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Perceived Social Support and Resilience Among Hemodialysis Patients: A Call for Integrating Psychosocial Care into Routine Treatment

Asma Nikkhah [1], Mohammad Derziani [2], Narjes Khaton Taheri [3,*]

[1] Department of Nursing, Faculty of Medical Sciences, Birjand University of Medical Sciences, Qaen, Iran
[2] Babol University of Medical Sciences and Health Services, Babol, Iran
[3] Department of Nursing, Faculty of Medical Sciences, Birjand University of Medical Sciences, Qaen, Iran

[*] ***Corresponding Author:*** Department of Nursing, Faculty of Medical Sciences, Birjand University of Medical Sciences, Qaen, Iran. Email: narjestaheri_1361@yahoo.com

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Dear Editor,

End-stage renal disease (ESRD) represents one of the most pressing challenges in modern healthcare. While life-saving treatments like hemodialysis improve survival, they do not alleviate the psychological and social burdens of the disease. In fact, patients on long-term dialysis often report diminished quality of life, high levels of stress, and feelings of dependency and isolation (1, 2).

In this context, perceived social support — the individual's subjective assessment of being supported emotionally and practically — and resilience, defined as the psychological ability to recover from adversity, emerge as key protective factors (3, 4). Identifying and enhancing such factors is crucial for improving the quality of life and adaptation in chronic patients.

We conducted a correlational study among 49 hemodialysis patients in Qaen city, Iran, to examine the relationship between perceived social support and resilience. Our results indicated a significant positive correlation ($R = 0.52$, $P < 0.0001$). Specifically, family support ($R = 0.42$, $P < 0.003$) and friend support ($R = 0.57$, $P < 0.0001$) were strongly associated with greater resilience, while support from others showed a weaker relationship ($R = 0.27$, $P = 0.63$).

These findings are consistent with prior research. For example, Kukihara et al. reported that family functioning strongly influenced mental well-being in Japanese hemodialysis patients, with resilience acting as a mediator (5). Wang et al. also demonstrated that family and social support predicted psychological resilience in a longitudinal study of dialysis patients in China (6). In Iran, similar results were found by Abdollahi et al. and Lakzaei et al., who observed positive correlations between social support and resilience in adolescents with chronic renal failure and in diabetic patients, respectively (7, 8).

In our study, demographic variables such as gender, education, and employment did not show significant relationships with either perceived social support or resilience. However, descriptive statistics indicated that men reported slightly higher social support (42.2 ± 7.07), while women scored higher in resilience (64.6 ± 20.0). These findings may reflect gender differences in coping mechanisms, emotional expression, or access to social networks (9, 10).

Cultural context also plays an important role. In Iranian society, the family remains the central support system, often providing emotional, financial, and caregiving support. Therefore, interventions that enhance family engagement may be especially effective. However, the importance of peer and friend support should not be underestimated, especially in cases where family involvement is limited or absent.

Based on our results and existing literature, we recommend implementing psychosocial interventions in routine care for hemodialysis patients. These may include family-centered educational sessions, structured peer-support groups within dialysis centers, counseling to enhance patients' perceived support networks, and training healthcare professionals, particularly nurses, to assess and foster resilience and social support.

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These interventions are low-cost, culturally appropriate, and effective in improving emotional well-being (11). Moreover, building social cohesion among patients through group activities or patient-patient mentorship programs may further strengthen coping capacity.

From a policy perspective, it is essential that health systems integrate psychosocial components into chronic disease management frameworks. Standard care for hemodialysis patients should include not only biomedical monitoring but also assessment of social support and resilience levels. Healthcare professionals must be trained to recognize the psychological aspects of chronic illness and to act as facilitators of social connectivity.

Limitations of our study include the relatively small sample size and its geographic restriction to a single region. The use of self-reported questionnaires may have introduced reporting bias. Nonetheless, the strength of associations observed and consistency with existing evidence support the validity of our conclusions.

In summary, our study adds to the growing body of literature confirming that perceived social support is a strong predictor of resilience in hemodialysis patients. These two constructs are mutually reinforcing: Support enhances resilience, and resilient individuals are more likely to engage with supportive networks. Promoting both should be an integral part of patient care in ESRD.

We urge clinicians, administrators, and policymakers to consider the critical role of psychosocial factors in the health outcomes of chronic patients. In societies such as ours, where family values remain strong, targeted interventions can make a profound difference in patients' lives. We hope these findings help spark further research and the development of holistic, person-centered care models.

Footnotes

Authors' Contribution: A. N. and N. K. T. made substantial contributions to the conception and design of the study. A. N. was responsible for data collection. Both authors contributed to data analysis and interpretation. All authors participated in drafting and revising the manuscript and approved the final version.

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