures is associated with better health outcomes and reduced risk of complications. This supports the participants' experiences of integrating caution into their daily routines, indicating that preventive behaviors are critical in sustaining long-term recovery.

In addition, Perez et al. 2021 emphasized the importance of structured post-transplant education programs that address lifestyle management, role expectations, and self-care competence. Their findings suggest that patients who receive comprehensive guidance demonstrate greater confidence, smoother role transition, and stronger adherence to health regimens. Conversely, inadequate support or unrealistic expectations may compromise adjustment, potentially leading to stress, non-adherence, or diminished quality of life. This insight reinforces the necessity of tailored rehabilitation and continuous follow up.

5.2. The Demographic Variables of the Respondents

The findings revealed that the majority of the kidney transplant recipients were middle-aged adults aged 41–65 years old (78.8%), male (59.6%), married (78.8%), college graduates (76.9%), and had a monthly family income of ₱20,001–₱30,000 (50%). These results suggested that most respondents belonged to a mature, economically stable population with established family and social responsibilities. The predominance of middle-aged adults suggested that many participants were already in a stage of life in which health, financial security, and family support became highly significant in shaping their post-transplant experiences and quality of life. Likewise, the higher percentage of married respondents indicated the presence of family support systems that may have contributed positively to recovery, coping, and treatment adherence following transplantation.

Moreover, the high proportion of college graduates (76.9%) suggested that respondents generally had adequate educational backgrounds, which may have enhanced their understanding of post-transplant care, medication adherence, and lifestyle modifications. Similarly, the concentration of respondents in the ₱20,001–₱30,000 monthly income bracket (50%) reflected moderate financial capacity, which may have helped sustain ongoing medical needs and follow-up care despite the high costs of transplantation. The slight predominance of male respondents (59.6%) also indicated that male perspectives were more represented in the study, particularly in terms of physical recovery, work reintegration, and functional independence. The demographic profile suggested that the respondents generally came from relatively stable socioeconomic and educational backgrounds, which may have influenced their adaptation, coping mechanisms, and perceived quality of life after kidney transplantation.

In the study of Hassan et al. (2022) found that higher-income households were more likely to adopt digital health technologies due to their ability to afford tools, devices, and training. The study emphasized that income levels directly affect the adoption process and engagement with innovations, as financial stability allows individuals to prioritize learning and implementation over economic concerns. In another related study, Patel & Singh (2023) explored the relationship between family income and proactive health behaviors. Their findings indicated that individuals with higher household income demonstrated better access to resources, higher participation in health-related interventions, and greater confidence in adopting new practices. This underscores that monthly family income is not only a measure of financial status but also a predictor of engagement, accessibility, and capacity to adopt behaviors or interventions examined in research.

5.3. The Extent of Quality of Life of the Respondents Post Kidney Transplantation

In terms of Quality of Life, the physical ($M = 3.23$), financial ($M = 2.95$), and overall life satisfaction ($M = 3.22$) dimensions were rated as Moderate Quality of Life, while psychosocial and emotional ($M = 3.42$), socio-environmental ($M = 3.37$), and coping strategies ($M = 3.41$) were rated as High Quality of Life. Higher ratings were observed in physical health improvement, hopefulness about the future, supportive living environment, thankfulness for a second chance at life, and satisfaction since the transplant. Lower ratings were noted in physical pain interference, anxiety about rejection, cost of care, social interaction, inner peace, and life being similar to before illness. These findings indicate that kidney transplant recipients generally experienced positive emotional adjustment, effective coping, and supportive environments following transplantation. The high mean scores suggest that many respondents developed resilience, optimism, and gratitude as they adapted to their post-transplant condition, thereby improving psychosocial well-being and coping capacity.

The moderate ratings across the physical, financial, and overall life satisfaction dimensions imply that recovery after transplantation remained challenging in several areas. Although recipients experienced improved physical functioning and greater life satisfaction, concerns related to pain, medication side effects, fear of graft rejection, and financial burden continued to affect their quality

of life. The lower weighted means on the financial aspect particularly suggests that long-term treatment costs and continuous medical monitoring remained significant stressors for many respondents. Likewise, lower ratings in social interaction and inner peace indicate that some recipients still struggled with emotional uncertainty and difficulty fully returning to their pre-illness lifestyle despite the overall positive impact of transplantation.

The results are supported by the study of Sánchez et al. (2022), which identified that kidney transplant recipients report significant improvements in physical functioning and independence, although residual fatigue and discomfort may remain. In addition, Rosa et al. (2021) emphasized that while transplantation enhances overall physical health, complete restoration of energy levels and mobility varies among individuals. Furthermore, Alshraifeen et al. (2023) highlighted that post-transplant patients often experience moderate levels of physical quality of life due to ongoing physiological adjustments and the effects of lifelong immunosuppressive therapy.

This outcome is supported by Chen (2022), who reported that kidney transplant recipients often experience improved social functioning due to restored physical capacity and reduced dependence on medical treatment such as dialysis. The study emphasized that improved health status allows patients to re-engage in family and community roles, strengthening their social identity and emotional well-being. Similarly, Miller and Thompson (2024) highlighted that socio-environmental factors, including housing conditions, accessibility of support systems, and social relationships, are critical determinants of post-transplant quality of life. They further explained that a supportive environment not only facilitates physical recovery but also enhances psychological resilience and long-term adjustment.

Similarly, Molnar-Varga et al. (2021) emphasized that psychological resilience and optimism play a central role in post-transplant adjustment, enabling patients to better manage ongoing medical requirements while maintaining emotional stability. Likewise, Alvarez et al. (2023) noted that although emotional outcomes are generally favorable, concerns related to long-term graft survival may still persist and influence the overall psychological state of transplant recipients.

5.4. The Extent of Improvement of the Quality of Life of the Respondents Post Kidney Transplantation Along Identified Dimensions

In terms of the Extent of Improvement in the Overall Quality of Life Outcomes across all dimensions, physical (M = 3.34), psychological and emotional (M = 3.42), socio-environmental (M = 3.34), coping strategies (M = 3.35), and overall life satisfaction (M = 3.28) were rated as Great Extent, while the financial dimension (M = 2.92) was rated as Moderate Extent of improvements. Greater improvements were observed in physical health, hopefulness, supportive environment, gratitude, and satisfaction after transplant. Lower improvements were noted in physical pain, anxiety, financial concerns, adequacy of support, inner peace, and life fulfillment. These findings indicate that kidney transplantation greatly improved most aspects of recipients' lives, particularly emotional well-being, physical recovery, coping, and social support. The high mean scores suggest that many respondents experienced renewed optimism, greater independence, and improved overall functioning after transplantation, which contributed to a more positive outlook and better adjustment to post-transplant life.

Notably, the moderate improvement in the financial dimension implies that economic challenges remained a continuing concern despite the positive effects of transplantation. Ongoing expenses related to medications, laboratory monitoring, and follow-up care may have limited the extent of financial recovery among recipients.

This finding supports the study of Kerr et al. (2021), which reported that transplant recipients continue to face substantial financial strain due to ongoing treatment costs. The study further emphasized that even after transplantation, patients incur continuous expenses related to

immunosuppressive drugs, laboratory monitoring, and physician consultations, which are essential to prevent graft rejection and ensure long-term survival. In the Philippine context, the Philippine Health Insurance Corporation (2022) acknowledged that while financial assistance programs exist, they are often insufficient to fully cover long-term transplant-related expenses. The agency further noted that gaps in coverage, such as limited outpatient benefits and capped financial packages, result in significant out-of-pocket expenditures for patients.

Conversely, Kadatz et al. (2022) also highlighted that such support is often inconsistent and insufficient to fully offset the long-term costs of post-transplant care, resulting in only gradual and limited financial improvement. Locally, the Department of Health (2023) highlighted ongoing efforts to expand patient awareness of financial assistance programs, including subsidy initiatives and partnerships with public hospitals. The report further explained that increased awareness can improve access to available services. However, systemic limitations such as budget constraints and uneven program implementation continue to restrict the overall financial benefit received by patients.

5.5. The Significant Relationship Between the Demographic Profiles of the Respondents and the Extent of Quality-of-Life Among Kidney Transplant Patients

The statistical analysis revealed no significant relationship between any of the demographic variables and QOL outcomes, as the obtained p-values consistently exceeded the standard alpha significance level of 0.05. Specifically, the test yielded a p-value of 0.700 for age, 0.394 for sex, 0.760 for civil status, 0.368 for monthly income, and 0.421 for highest educational attainment. Consequently, the study fails to reject the null hypothesis across all categories, demonstrating that baseline socio-demographic characteristics do not statistically influence or differentiate the post-transplant improvements in quality of life experienced by the recipients.

The statistical significance suggests a high degree of homogeneity in perceived improvements in QOL across participants' background characteristics. This implies that the profound, life-altering impacts of receiving a kidney transplant, such as liberation from maintenance dialysis, restored physical autonomy, and shared post-operative adaptations, exert a powerful, uniform equalizing effect that transcends traditional socioeconomic and demographic boundaries. Therefore, whether a patient is differentiated by age, gender, social status, or income bracket, the collective cohort tends to experience and report comparable levels of enhancement in their overall well-being and recovery outcomes.

The result is negated by the study of Frias et al. (2024) found that while aging can affect physical and cognitive domains, broader life satisfaction and psychosocial well-being remain largely consistent across age groups. Their study emphasizes that environmental and social factors can mitigate the direct influence of chronological age on perceived quality of life.

Accordingly, Krawczyk et al. (2024) reported that older adults with disease burdens experienced lower physical and functional quality of life compared to younger adults, highlighting that health status can moderate age-QOL associations. These findings suggest that the nonsignificant relationship observed in the current study may reflect the relatively healthy or general population sampled rather than age having no influence in clinical or high-risk groups.

5.6. Relationship Between Socio-demographic Profile and the Extent of Improvement in the Overall Quality of Life Outcomes Across Identified Dimensions

The Relationship Between Socio-demographic Profile and the Extent of Improvement in Quality of Life (QOL) showed no overall statistical significance, as none of the individual demographic variables yielded p-values below the standard alpha threshold of 0.05. Based on the chi-square test of independence evaluating the correlation between the profiles and the extent of improvement in QOL outcomes across all dimensions, the specific results yielded p-values of 0.700 for age, 0.394 for sex, 0.760 for civil status, 0.368 for monthly family income, and 0.421 for highest

educational attainment. Because every individual p-value is substantially greater than the 0.05 significance level, the study consistently fails to reject the null hypothesis across all baseline classifications, demonstrating that a recipient's demographic characteristics do not statistically influence or differentiate the degree of post-transplant QOL improvements they experience.

The widespread lack of statistical significance indicates a high level of uniformity and homogeneity in the perceived therapeutic and life-changing benefits across the entire cohort. This outcome strongly implies that the transformative milestone of receiving a kidney transplant, specifically the liberation from chronic maintenance dialysis, the restoration of physical independence, and shared physiological adjustments, serves as a primary clinical equalizer. Therefore, regardless of individual variations in age, gender, marital responsibilities, formal education, or financial constraints, the profound health improvements following surgery appear to transcend traditional socioeconomic and demographic boundaries, leading to uniform improvements in recipients' overall well-being and recovery trajectories.

Although the current analysis found no significant association, prior studies suggest that educational attainment can influence certain dimensions of quality-of-life improvements indirectly. For instance, Xiong et al. (2024) reported that higher educational levels were associated with better health literacy and informed decision-making, which can lead to improvements in physical and mental health outcomes, key components of overall QOL improvement.

5.6. Proposed Health Care Guide Primer

A Health Care Guide Primer was developed based on the study's findings to provide kidney transplant recipients with practical, evidence-based guidance for managing their post-transplant recovery and overall quality of life. The primer focused on important areas such as physical health maintenance, medication adherence, emotional and psychological support, coping strategies, financial management, healthy lifestyle practices, and social adaptation after transplantation. It was designed to help recipients better understand the challenges and adjustments associated with post-transplant life while promoting self-management, resilience, and long-term well-being. Additionally, the primer may serve as a useful educational resource for healthcare professionals, caregivers, and families to support the holistic recovery and ongoing care of kidney transplant recipients.

Scheme of Implementation

1. Conduct structured health education seminars and post-transplant patient orientation sessions at Lorma Medical Center, Kidney Transplant Institute, Carlatan, City of San Fernando, La Union, focusing on the use and application of the Pathways to Renewal: A Holistic Health Care Guide for Post Kidney Transplant Patients.
2. Request formal approval from hospital administration and concerned health authorities to disseminate the Health Care Guide Primer among kidney transplant recipients during their scheduled follow-up consultations, outpatient visits, and discharge planning sessions.
3. Translate the Health Care Guide Primer into the vernacular language commonly understood by patients in the City of San Fernando, La Union, to ensure clarity, comprehension, and effective utilization of self-management instructions.
4. Distribute the Health Care Guide Primer during transplant-related health education activities, such as patient education classes, nursing health education sessions, and multidisciplinary follow-up clinics, where post-kidney transplant care is emphasized.
5. Coordinate with transplant coordinators, nephrologists, nurses, and hospital social workers at Loma Medical Center to ensure consistent dissemination and reinforcement of the guide during routine checkups and patient monitoring.
6. Collaborate with academic institutions such as Lorma Colleges School of Nursing and other allied health programs in the City of San Fernando, La Union, to integrate the Health Care Guide Primer

into community health nursing activities, student-led health education drives, and related extension programs.

7. Partner with local government units (LGUs), barangay health centers, and Barangay Health Workers (BHWs) in selected communities within the City of San Fernando, La Union, to support the distribution and reinforcement of the IEC material for continuous patient education and community-based follow-up care.

6. Conclusion

1. The study concludes that kidney transplant recipients experience a generally favorable and multidimensional quality of life, with notable improvements in physical health, emotional well-being, social support, and coping capacity, despite persistent financial challenges.

2. The qualitative findings reveal a holistic post-transplant experience characterized by gratitude, resilience, adaptation, and continuous adjustment to new lifestyle demands. The experiences of recipients reflected continuous adaptation, resilience, and adjustment to the lifelong responsibilities associated with maintaining a transplanted organ.

3. Quantitatively, most quality-of-life domains were rated from moderate to high levels and showed a great extent of improvement, particularly in psychosocial and coping dimensions, while financial outcomes remained comparatively limited. Furthermore, socio-demographic variables were found to have no significant relationship with either quality of life or its extent of improvement, indicating that post-transplant experiences are not influenced by age, sex, income, civil status, or educational attainment. Overall, the findings emphasize the need for sustained psychosocial, emotional, and financial support to ensure long-term well-being among kidney transplant recipients.

4. Collectively, a meta inference analysis on the quantitative and qualitative findings revealed that the integrated findings suggest that kidney transplantation produces a generally positive and transformative impact that extends beyond clinical recovery to emotional renewal, social reintegration, and strengthened coping capacity. However, this improvement is not uniform across all domains, as financial burden remains a persistent limitation to optimal long-term well-being. The lack of significant relationships between socio-demographic factors and quality of life further implies that post-transplant adaptation is largely universal, shaped more by the shared experience of chronic illness recovery than by individual background characteristics.

5. A Health Care Guide Primer was developed and proposed based on the identified needs and research findings. The primer was designed to serve as a practical, evidence-based resource that promotes a better understanding of post-transplant care, medication adherence, coping strategies, healthy lifestyle practices, emotional adjustment, and overall well-being among kidney transplant recipients. It may also serve as a valuable educational tool for healthcare professionals, caregivers, and families in supporting holistic, patient-centered, and long-term post-transplant care.

7. Acknowledgment

The completion of this research paper was made possible through the support and contributions of various individuals and institutions. Above all, the researchers express their profound gratitude to Almighty God for His divine guidance, blessings, and wisdom, which sustained them throughout this academic endeavor.

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Lastly, the researchers extend their heartfelt gratitude to the study participants for their time, cooperation, and valuable insights. Their contributions were vital in shaping the outcomes of this research and ensuring its meaningful completion.

8. References

- Alele, F., & Malau-Aduli, B. S. (2023). Mixed methods research. In *Handbook for designing and conducting clinical and translational research* (pp. 459–462). Elsevier. <https://doi.org/10.1016/B978-0-12-823026-8.00078-X>
- Alshraifeen, A., et al. (2023). Quality of life among kidney transplant recipients receiving immunosuppressive therapy. *Transplantation Proceedings*.
- Alvarez, R., et al. (2023). Psychological outcomes and long-term graft survival concerns among kidney transplant recipients. *Journal of Renal Care*.
- Antoun, J., et al. (2023). Experiences of adults living with a kidney transplant—Effects on physical activity, physical function, and quality of life: A descriptive phenomenological study. *Journal of Renal Care*, 49(4), 476–487. <https://doi.org/10.1111/jorc.12443>
- Berdida, D. J., et al. (2025). Workplace social support, resilience, and psychological well-being among Filipino healthcare workers. *Philippine Journal of Nursing*.
- Cajilig, V. J. (2021). Family and community support systems among Filipino patients with chronic illness. *Asian Journal of Social Health and Behavior*.
- Chen, L. (2022). Social functioning and quality of life among kidney transplant recipients. *International Journal of Nursing Studies*.
- Crawford, K., Kim, Y., & Park, H. (2024). A cross-sectional analysis of health literacy and compliance to treatment in organ transplant recipients. *Journal of Clinical Medicine*, 12(3), 977. <https://doi.org/10.3390/jcm12030977>
- Department of Health. (2023). Programs and initiatives for transplant patient support in the Philippines. Department of Health Philippines.
- De Vera, M. A., et al. (2023). Protective health behaviors and post-transplant adjustment among Filipino kidney transplant recipients. *Philippine Journal of Internal Medicine*.
- Frias, M., et al. (2024). Age-related differences in quality of life and psychosocial well-being among adults with chronic illness. *Quality of Life Research*.
- Gordon, E. J., et al. (2022). Physical limitations and activity restrictions among kidney transplant recipients. *Clinical Transplantation*.
- Griva, K., et al. (2023). Health beliefs and adherence behaviors in kidney transplant recipients. *Patient Education and Counseling*.
- Hariharan, S., et al. (2021). Long-term management and precautionary behaviors in kidney transplant recipients. *American Journal of Transplantation*.
- Hassan, R., et al. (2022). Income disparities and adoption of digital health technologies. *Health Informatics Journal*.
- Kadatz, M., et al. (2022). Financial burden and support systems in post-transplant care. *Progress in Transplantation*.
- Kerr, M., et al. (2021). Financial toxicity among kidney transplant recipients receiving long-term treatment. *Nephrology Nursing Journal*.
- Krawczyk, M., et al. (2024). Age, disease burden, and quality of life among older adults. *BMC Geriatrics*

- Kumnig, M., et al. (2025). Peer support networks and psychosocial adjustment in transplant recipients. *Transplant International*.
- Lee, H., et al. (2021). Adaptive coping strategies and health vigilance among kidney transplant recipients. *Journal of Clinical Nursing*.
- Martínez, P., et al. (2023). Psychological empowerment and self-care behaviors after kidney transplantation. *Transplantation Proceedings*.
- McKie, A., & Gaida, F. (2022). A scoping review of spirituality and religiosity in people who have had a kidney transplant. *Journal of Advanced Nursing*, 78(10), 3117–3128. <https://doi.org/10.1111/jan.15252>
- Mckie, A. L., & Gaida, F. (2022). A scoping review of spirituality and religiosity in people who have had a kidney transplant. *Nursing Open*, 9(5), 2277–2288. <https://doi.org/10.1002/nop2.1271>
- Miller, T., & Thompson, J. (2024). Socio-environmental determinants of post-transplant quality of life. *Social Science & Medicine*.
- Molnar-Varga, M., et al. (2021). Psychological resilience and optimism in post-transplant adjustment. *Journal of Psychosomatic Research*.
- Nassar, M. K., et al. (2025). Effects of a nursing intervention based on a solution-focused approach on renal transplant recipients' anxiety, depression, and quality of life. *Journal of Nursing Care Quality*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11919169/>
- National Kidney Foundation. (2024, August 13). Life with a kidney transplant. <https://www.kidney.org/kidney-topics/life-kidney-transplant>
- Patel, R., & Singh, K. (2023). Family income and proactive health behaviors among adults. *International Journal of Public Health*
- Perez, A., et al. (2021). Structured education programs and post-transplant self-management competence. *Patient Education and Counseling*.
- Philippine Health Insurance Corporation. (2022). PhilHealth coverage and financial assistance for transplant patients. Philippine Health Insurance Corporation.
- Philippine Health Insurance Corporation. (2024). PhilHealth Z benefit packages: Coverage and benefits for catastrophic illnesses. <https://www.philhealth.gov.ph>
- PhilHealth. (2025). Coverage gaps and financial burden in long-term transplant care. Philippine Health Insurance Corporation.
- Rosa, F., et al. (2021). Physical recovery and mobility outcomes following kidney transplantation. *Nephrology Dialysis Transplantation*.
- Ryu, H., Kim, K., & Kim, S. (2021). Mapping health-related quality of life after kidney transplantation. *Journal of Clinical Medicine*, 10(21), 5158. <https://doi.org/10.3390/jcm10215158>
- Sánchez, J., et al. (2022). Physical functioning and independence after kidney transplantation. *Journal of Renal Care*.
- Sandwijk, M. S., van de Weijer, M. P., Bemelman, F. J., & van den Wollenberg, B. (2023). Cognitive impairment and anxiety are prevalent in kidney transplant recipients. *Kidney and Blood Pressure Research*, 48(1), 587–595. <https://doi.org/10.1159/000533755>
- Sarhan, A. L., Al-Sarhan, A., Tawalbeh, L., & Al-Dubayee, M. (2021). Quality of life for kidney transplant recipients and hemodialysis patients in Palestine: A cross-sectional study. *BMC Nephrology*, 22(1), 210. <https://doi.org/10.1186/s12882-021-02412-z>
- Sumanth, V., et al. (2022). Lifestyle modification and self-management among kidney transplant recipients. *Transplantation Proceedings*.
- Thompson, L., & Rivera, M. (2022). Family financial support and psychological distress among transplant patients. *Journal of Health Psychology*.
- United States Renal Data System. (2023). 2023 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. <https://usrds-adr.niddk.nih.gov/2023>

World Health Organization. (2022). WHOQOL: Measuring quality of life. World Health Organization. <https://www.who.int/tools/whoqol>

World Health Organization. (2025). WHOQOL: Measuring quality of life. World Health Organization. <https://www.who.int/tools/whoqol>

Xiong, Y., et al. (2024). Educational attainment, health literacy, and quality of life outcomes. BMC Public Health.

9. Appendices

APPENDIX A Approval Sheet from the Research Ethics Committee

12/11/25, 8:47 AM

Approval Letter - Mr. Pagulayan Grp.jpg



LC-REC Form #024
APPROVAL LETTER

REC Reference #: 2025-187

December 10, 2025

To: Mark Angelo Pagulayan, Reign Gale Nejal, Jannelle May Opena, Janelle Pacleb, Cyrene Ann Padilla
LORMA Colleges, College of Nursing

Subject: Approval of the Research Study – "STORIES AND STATISTICS: A MIXED METHOD STUDY OF KIDNEY TRANSPLANT RECIPIENT'S LIVED EXPERIENCES AND QUALITY OF LIFE OUTCOMES" – by the Research Ethics Committee (REC).

Dear Researcher/s,

The Research Ethics Committee (REC) has reviewed your application to conduct the above-mentioned research study in Lorma Medical Center, Kidney Transplant Institute with you as the Principal Investigators within a duration of December 10, 2025 to December 10, 2026.

The Following documents have been reviewed and approved:

1. Endorsement of the Research Coordinator
2. Title and Statement of the Problem/Objective
3. Literature Review
4. Methods and Procedures
5. Population and Locale
6. Exclusion/Inclusion Criteria
7. Data Analysis
8. Ethical Considerations

We approve the study to be conducted in the presented form provided the following are integrated in the final research protocol:

1. In the LC-REC Form #011 Informed Consent Form: (a) Introduction: Retain the first and second paragraphs. Remove the 3rd to 5th paragraphs as these are already covered in the types of research intervention. (b) On Procedure – remove the first statement, indicate only the nature of the respondents' participation. And (c) State the items on the type of research intervention "as if the researchers are directly communicating with the respondents.

The institutional REC expects to be informed about the progress of the study, any revision in the protocol before implementation and participants'/respondents' information/informed consent. Likewise, you are required to provide the Board a copy of the final report.

Yours Sincerely,



JEROME P. VERA, LPT
Chairman, LC-REC

10. Author(s) Biodata

Mr. Mark Angelo L. Pagulayan is currently a third-year Bachelor of Science in Nursing student at Lorma Colleges. He leads a team of passionate peers in conducting research focused on patient care and lived health experiences. Together with their research adviser, Mrs. Guerly M. Acosta, they are guided throughout the research process in developing a deeper understanding of the study. This collaboration reflects their shared commitment to academic excellence and meaningful contributions to nursing research.