

# Discovering the Essence of Spiritual Resilience of Patients Receiving Continuous Ambulatory Peritoneal Dialysis: A Study of Hermeneutic Phenomenology

Rattiya Thong-on<sup>1</sup>; Onuma Kaewkerd<sup>1</sup>; Yuttachai Chaiyasit<sup>2</sup>; Niphathorn Waiwitriyakul<sup>3</sup>



Rattiya Thong-on

<sup>1</sup> Boromarajonani College of Nursing Nakhon Phanom, Nakhon Phanom University, Nakhon Phanom Province, Thailand.

<sup>2</sup> Faculty of Nursing, Ubon Ratchathani University, Ubon Ratchathani Province, Thailand.

<sup>3</sup> Rajamangala University of Technology Isan Sakonnakon Campus, Sakonnakon, Thailand

\* Address Correspondence to author:

Rattiya Thong-on, Ph.D  
92 Klang Mueang Road, Nong Saeng Subdistrict,  
Mueang District,  
Nakhon Phanom 48000, Thailand  
email: rthongon@gmail.com

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## Abstract

**OBJECTIVES:** This study aimed to explore the essence of spiritual resilience in patients receiving continuous ambulatory peritoneal dialysis (CAPD).

**MATERIALS AND METHODS:** The research design employed Van Manen's hermeneutic phenomenology. Purposive sampling was utilized to select thirty participants. Semi-structured in-depth interviews were conducted from August 2023 to January 2024 to collect data.

**RESULTS:** The study found that patients defined spiritual resilience through reflections on Van Manen's five lived worlds: 1) Lived space: Home gives me life; 2) Lived body: Letting go; 3) Lived time: Time to leave love behind; 4) Lived relationships: The people around you are important; and 5) Lived things: Dialysis gives life, not just time.

**CONCLUSION:** Spiritual resilience among CAPD patients is deeply rooted in their lived experiences, reflecting a holistic integration of physical, emotional, and spiritual adaptation to chronic illness. Healthcare providers should incorporate spiritual and existential support into CAPD care to enhance patients' well-being and resilience, with interventions tailored to the personal and cultural meanings patients assign to their illness and treatment, aiming to support treatment adherence, bolster dialysis success, and protect against depression.

**Keywords:** continuous ambulatory peritoneal dialysis, spiritual resilience, chronic kidney disease

Chronic kidney disease (CKD) constitutes a major global public health concern that is progressively increasing. The prevalence of CKD patients worldwide is 9.1% of the global population, totalling approximately 697.5 million.<sup>1</sup> In Thailand, as of 2021, there were about 8 million patients with CKD, with approximately 200,000 in the end-stage. Each year, the number of patients increases by more than 10,000, and this trend is ongoing. Following the public health policy that allows end-stage kidney disease (ESKD) patients to access renal replacement therapy (RRT), the number of patients has risen rapidly. Currently, over 170,000 patients are receiving RRT, with an average annual increase of 19,000 to 22,000 new patients.<sup>2</sup>

The Thai government introduced a policy in 2008 to provide free dialysis services to patients who require them. The policy is called the "peritoneal dialysis (PD) first policy." This policy includes hemodialysis (HD), PD, and kidney transplantation.<sup>3</sup> Unfortunately, many studies with a Thai population have indicated that patients receiving continuous ambulatory peritoneal dialysis (CAPD) have a diminished quality of life (QoL) compared to those receiving HD.<sup>4,5</sup> CAPD affects every aspect of the patient's life with physical, psychological, and spiritual dimensions.

Spirituality is often considered an important factor because it relates to physical and mental health, as well as coping with illness.<sup>6</sup> Spiritual beliefs are associated with the quality of life in patients and may serve as a coping mechanism for ESKD patients.<sup>7</sup> Moreover, resilience is the ability to successfully manage changes in an individual's life. While resilient people endure hardship and adversity, they are also people who can protect their mental health.<sup>8</sup>

Spiritual resilience refers to the ability to maintain a connection to one's sense of purpose, faith, and inner strength in the face of adversity. This resilience enables individuals to find hope and meaning even when confronted with challenges or suffering.<sup>9,10</sup> For patients with ESKD undergoing CAPD, spiritual resilience plays a critical role in helping them cope effectively with their illness and treatment. Consequently, fostering spiritual resilience is essential for promoting psychological and emotional well-being in these patients.

According to previous studies, spiritual resilience has been positively associated with improved clinical outcomes among patients with ESRD receiving CAPD. Studies have shown that it is positively associated with improved treatment adherence, reduced symptom distress and depression, lower mortality rates, and enhanced quality of life.<sup>11,12</sup>

Exploring spiritual resilience in patients with ESKD receiving CAPD is crucial for healthcare professionals seeking a deeper understanding of this concept. Such insights can inform the development of spiritual care tailored to the needs of these patients. However, there is currently a limited body of research on spiritual resilience in ESKD patients receiving CAPD, highlighting the need for further study in this area. To explore this phenomenon comprehensively, this study employs Van Manen's hermeneutic phenomenological approach, which examines lived experience through five existential dimensions: lived space, lived body, lived time, lived relations, and lived things. This framework is particularly suited for investigating spiritual resilience as it acknowledges that spirituality is not merely abstract but is embodied and experienced through spatial, temporal, relational, and material contexts. To explore this phenomenon comprehensively, this study employs Van Manen's hermeneutic phenomenological approach, which examines lived experience through five existential dimensions: lived space, lived body, lived time, lived relations, and lived things. This framework is particularly suited for investigating spiritual resilience as it acknowledges that spirituality is not merely abstract but is embodied and experienced through spatial, temporal, relational, and material contexts. Van Manen's approach enables a holistic understanding of how CAPD patients navigate their spiritual journey within their everyday lived experiences.

## Materials and methods

Hermeneutic phenomenological was used to discover the spiritual resilience of patients receiving continuous ambulatory peritoneal dialysis. Van Manen's five lifeworld

existentials—lived space, lived body, lived time, lived relation, and lived things—offer a holistic framework for understanding human experience in hermeneutic phenomenology. These dimensions help researchers explore how individuals perceive their environment, relate to others, experience their bodies and time, and interact with meaningful objects. This approach is particularly valuable in healthcare research, as it captures the complex, subjective, and often spiritual aspects of living with chronic illness.<sup>13</sup> The population in this study was patients receiving CAPD residing in Nakhon Phanom Province. Purposive sampling was utilized to select 30 participants.

The inclusion criteria for this study were:

1. Patients receiving continuous peritoneal dialysis, aged 34-64 years, as this is the average age of patients receiving continuous peritoneal dialysis in Thailand.<sup>14</sup>
2. Voluntarily agree to participate and sign the informed consent form.
3. Ability to communicate in Thai.

Exclusion criteria included individuals with cognitive impairments (e.g., dementia) that could interfere with communication or comprehension.

## Data collection

Data collection took place from August 2023 to January 2024 through in-depth, individual interviews using a semi-structured interview guide. Participants were interviewed at locations of their choice, primarily in their homes or at community health clinics, ensuring comfort, privacy, and convenience. After establishing rapport with participants, interviews began, and participants provided signed informed consent. An example of the question: What is the meaning of this illness? How do you cope with illness? What is most important to you right now? How can religious beliefs and practices help you during illness? We then probed further with questions like "Could you elaborate further?" Each audio-taped interview lasted between 45–60 minutes. Every participant encountered two interviews. The purpose of the second interview was to clarify unclear points from the initial interview. To guarantee accuracy, the researcher analysed the transcripts with another researcher and the respective participants.

All interviews were conducted by the primary researcher, a nurse educator with extensive experience in nephrology nursing and qualitative research methods. The researcher has over 10 years of clinical experience in the care of patients with chronic kidney disease (CKD) and has taught nursing students in both clinical and academic settings. In addition, the researcher has received formal training in qualitative research, including interview techniques, thematic analysis, and ethical research practices. This expertise enhanced the ability to build trust, explore sensitive topics, and interpret participants' lived experiences accurately. To ensure rigor and credibility, the data were analysed collaboratively with a co-researcher using thematic analysis. Additionally, member checking was

performed by sharing transcript summaries with participants to validate the findings.

### Data analysis

The current study adhered to the six steps of van Manen's approach.<sup>13</sup>

1. The researcher formulated questions that guided the inquiry into the lived spiritual experiences of patients receiving CAPD.
2. Semi-structured interviews were conducted to explore participants' personal experiences in depth.
3. Reflect on the phenomena by using the separated text to define categories, analyse and compare to find relationships, and then exchange opinions with experts until you get experiences from an insider's perspective.
4. The findings were synthesized into a structured narrative using descriptive language and participant quotes to illustrate key themes.
5. Member checking was performed by having participants review the findings to ensure accuracy and authenticity.
6. Both main and secondary themes were presented in a balanced manner to capture the full scope of the phenomenon and reflect the complexity of participants' lived experiences.

### Ethical approval

Approval to conduct the study was granted by the Nakhon Phanom University Ethics Committee in Human Research, Code REC 126/66. Prior to data collection, participants were fully informed about the study's purpose, procedures, potential risks, and their rights, including the right to withdraw at any time without consequences. Written informed consent was obtained from all participants. To ensure confidentiality, all identifying information was removed from transcripts, and data were stored securely with access limited to the research team. Pseudonyms were used in reporting findings. Given the potential for emotional distress when discussing personal spiritual and health experiences, interviews were conducted with sensitivity, and participants were informed that they could pause or stop the interview at any time. Supportive resources were available if needed to ensure participants' emotional well-being.

### Trustworthiness

The trustworthiness of the study was established using Lincoln and Guba's<sup>15</sup> four criteria: Credibility was achieved through data triangulation, which involved collecting information from multiple sources including in-depth semi-structured interviews, field notes, and nonverbal observations of participants during home visits. After each interview, participants were given a summary of their responses and invited to verify the content (member checking), ensuring the accuracy and authenticity of the data. To establish dependability, formal peer debriefing sessions were conducted with Thai qualitative research experts. These

sessions involved presenting emerging themes and interpretations to the experts, who provided critical feedback and posed probing questions that helped refine the analysis and reduce researcher bias. Confirmability was supported through the maintenance of a reflective journal, in which the researcher documented personal thoughts, decisions, and potential biases throughout the study process. Additionally, findings and analytic decisions were shared and discussed within the research team. For transferability, detailed descriptions of participant experiences, cultural context, and settings were provided. These rich details enable readers and future researchers to assess the relevance of the findings to other contexts involving chronic illness and spiritual care in similar populations.

### Results

A total of 30 participants in this study were receiving CAPD (18 male and 12 female). All participants were Buddhist. The majority were aged 60 years and over (16 patients). The most common comorbidities were hypertension (22 patients), followed by diabetes (18 patients). One participant has more than one comorbidity. According to the study's findings, patients defined spiritual resilience by reflecting van Manen's five lifeworlds<sup>13</sup> (see Figure 1), which are as follows:

**Lived Space** refers to feelings or perceptions of places or the environment while experiencing treatment with CAPD. One theme reflected in the world of spaces: *Home gives me life*. The patient reflected on the meaning in the world of place: home has meaning and importance. When the patient's symptoms changed and hospital admission became necessary, he expressed his desire to return home to be with his beloved children. Once he returned home, the patient experienced a sense of relief.

"I feel that the symptoms are better than in the hospital. I feel that my mood will be brighter. I can sleep well at home. At least I know that I am in my place." (Patient 9)

"When I come back home, my mind feels better. It feels like I'm fulfilled. It feels like this is my place." (Patient 24)

**Lived Body** refers to the participants' experiences and perceptions of their bodies, minds, emotions, and spirits during their illness. *Letting go* was one theme that emerged from the data. When chronic kidney disease patients enter the final stage, it results in many physical changes, such as swelling, shortness of breath, and fatigue. Even though patients have changed their health behaviours, such as eating, drinking, and exercising, the disease will continue to exacerbate. It may result in stress and depression. Therefore, letting go and adhering to the teachings of Buddhism will help control negative thoughts.

"No matter what I do, it doesn't get any better. I've already reduced my drinking water and stopped eating salty foods, but I still feel tired. I just have to let go. The body is impermanent. Overthinking can lead to discouragement." (Patient 1)

“At first, I was exhausted. I didn’t know when I would die. Who would take care of my children? I didn’t know what to do. Whenever I closed my eyes, I thought about this. Now I try to let it go. I don’t think about it. I go to the temple and listen to the Dhamma. I do my best every day. Whatever is going to happen, it will happen.” (Patient 7)

**Lived Time** is reflected in the patient’s feelings or thoughts that it is time to atone for the karma done in the previous life. This is not the time to mourn over illness, but rather to treasure time with your children and grandchildren. The participants reflected on the meaning in the world of time: *Time to leave love behind*.

“The time that is left is very valuable. We have to do our best every day. Make our children and grandchildren comfortable. We don’t have time to be angry with anyone. Make them remember us in a good way. Forgive everyone. Just this, we and the people around us will be comfortable.” (Patient 7)

“We don’t know how much time we have left to spend with our children and grandchildren. We just know that time right now is important. We shouldn’t waste it. We should make every second worthwhile.” (Patient 29)

**Lived Relationships** are the way that participants maintain associations with others in the space we share with them. In this study, the descriptions of the experiences reflected in lived relations provided meanings within the encounters with family members and society. The participants reflect on the

meaning in the world of relationships: *People around you are important*.

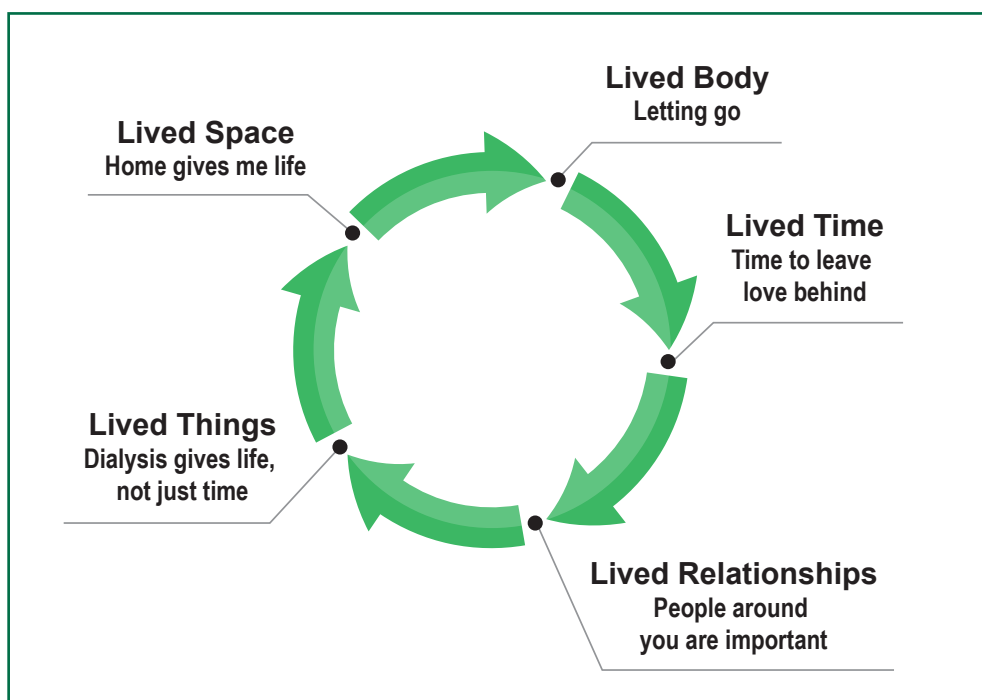
“My husband and I have been together for a long time; we have been through many ups and downs. When I got sick, it was only him who took care of me without leaving my side. My children who work in Bangkok come back to see me more often than before. We love and connect more than before. Nowadays, I try to take good care of myself so that I can stay with my family as long as possible.” (Patient 4)

“It’s strange that before, I didn’t talk to my neighbors at all. But when they found out I was sick, they visited me many times. They kept asking if I had taken my medicine or eaten. At least we still have good feelings for each other. I feel relieved. If I were to leave, no one would hate me.” (Patient 8)

**Lived Things** referred to participants’ perceptions of related things, money, and technology while experiencing CAPD. Patients reflect on the meaning of the material world: *Dialysis gives life, not just time*. The patient said that medicine makes him want to live longer, even if he could live for just one more day.

“I never forget to take medicine and do dialysis. If I forgot, I would have died long ago.” (Patient 5)

“When I got sick, I saw one truth: life is very valuable. Nothing can replace it. Even if I had a hundred million or a billion, it still wouldn’t help me live. But dialysis makes me live.” (Patient 7)



**Table 1 : Lifeworld of patients with ESRD receiving CAPD**

## Discussion

In this study, van Manen's five lifeworlds existentials theories provided a basic framework to discover the spiritual resilience of ESKD patients receiving CAPD.

In the lived space, most participants reported feeling more comfortable and calmer while residing in their homes. Patients frequently experience a sense of safety and security within their home environment, and this feeling of stability is essential for promoting spiritual resilience, as it provides a foundation for emotional and psychological well-being. These findings are consistent with previous research indicating that a stable home life can enhance spiritual resilience and overall spiritual well-being in patients with cancer.<sup>16</sup>

In the lived body, most participants used Buddhist teachings as a guideline when they had negative thoughts. According to Buddhist teachings, the practice of letting go and detaching from attachment is emphasized as a means to cultivate a life characterized by happiness and freedom from suffering. This approach is recognized for its ability to enhance spiritual resilience and promote overall spiritual well-being. This concept aligns with Indian philosophy, which suggests that releasing transient emotions and surrendering to a higher power fosters emotional equilibrium and, in turn, bolsters resilience.<sup>17</sup> Additionally, Merluzzi et al.,<sup>18</sup> found that the experience of letting go is crucial for promoting meaning and peace, serving as a mediating mechanism in coping with cancer through a religious lens.

In the lived time, most participants believe and accept that this illness is caused by karma from a previous life. They consider the time remaining here and now to be valuable. Thus, focusing on the present moment is critically important for individuals who are ill, as it enables them to perceive and engage with their experiences without being overwhelmed by concerns about the future or suffering from past events.<sup>19</sup> This mindful approach not only aligns with Buddhist teachings but also strengthens spiritual resilience by helping individuals find meaning and peace within their suffering. This practice promotes spiritual resilience and enhances overall spiritual well-being. This is consistent with the findings of research that indicate mindfulness and present-moment awareness can reduce anxiety and depression, improve coping mechanisms, and foster a deeper sense of peace and purpose in patients with chronic illness.<sup>20</sup>

In the lived relationships, participants described feeling more loved and connected to their family members when they were sick, as well as having more positive relationships with people in their community. Love and relationships are fundamental components of an individual's spiritual needs.<sup>21</sup> Within the Thai cultural context, strong family ties serve as a vital source of psychological and spiritual support, playing a significant role in fostering emotional resilience. Supportive and loving family relationships not only provide comfort but also contribute meaningfully to the development of spiritual

resilience and overall spiritual well-being. This is supported by research indicating that the presence of close, affectionate relationships enhances patients' capacity to cope with illness and promotes greater emotional and spiritual stability. Chi's analysis further underscores that loving relationships are essential for both psychological and spiritual well-being, suggesting that they form a foundational aspect of spiritual practice.<sup>22</sup>

In lived things, CAPD serves as a vital symbol of survival for participants, representing their hope for sustaining life. Consequently, participants often regard CAPD as an essential aspect of their daily lives, playing a significant role in fostering spiritual resilience and promoting overall spiritual well-being. This finding aligns with the broader concepts of spiritual needs, spiritual health, and spiritual well-being, indicating that hope is a crucial component in promoting these aspects of care.<sup>23</sup> Abhi and team<sup>24</sup> explored the lived experiences of ESKD patients undergoing CAPD therapy and found that CAPD not only sustained their lives but also promoted their hope for daily living.

## Limitation

The study participants were all Buddhists, predominantly over the age of 60, and the research was conducted among CAPD patients residing in Nakhon Phanom Province. These contextual characteristics may influence the transferability of the findings to other populations with different religious backgrounds, age groups, or geographical settings.

## Conclusion

The study revealed that patients conceptualize spiritual resilience through the lens of Van Manen's five lived existentials. Specifically, lived space was experienced as a sense of comfort and safety, encapsulated in the sentiment that "home is the best." Lived body was characterized by an acceptance of physical limitations and the process of "letting go." In terms of lived time, participants emphasized the significance and meaningfulness of time, highlighting its value in the context of their experiences. Lived relationships were identified as essential, with the presence and support of others playing a critical role in sustaining resilience. Finally, lived things, particularly the dialysis machine, were symbolically associated with life and hope, representing a vital link to survival. These findings underscore the multidimensional nature of spiritual resilience and its deep entwinement with patients' embodied, temporal, relational, spatial, and material realities.

## Recommendations

### 1. Recommendations for Nursing Practice

- 1.1 Nurses should assess patients' spiritual needs regularly, with specific attention to their experiences of the five lived existentials: lived space, lived body, lived time, lived relationships, and lived things. This ensures that

spiritual, emotional, and existential concerns are not overlooked in clinical care.

- 1.2 A holistic nursing approach should be implemented to promote patients' spiritual resilience, supported by practical actions in each lived world (1) Lived space: Create healing environments in both hospital and home settings—e.g., decorating patient rooms with familiar items or symbols, ensuring privacy and comfort. (2) Lived body: Offer education and self-care guidelines to help patients manage bodily symptoms and feel in control of their physical state. For example, teach relaxation techniques or stretching exercises adapted for dialysis patients. (3) Lived time: Encourage patients to reflect on meaningful experiences and engage in time-based rituals (e.g., journaling, storytelling, or religious practices like chanting or prayer). (4) Lived relationships: Organize group activities or peer-support meetings to promote shared experiences and interpersonal connection. Facilitate family involvement in care planning and daily routines. (5) Lived things: Educate patients on the meaning of dialysis and medications as life-sustaining tools. Support a positive psychological relationship with treatment technologies through patient-centered teaching.
- 1.3 Healthcare organizations should provide training for nurses to develop competencies in spiritual care. Training should include communication skills, cultural humility, and reflective practice to ensure that spiritual needs are identified and addressed respectfully and effectively.
2. Recommendations for nursing education
  - 2.1 Nursing programs should include formal education on spiritual assessment and care, using frameworks such as Van Manen's five lived existentials. Educational strategies could involve simulations, role-playing, and real-case reflections.
  - 2.2 Students should be guided to explore their own spiritual beliefs and biases through journaling and discussions, helping them better understand diverse patient worldviews and promote compassionate care.
  - 2.3 Hospitals and institutions should offer ongoing continuing professional development (CPD) workshops that emphasize the practical integration of spiritual care into chronic illness management, palliative care, and dialysis settings.
3. Recommendations for Further Research
  - 3.1 Future research should examine how spiritual resilience, as interpreted through Van Manen's framework, is shaped by Thai cultural and religious beliefs, such as karma, merit-making, letting go, and family obligations, which differ significantly from Western interpretations of spirituality.
  - 3.2 Researchers should develop and test interventions that intentionally address each of the five lived existentials to strengthen spiritual resilience among long-term dialysis patients or those facing similar chronic conditions.

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