

# Psychological Impact of Early-Stage of Chronic Kidney Disease: A Qualitative Exploration

Maha Sanat Alreshidi, PhD\*

## ABSTRACT

Despite the alarming increase in the prevalence of Chronic Kidney Disease (CKD) worldwide due to high-risk factors, limited information is available on patients who experience consistent CKD progression. This study aimed to explore the psychological impact of early stage CKD in patients. This descriptive phenomenological study employed purposive and snowball sampling techniques to recruit 15 CKD patients (stages 1 and 2) from the outpatient department in one of the hospitals in Hail City, Saudi Arabia. Data were collected through semi-structured interviews that lasted between 45 and 60 minutes each. The participants' consent for audio recording was obtained. Data were collected between March and April 2024. Thematic analysis was employed to analyze the interview transcriptions. Four themes, including five subthemes, emerged from the verbatim accounts obtained from all 15 participants involved in this research. These themes are: (1) "Slow Creep," with a subtheme "The Range of Experiences in Early Stage CKD"; (2) "Balancing Act of Hope and Uncertainty," with subtheme "Navigating a New Reality"; (3) "Turning Point," with subtheme "Contributory Factors," and (4) "CKD Progression Patterns," with subthemes "Challenges Managing CKD" and "Hopes, Fears, and Living with Uncertainty." The findings show the "Slow Creep," which includes various experiences during initial diagnosis; the "Balancing Act of Hope and Uncertainty," where emotional contradictions were raised; the "Turning Point," marking an essential period in the progression of the illness; and lastly, "CKD Progression Patterns," which demonstrates how difficult it is for someone to manage uncertainty through one's emotions. The findings emphasize the necessity for early detection and intervention because many participants reported feeling alarming symptoms that were unfortunately ignored. Furthermore, the investigation underlined the descriptive characteristics of the suffering associated with CKD, including anxiety, depression, and fear. Healthcare providers should be prepared to meet these emotional support needs, considering them in a broad context.

**Keywords:** CKD progression, patterns, turning point, balancing act, Saudi Arabia, qualitative

## INTRODUCTION

Chronic Kidney Disease (CKD) is a significant and rising global problem, and its increasing prevalence poses a critical public health challenge. Earlier studies have shown an increased occurrence of CKD and a strong association with cardiovascular diseases<sup>1,2</sup>; hence, the need for proactive management of CKD is of paramount importance. This phenomenon affects approximately 10–13% of the global population, with more than 500 million people worldwide, highlighting the magnitude of this problem<sup>3</sup>. Because of its high prevalence of diabetes mellitus, hypertension, and obesity, Saudi Arabia is one of the countries facing a huge burden of CKD<sup>4,5</sup>. A recent survey found that in Saudi Arabia, the rate was at least 4.4% for stages three–five chronic kidney disease, which evidences the dire need for targeted intervention strategies and early detection mechanisms<sup>6</sup>.

Early recognition and management of CKD constitute crucial steps towards reducing disease progression, as argued by some authors<sup>7</sup>. Diagnosis at an early stage, along with appropriate therapies, can significantly influence outcomes in patients with CKD by slowing down or preventing its progression. However, this burden emphasizes the need for preventive screening, lifestyle modification, and personalized treatment in Saudi Arabia. Little is known about the factors that consistently lead to the linear acceleration of End-Stage Renal Disease (ESRD) or death in these patients. Such a population might be important because their linear estimated Glomerular Filtration Rate (eGFR) trajectory represents the true form of CKD progression<sup>8</sup>. Public

awareness of CKD is a significant predictor of undergoing testing programs, which is a major strategy for identifying and minimizing the CKD burden<sup>9</sup>. This gap indicates that more research is needed on the progression patterns of chronic kidney diseases among high-risk groups, such as those living in Saudi Arabia.

Proactive screening, such as regular checkups and early identification of risk factors for CKD, can help in timely management. In addition, lifestyle changes include adjustments in one's diet plan, physical exercise, and weight control to prevent or slow the progression of kidney disease<sup>7</sup>. Furthermore, using individually tailored treatment plans according to the CKD stage and the presence of comorbidities, such as dialysis or kidney transplantation, may significantly improve outcomes and prolong the need for more advanced interventions. In Saudi Arabia, where CKD is highly prevalent, policymakers must collaborate with healthcare providers and the public to prioritize early detection and management. Therefore, addressing both risky behaviors that lead to chronic kidney disease and its increase within Saudi Arabia's population at large, proactive measures can be taken to mitigate the future potential consequences of this public health challenge. This subset will work towards researching precursors for fast-progressing CKD. Consequently, there is still a dearth of knowledge regarding the linear progression of CKD, thus necessitating qualitative studies among Saudi patients to shed some light on these conditions. Therefore, this study aimed to understand the psychological impact of early stage CKD in patients.

---

\* Associate Professor, Nursing Administration Department  
College of Nursing, University of Hail  
Hail City, Saudi Arabia.  
Email: mahasanatalreshidi@gmail.com

## METHODS

**Research Design:** This study used a descriptive-phenomenological approach. The Consolidated Criteria for Reporting Qualitative Research (COREQ) have been applied with the intention of emphasizing the necessity of explaining the selected method of data analysis and the specific procedures undertaken within the research.

**Setting/Participants:** This study was conducted in one of outpatient department of the most sought hospitals in the city of Hail and included 15 participants (11 males and 4 females) whose ages ranged from 22 to 55 years old. The participants were those undergoing a follow-up check-up in the outpatient department. Purposive and snowball sampling were used to identify the participants. For purposive sampling, the participants were diagnosed with CKD stages 1 and 2, aged 18 years and above, and were willing to participate. Also, the researcher included those who could speak and understand English. Since saturation was not achieved with the initial eight participants, the researcher employed snowball sampling to reach additional participants through the existing social networks of the initial group. The researcher asked the participants if they knew anyone else diagnosed with CKD stages 1 or 2 who was interested in the study. In this study, saturation was achieved with Participant 15.

**Data Collection:** A key person in the outpatient department asked each individual patient if they wanted to participate in the ongoing research. Once the participant agreed, the key person asked the participant to go to a waiting room where the researcher explained the study, the procedure, and the extent of participation. After the explanation, the participant was given ample time to decide if they wanted to be involved. All the participants who agreed to participate were given a signed consent form before participating in the study. Participants determined when and where the interviews were conducted. The researcher works in academia and has experience interviewing people over a long period. The interviewer did not know her participants directly and had not met them previously. Before proceeding with the actual interviews, the researcher asked permission from all participants to record the conversation during the interviews. To guide the researcher, semi-structured questions were posed as instruments for the data collection. One grand question, for example, was: "How has the diagnosis of CKD impacted your understanding of your health, and how has it influenced your lifestyle and decision-making processes?" The probing questions consisted of statements such as 'Can you tell me more about this?' and 'Can you explain what you mean?' The minimum duration spent per patient during the interview was between 45 minutes and one hour.

Data for the study were collected between March and April 2024. The interview process spanned more than a month, and the transcripts were reviewed by two research assistants. After completing the data collection, a check was made to confirm the amount of data gathered. The researcher also developed methods to conduct this study, and as a required part of the process, participants confirmed the validity of the full transcriptions. This step ensured that the researcher had accurate descriptions of the participants' individual conditions. One of the interventions provided by the researcher was debriefing, which addressed patients' psychological distress.

## Ethical Consideration

This study received approval from the Institutional Review Board of the University of Hail. During one-on-one interviews, participants were informed about the purpose and importance of the research, along with their rights, such as the freedom to leave at any time upon request. The participants' rights, including anonymity and confidentiality, were respected throughout the study.

**Data Analysis:** Thematic analysis, a qualitative method, was used to analyze the collected data in this study. This process began with a thorough review of the data to ensure familiarity. The researcher then generated initial codes by highlighting and labeling interesting features and ideas that appeared relevant to the research question. These codes were then sorted into potential themes, which are broader patterns that capture the underlying meaning of the coded data. Once the themes were identified, they were refined and reviewed to ensure they accurately reflected the data set. Finally, the themes were defined and named, with a narrative written to explain their significance in relation to the study's objectives. This systematic approach allows for the identification and interpretation of patterns and themes, providing a rich and detailed understanding of the qualitative data.

## RESULTS

Based on the verbatim accounts of the 15 participants, four main themes and five subthemes emerged. These are: (1) "Slow Creep," with the subtheme "Range of Experiences in Early Stage CKD"; (2) "Balancing Act of Hope and Uncertainty," with the subtheme "Navigating a New Reality"; (3) "Turning Point," with the subtheme "Contributory Factors"; and (4) "CKD Progression Patterns," with the subthemes "Challenges Managing CKD" and "Hope, Fear, and Living with Uncertainty." Table 1 presents the demographic information of the participants.

### Theme 1: Slow Creep

The term "Slow Creep" indicates that CKD can progress quietly without causing significant ripples until it reaches a more advanced stage. Therefore, there is a need for regular check-ups and an understanding of possible risk factors. Chronic kidney disease (CKD) can sometimes be a "sly devil" over time. In some participants, the early symptoms were insidious. For instance, they reported feeling slightly more tired than usual and frequent night urination. These events are often overlooked as normal events or attributed to different factors. Failure to recognize the early symptoms of CKD may delay diagnosis and treatment, necessitating early intervention.

### As illustrated by the participants:

Participant 1: Until now I have not had any [symptoms], though, but learning about CKD has been a wake-up call for me regarding how I handle my health care decisions. [Henceforth, I am] observant of my blood pressure levels and [I] tend to drink a lot of water every day as prescribed by my doctor—this was what one participant said.

**Table 1.** Demographic information of the participants N=15

| Participant    | Age | Gender | Diagnosis prior to CKD              |
|----------------|-----|--------|-------------------------------------|
| Participant 1  | 22  | Male   | Diabetes Mellitus                   |
| Participant 2  | 53  | Male   | Diabetes Mellitus                   |
| Participant 3  | 33  | Male   | Obesity                             |
| Participant 4  | 42  | Female | Diabetes Mellitus/ Glomeronephritis |
| Participant 5  | 55  | Female | Diabetes Mellitus                   |
| Participant 6  | 48  | Female | Obesity                             |
| Participant 7  | 54  | Male   | Smoker/ Diabetes mellitus           |
| Participant 8  | 49  | Male   | Diet/ Obesity                       |
| Participant 9  | 40  | Female | Obesity                             |
| Participant 10 | 46  | Male   | Hypertension                        |
| Participant 11 | 54  | Male   | Diabetes mellitus                   |
| Participant 12 | 36  | Male   | Obesity                             |
| Participant 13 | 48  | Male   | Diabetes Mellitus                   |
| Participant 14 | 54  | Male   | Diabetes Mellitus                   |
| Participant 15 | 28  | Male   | Obesity                             |

Participant 2: At 53 years old... Looking back, maybe I should have paid more attention when I started getting up two or three times at night just to pee... But then again, maybe it was just an age thing or something like [it is for] persons with poor memory.

Participant 3: As I read through this too and made a connection with my present condition since my father had CKD, it felt obvious that I was at risk. It is tough going mentally, but [I am] trying hard to remain positive and proactive.

These initial reactions from participants showcase the varied ways in which individuals come to terms with a CKD diagnosis in the early stages. This diversity of experience indicates that early stage CKD is experienced in a range of ways, thus emphasizing the complex nature of this stage in the disease trajectory.

#### ***Subtheme 1: The Range of Experiences in Early Stage CKD***

This subtheme demonstrates how experiences differ at different CKD stages. Some patients may have no physical changes, whereas others may only display subtle symptoms, such as tiredness and urination. Importantly, this theme recognizes that different responses occur under the influence of fear and hope depending on individual circumstances.

As reported by the participants:

Participant 4: A little scared but also a bit positive. I have been told things I can do to slow down, and I intend to do everything possible to stay healthy.

Participant 6: My CKD is still in its early stages, so there have been no physical changes. Emotionally, I am slightly worried about what lies ahead, but my focus is on good health practices.

Participant 7: I slightly noticed some symptoms like fatigability, and I feel worried about what happens if I am unable to cope with an active lifestyle.

The above accounts show how individuals experience the initial stages of the disease differently. Physical changes did not occur in some individuals, such as Participant 6. Others, such as Participant 2, exhibited miniscule signs of illness formerly excused by old age. Additionally, this theme recognizes various emotional reactions to a life-changing diagnosis, including fear and hopefulness. This variation in experience is parallel with Theme Two, which more closely examines the emotional rollercoaster that many patients face when they learn they have CKD—where both hope for the future and anxieties simultaneously coexist.

#### **Theme 2: Balancing Hope and Uncertainty**

This theme describes the journey taken by participants in situations where the future is unclear and stresses the importance of maintaining positive outlooks as well as realistic expectations about what one does not know.

Examples from participants:

Participant 15: Indeed, I am slightly frightened but with some optimism. I have, however, resolved [to do] everything within my means so that I remain healthy and maintain normal weight. [I am] not just fat but also obese.

Participant 12: So far, I have not experienced any physical changes because my CKD is still in its early stages. However, there are

emotional uncertainties regarding the future that I try to overcome for my health's sake.

Participant 1: No physical changes yet, but I worry about what happens next if I do not sustain this highly active lifestyle.

These thoughts from the respondents explain Subtheme 2, "Navigating a New Reality." This was observed across different body conditions that all went along with each individual adapting to a new health situation due to CKD.

#### ***Subtheme 2: Navigating a New Reality***

While a different diagnosis can alter the course of life, it changes the way participants comprehend their health and makes their future appear less bright by limiting their options. This theme refers to the circumstances that people need to navigate. It is not just about accepting the diagnosis but also how to move on with one's life through it. There is an emotional impact that must be dealt with: one needs to adjust their day-to-day activities and seize control over what they can handle. As mentioned:

Participant 2: I find that I get out of breath more quickly when climbing stairs, and my skin feels drier. [It is] emotionally frustrating because most of the time, I feel fine, but I know things could change.

Participant 3: Honestly, I feel mad. First, I asked myself why I had it. Instead, I focus on things over which I have control, such as diet and exercise.

These reflections on adapting to physical changes and managing emotions point towards Theme 3, "Turning Point."

#### **Theme 3: Turning Point**

This aspect focuses on the decisive moment in the lives of patients with CKD when their views and feelings towards the illness have undergone drastic alterations. It is about moving from probably denying or being ignorant of how this ailment affected them to an active admission, and maybe even dread regarding its worsening. The nature of this turning point can differ, such that it may be a particular sickness incidence, an appointment with a doctor who has given worrying information, or just a feeling of increasing weakness.

Some participants had a significant shift in their perception, whereby they were diagnosed with concerning blood test results or clearly understood the possible implications (like dialysis). These realizations suddenly made them more determined to take care of themselves and make healthier choices for their well-being. Commenting on specific moments that could be marked as crises in their journey through CKD, some respondents lamented the following.

As illustrated by the participant:

Participant 1: Based on my doctor, the creatinine levels in the blood tests were extremely abnormal... 'Inshallah,' I am determined to stop it from progressing further by listening to my doctor.

Participant 2: When my doctor explained the potential for dialysis because of my blood urea nitrogen (BUN) and creatinine increasing results, it scared me [into] making some serious changes.

Participant 3: When my 'baba' (father) told me the extent of my disease, I realized that I should act for myself and my future life. Hearing that I had CKD was depressing... however, it inspired me to make lifestyle modifications.

This turning point gave them a better understanding of CKD, leading them to take action. Altered conduct is a common result in various instances, such as healthy living or seeking evaluations of how to manage CKD. As respondents' narratives suggest, turning points are usually triggered by specific incidents or revelations. Subtheme 3: "Contributory Factors" critically examines these triggers by exploring the times when there was a change in comprehension and resolution of CKD management.

### **Subtheme 3: Contributory Factors**

To prevent and manage this disease, it is important to understand the causes of CKD progression. Kidneys gradually fail over time, which is sometimes referred to as chronic kidney disease (CKD). Although the cause may vary, various factors contribute to its development and advancement. In this subtheme, these contributing factors are discussed based on participants' experiences.

Participant accounts reveal:

Participant 5: [It is] difficult that I have type II diabetes mellitus, which I am managing with my doctor, so as to hopefully slow down how fast CKD develops.

Participant 10: [According] to my understanding, it is important for me to keep my blood pressure normal.

Participant 2: My doctor always said that my sickness could be a combination of diabetes and a family history.

Participant 9: In the past, I ate too much processed food and did not exercise often enough... I am currently working on changing these habits.

Participant 4: Sometimes, I struggle with urinary tract infections. My doctor told me that this [might be] because the functioning of the kidneys is not normal.

Participant 6: This can put pressure on your kidney as my doctor [says]... since I weigh more than necessary.

Participant 7: After my 15 years of smoking... I decided to quit (smiles)... thinking about whether it was related to my earlier CKD diagnosis this year.

Participant 8: I used to drink colas and eat fast food several times a week... there was never enough time for me to exercise because I have to meet my friends in [the] *estiraha*.

### **Theme 4: CKD Progression Patterns**

This theme concerns the various ways in which Chronic Kidney Disease progresses over time. CKD is a progressive condition, and its rate and manner of deterioration vary from person to person. Although CKD worsens over time, different experiences have been reported.

According to the participants:

Participant 14: My blood investigation is not normal... I experienced this period when my kidney function was slowly not working, and I realized that I had to slow it down.

Participant 13: "I just do not want to start dialysis." According to my doctor, there could be a slow functioning of my kidneys... possibly because of uncontrolled diabetes. This scared me when [the] doctor

told me about this. You know what... it was like a sort of waking up call for me not to cause further harm.

Participant 3: When my doctor said that major lifestyle changes might help me... and that my kidneys may not get worse off for a while... I can reach a point after some lifestyle change.

Participant 7: According to what my doctor told me, if I stopped smoking completely and [adopted a] healthy lifestyle, I may see some improvements in my health, sometimes even recover or reverse some damages.

### **Subtheme 4.1: Challenges in Managing CKD**

This subtheme discusses the many problems people with CKD face when managing their condition. These challenges underscore the need for a holistic approach to CKD management, which should not only focus on the physical aspects but also cover the emotional and social well-being of individuals. Most respondents pointed out that making and adhering to healthier lifestyles was among the most formidable challenges they experienced. In addition, medical adherence and the emotional impact of a CKD diagnosis can be emotionally draining, with participants expressing feelings of worry, frustration, anger, and fear. Another obstacle is how one can maintain one's emotions while having a realistic view of the disease and its progression as an individual faces this situation.

Participant mentioned that:

Participant 8: The biggest problem was completely changing my lifestyle habits. It is hard to break old habits, such as eating too much sugar, especially when I feel alright.

Participant 4: The most difficult part was keeping up with the healthy diet plans. Sometimes, it is tempting, particularly when eating out with friends.

Participant 11: [It is hard] for me [to be] remembering all my medications, including doctor appointments, especially that I am diabetic.

Participant 14: Maintaining positivity without being unrealistic about what lies ahead.

Participant 10: I have not told my friends yet, but I am talking to my close family for support. My doctor has been really helpful in explaining things and [creating] a management plan.

### **Subtheme 4.2: Hopes, Fears, and Living with Uncertainty**

This subtheme explored participants' emotions regarding the future progression of Chronic Kidney Disease (CKD). This subtheme shows that living with chronic diseases such as CKD may become an emotional burden. This highlights the participants' desire for control and anxiety about potential limitations and future health complications.

Participant Accounts Reveal:

Participant 15: By following my doctors' recommendations, I hope I will be able to keep [the disease stable]... for as long as possible. My greatest fear was that I would have to go on dialysis or have a transplant.

Participant 12: I hope that my CKD will not deteriorate to the point where dialysis is required.

Participant 13: I worry about losing my ability to travel and participate in my activities.

Participant 5: Despite the presence of CKD, I hope that one day I can live long enough with it. What I am afraid of is that I do not know what is in the future for us with this type of illness.

The "Hopes, Fears, and Living with Uncertainty" underscored the significant emotional burden associated with Chronic Kidney Disease. Participants expressed a desire for control over their illness and a deep fear of future complications, including dialysis or limitations in their activities. The uncertainty surrounding their condition fueled their anxiety, highlighting the need for comprehensive support that addresses both the physical and emotional aspects of living with CKD.

## DISCUSSION

This study aimed to understand the psychological impact of early stage CKD in patients. The researchers conducted interviews in which four main themes and five subthemes were identified. The emerging theme, "Slow Creep," reflects how the illness gradually affects patients' lives over time and emphasizes their slow decline and impact. Such thoughts are supported by earlier studies that consider different trajectories at early stages when people live with CKD, thus revealing various challenges faced by them during this period. One retrospective qualitative study<sup>10</sup> aimed at understanding patients' reported experiences, symptoms, outcomes, and treatment journeys with CKD. This investigation showed that it is important to consider what individuals say about their illness in order to appreciate its complexity. Other researchers<sup>11</sup> examined self-management among patients with CKD, in addition to identifying several common challenges, including dietary management and coping strategies for comorbidities together with symptoms. Hence, a complete understanding of such patients' experiences, which entails a burden of signs, among others, such as psychosocial aspects, is required. Providing comprehensive care will thus lead to better results for recipients. To improve the quality of life of patients and meet their distinct requirements, it is important for medical practitioners to consider the different experiences, barriers, and attitudes of patients with CKD.

The subtheme "The Range of Experiences in Early Stage CKD" emphasizes the various ways individuals may navigate chronic kidney disease (CKD) during its initial phases. Early detection and intervention are crucial in managing CKD, as it is often asymptomatic in its early stages, leading many patients to be diagnosed only when the disease has progressed significantly<sup>12</sup>. This view is supported by several studies that explored various aspects of progression towards end-stage renal failure among people living with chronic kidney disorders during the initial phases. For example, some researchers<sup>13</sup> pointed out that diagnosis often occurs in advanced stages, where irreversible renal lesions may occur, thus underscoring the need for early detection and intervention to slow down the disease course. Therefore, prompt identification and management can alter the outcomes of patients with CKDs. Furthermore, it was revealed that if a care program for early stage CKD was put in place, then there would be a delay in the deterioration of kidney function, thereby showing great importance for proactive management in decelerating the advancement of diseases<sup>14</sup>. Therefore, recognizing dietary patterns and prevention measures taken during the initial stages will enable care providers to recognize individual needs while addressing them to maximize outcome optimization among CKD patients.

The theme "Balancing Hope and Uncertainty" presents a situation in which optimism is met with an unpredictable disease. This also addresses the subtheme "Navigating a New Reality" that comes

with early stage CKD, where people must adapt themselves as per the different occurrences occasioned by this condition. Many studies support such notions, giving further insight into how to take care of patients and manage other aspects of the ailment itself, which further demonstrates its dynamism. For instance, research suggests<sup>15</sup> one should be capable of detecting CKD early so that they can learn more about it and care for themselves thereafter to prevent progression. Similarly, other researchers<sup>16</sup> discussed global health risks due to chronic kidney disease (CKD) and classified worldwide screening methods, indicating that prompt remedial steps in management are essential whenever worst scenarios occur in these patient populations. These actions combine hopefulness with unpredictability through alertness created while they tactically respond to any case related to managing patients with CKDs. In addition, previous investigations<sup>17</sup> scrupulously addressed the most appropriate ways to manage chronic renal failure, such as controlling blood pressure, thereby explaining the need for a comprehensive handling approach. As such, integrating evidence-based interventions with proactive strategies as well as patient-centeredness, ignorance will no longer be a barrier for individuals suffering from CKDs, thus leading to improved health outcomes.

In this study, the theme "Turning Point" signifies moments in illnesses that are very important, when patients' health status, forms of treatment, and general welfare can suddenly change their course. This is supported by the subtheme "Contributory Factors," which explores how different factors affect these critical stages of the CKD journey, emphasizing how dynamic the disease can be in evolving individual outcomes. Several articles add a lot to this focus area and shed more light on the different ways chronic kidney disease progresses, resulting from various determinants. For example, some researchers<sup>18</sup> investigated the clinical profile and risk factors associated with CKD in pediatric and adult populations, with emphasis on the need for early diagnosis and therapy to reduce its progression rate. Other studies<sup>19,20</sup> studied the relationship between lifestyle behaviors and the prevalence or incidence of CKD, focusing on how unhealthy habits affect its advancement among populations. These studies show that lifestyle changes contribute to CKD management as modifiable risk factors at key points in disease progression, necessitating targeted interventions to address these issues. Healthcare providers can better assist patients during critical times in managing their CKDs, thus improving healthcare delivery services to such patients and improving their quality of life.

The theme "CKD Progression Patterns" explores individuals' journeys with chronic kidney disease and highlights its complexity. In line with this, the subtheme "Hopes, Fears, and Living with Uncertainty" brings out the emotions and thoughts around living with this condition. Many studies have been conducted to support these findings by examining different angles of chronic renal failure progression as experienced by the patients themselves. For example, a study<sup>21</sup> of self-management interventions for CKD emphasized that patients need to be empowered to take care of themselves. This study also reflects on what people go through while trying to live healthily with CKD, indicating that it is important for individuals to have effective self-management strategies if they hope to survive such a condition. Additionally, some researchers<sup>22</sup> reported on diabetic kidney disease, whereby they focused mainly on cardiovascular disease management and glycemia measurement, thereby showing how complex caring for individuals with CKD can become. Further research<sup>23</sup> was concerned with slowing down renal failure progression, hence underlining early intervention and comprehensive treatment approaches as useful strategies for achieving this objective. Taken together, these investigations highlight the challenges, but also hopes, fears, and uncertainties associated with having this health problem among people living with it at different stages of their lives. The overall idea behind the themes described here

is that there are many sides to chronic kidney diseases. As such, one should never look at them from only one perspective because they are multi-faceted in nature. Thus, addressing emotional aspects along with physical dimensions during management might enable better outcomes for individuals who desire an improved quality of life despite facing various difficulties.

### Study implications

Patients with Chronic Kidney Disease (CKD) exhibit different patterns of progression in complex cases. These stages form the basis for all subsequent care and offer an opportunity for healthcare providers, especially nurses, to improve outcomes since there are varied presentations; hence, the one-size-fits-all concept does not work. Therefore, healthcare providers must create personalized care plans depending on each individual's needs and natural course. However, methods such as group screening for risk factors, including previous renal failure and Type II Diabetes Mellitus, and the implementation of interventions to inform prognosis, among others, may discourage disease progression. Specific issues in educational materials should also be addressed during the various phases of the illness. For example, emotional counseling would help people with depression accompanied by rapidly fluctuating symptoms, and guidance on how to change modifiable risks should be taught to those whose signs take a relatively long time.

Furthermore, healthcare providers can play an important role in patient advocacy to promote shared decision-making processes in treatment selection and facilitate access to appropriate services. Concentrating on the psychological ramifications of CKD, healthcare providers would provide focused counseling toward an all-rounded approach to care for patients' lives. Eventually, incorporating this knowledge about various CKD progression patterns in their work routines will enable healthcare providers to provide more efficient and compassionate individualized medical decisions, thereby improving the quality of life among those living with CKD.

### Study Limitations

This qualitative study aimed at understanding CKD progression in Saudi Arabia has some limitations that make it difficult to generalize the findings. The sample size is limited and may not be generalizable to the larger CKD population in Saudi Arabia. Additionally, only stages 1 and 2 were considered, indicating that more complicated stages were not included. However, using the snowball sampling technique after purposive sampling can lead to bias, as participants recruited from social networks might not represent the entire population. In addition, the interview time was constrained between 45 minutes and an hour, which may have limited how much of their experiences and feelings could be captured by these researchers. Additionally, the lack of prior knowledge of this condition among interviewers could influence the depth of their questioning and exploration. Finally, the findings cannot be generalized to other healthcare settings in Saudi Arabia since it was conducted only in one outpatient department. These limitations suggest that future studies need larger samples including different respondents with varying CKD stages, and employ various qualitative methods to obtain greater insights into CKD patterns in Saudi Arabian patients.

### CONCLUSION

**Thematic analysis of the interviews identified four major themes that reflected the experiences of patients with early stage CKD. The first theme, "Slow Creep," brings out different ways through which individuals encounter this phase of illness, and is further elaborated in its subtheme, "The Range of Experiences in Early**

**Stage CKD." The second theme, "Balancing Act of Hope and Uncertainty," highlights the balance between hope to manage illness and uncertainty about tomorrow, and this progression is additionally reviewed in the subtheme, "Navigating a New Reality," highlighting how one lives with CKD in a new light. The third theme, "Turning Point," highlights a crucial occurrence in the disease trajectory, while its subsequent subtheme, "Contributory Factors," looks at some factors contributing to that turning point. Finally, "CKD Progression Patterns" (the fourth theme) deals with difficulties encountered when managing CKD, alongside emotional implications related to living with uncertainty, and this theme encompasses two subthemes: "Challenges in Managing CKD" and "Hopes, Fears, and Living with Uncertainty."**

**Authorship Contribution:** All authors share equal effort contribution towards (1) substantial contributions to conception and design, acquisition, analysis and interpretation of data; (2) drafting the article and revising it critically for important intellectual content; and (3) final approval of the manuscript version to be published. Yes.

**Potential Conflicts of Interest:** None

**Competing Interest:** None

**Acceptance Date:** 09 December, 2025

### REFERENCE

1. Farag, Y. M., Kari, J. A., & Singh, A. K. (2012). Chronic kidney disease in the Arab world: a call for action. *Nephron. Clinical practice*, 121(3-4), c120-c3.
2. Sarnak, M. J., Levey, A. S., Schoolwerth, A. C., et al, & American Heart Association Councils on Kidney in Cardiovascular Disease, High Blood Pressure Research, Clinical Cardiology, and Epidemiology and Prevention (2003). Kidney disease as a risk factor for development of cardiovascular disease: a statement from the American Heart Association Councils on Kidney in Cardiovascular Disease, High Blood Pressure Research, Clinical Cardiology, and Epidemiology and Prevention. *Circulation*, 108(17), 2154-69.
3. Hajhosseiny R, Khavandi K, Goldsmith DJ. Cardiovascular disease in chronic kidney disease: untying the Gordian knot. *Int J Clin Pract*. 2013;67(1):14-31.
4. Ginawi, O. M., AlGhamdi, M. H., Levesque, M. J., et al (2013). The prevalence of chronic kidney disease in the Eastern Province of Saudi Arabia. *Saudi J Kidney Dis Transpl*, 24(1), 121-126.
5. Almutary, O. Q., Al-Suwailem, A. R., & Al-Mazroua, M. A. (2013). Prevalence of chronic kidney disease in a primary care setting in Saudi Arabia. *Saudi Med J*, 34(1), 78-82.
6. Mousa, D., Helal, I., Alhejaili, F., et al. (2020). Sun-137 prevalence of chronic kidney disease markers in Saudi Arabia: population based pilot study. *Kidney Int Rep*, 5(3), S258.
7. Johnson DW, Atai E, Chan M, et al. KHA-CARI Guideline: early chronic kidney disease: detection, prevention and management. *Nephrology*. 2013 May;18(5):340-50
8. Ali, I., Chinnadurai, R., Ibrahim, S.T. et al. Predictive factors of rapid linear renal progression and mortality in patients with chronic kidney disease. *BMC Nephrol* 21, 345 (2020).
9. Glanz K, Bishop DB. The role of behavioral science theory in development and implementation of public health interventions. *Annual review of public health*. 2010 Apr 21; 31:399-418
10. James G., Nyman E., Fitz-Randolph M., et al. Characteristics, symptom severity, and experiences of patients reporting chronic kidney disease in the patientslikeme online health community: retrospective and qualitative study (preprint). 2020.

11. Du, Y., Dennis, B., Ramirez, V., et al (2021). Experiences and disease self-management in individuals living with chronic kidney disease: qualitative analysis of the national kidney foundation's online community.
12. Tangri, N. and Nicola, L. Findings and implications of the reveal-ckd study investigating the global prevalence of undiagnosed stage g3 chronic kidney disease. *Eur Med J* 2022; 60-65.
13. McLeland S., Cianciolo R., Duncan C., & Quimby J.. A comparison of biochemical and histopathologic staging in cats with chronic kidney disease. *Vet Pathol* 2014;52(3):524-34.
14. Niu S., Wu C., Chuang N., et al. Early chronic kidney disease care programme delays kidney function deterioration in patients with stage i–iii chronic kidney disease: an observational cohort study in taiwan. *BMJ Open* 2021;11(1):e041210.
15. Shlipak M., Tummalaipalli S., Boulware L., et al.. The case for early identification and intervention of chronic kidney disease: conclusions from a kidney disease: improving global outcomes (kdigo) controversies conference. *Kidney Int* 2021;99(1):34-47.
16. Levey, A., Atkins, R., Coresh, J., et al. (2007). Chronic kidney disease as a global public health problem: approaches and initiatives – a position statement from kidney disease improving global outcomes. *Kidney Int*, 72(3), 247-59.
17. Shabaka A., Cases-Corona C., & Fernández-Juárez G. Therapeutic insights in chronic kidney disease progression. *Frontiers in Medicine* 2021;8.
18. Tuttle K., Alicic R., Duru O., et al. Clinical characteristics of and risk factors for chronic kidney disease among adults and children. *Jama Network Open* 2019;2(12):e1918169.
19. Michishita R., Matsuda T., Kawakami S., et al.. The association between unhealthy lifestyle behaviors and the prevalence of chronic kidney disease (ckd) in middle-aged and older men. *J Epidemiol* 2016;26(7):378-85.
20. Wakasugi M., Kazama J., Yamamoto S., et al. A combination of healthy lifestyle factors is associated with a decreased incidence of chronic kidney disease: a population-based cohort study. *Hypertension Research* 2012;36(4):328-33.
21. Peng S., He J., Huang J., et al. Self-management interventions for chronic kidney disease: a systematic review and meta-analysis. *BMC Nephrology* 2019;20(1).
22. Tuttle K., Bakris G., Bilous R., et al. Diabetic kidney disease: a report from an ada consensus conference. *Am J Kidney Dis* 2014;64(4):510-33.
23. Yan M., Chao C., & Lin S. Chronic kidney disease: strategies to retard progression. *Int J Mol Sci* 2021;22(18):10084.