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REPORT – Adelinda Araújo Candeias

University of Évora, Portugal

Doctoral Thesis

Title:

Psychosocial Well-Being among Individuals with Chronic Kidney Disease Undergoing Hemodialysis and Their Caregivers: A Cross-Cultural Mixed-Methods Investigation

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Institution: University of Gdansk, Faculty of Social Sciences, Institute of Psychology

This doctoral thesis represents a carefully designed, intellectually mature, and methodologically rigorous investigation into the psychosocial well-being of individuals with end-stage kidney disease (ESKD) undergoing hemodialysis and their caregivers. The research is conducted within a cross-cultural framework comparing Sri Lanka and Poland, thereby adding both international relevance and conceptual depth to the work.

The thesis is structured around five interconnected publications: a published methodological protocol, a scoping review on cross-cultural differences in shame and guilt in chronic illness, two qualitative empirical studies, and one quantitative comparative study. This cumulative design demonstrates clear scientific planning and coherence. The protocol establishes methodological transparency; the scoping review provides theoretical grounding; and the empirical studies progressively build upon this foundation. The overall structure reflects intellectual continuity and research independence.

Conceptually, the candidate adopts a strong biopsychosocial perspective. Chronic kidney disease is framed not solely as a biomedical diagnosis but as a transformative life condition that affects identity, emotional functioning, social relationships, financial stability, and overall quality of life. Hemodialysis is portrayed realistically as a long-term and restrictive treatment process, associated with fatigue, occupational disruption, dietary constraints, and dependence on healthcare systems. Importantly, the thesis consistently includes caregivers as active subjects of analysis, reinforcing the systemic and relational dimensions of chronic illness.

Methodologically, the work demonstrates competence and analytical rigor. The convergent mixed-methods design integrates quantitative and qualitative approaches in a purposeful and coherent manner. The quantitative phase involved balanced samples of patients in Sri Lanka and Poland. Validated psychometric instruments were employed, including the KDQOL-SF, BDI, AIS, TOSCA, and CECS. Statistical analyses were appropriate and included regression modeling, group comparisons, and effect size interpretation. Attention was given to contextual and equity-related variables, strengthening the interpretative validity of the findings.

The quantitative results reveal both universal and culturally specific aspects of psychosocial burden. Across both countries, patients reported fatigue, sleep disturbances, depressive symptoms, and reduced functional capacity. At the same time, meaningful cross-cultural differences emerged. Sri Lankan participants presented higher levels of depressive symptoms and weaker perceived social support, particularly in the context of rural residence and economic constraints. These differences are interpreted with nuance and contextual awareness rather than overgeneralization.

The qualitative component significantly enriches the thesis. Through semi-structured interviews with patients and caregivers, the research captures lived experience in depth. Three overarching thematic areas—quality of life, coping strategies, and medical experiences—emerge consistently across contexts. However, the manner in which these themes are expressed differs meaningfully. Polish participants emphasize autonomy, self-determination, resilience, and cognitive reframing. Sri Lankan participants more frequently describe communal support, spiritual practices, religious coping, and collective responsibility. These findings are integrated effectively with the theoretical

insights from the scoping review, particularly regarding the differential salience of shame and guilt in collectivist versus individualist contexts.

The transcultural contribution of this thesis is one of its most significant strengths. By comparing two distinct healthcare systems and sociocultural environments, the research demonstrates how cultural norms, religious traditions, socioeconomic structures, and healthcare infrastructures interact to shape psychosocial adaptation to chronic illness. This comparative framework advances knowledge in global Health Psychology and underscores the importance of culturally responsive clinical practice.

From the perspective of Clinical and Health Psychology, the thesis makes substantial contributions. It demonstrates empirically that illness acceptance, emotional suppression, shame, and guilt are central determinants of psychosocial well-being in ESKD. It provides strong support for systematic psychological assessment in hemodialysis settings and highlights the often-overlooked psychosocial burden of caregivers. The applied implications—ranging from culturally sensitive psychosocial interventions to multidisciplinary collaboration and stigma reduction—are well grounded in empirical evidence.

The candidate's individual contribution to the published works included in this dissertation is clearly identifiable and substantial. The research design, conceptual integration, data collection, statistical analysis, qualitative interpretation, and synthesis of findings demonstrate independent scientific competence at the doctoral level. The work reflects originality, analytical depth, and the capacity to conduct complex cross-cultural research with methodological rigor and ethical responsibility.

Ethical standards were properly observed. Ethical approvals were obtained in both participating countries. Translation and back-translation procedures ensured linguistic validity. Qualitative rigor was strengthened through systematic coding and triangulation. Limitations are acknowledged with appropriate critical awareness.

In my assessment, the dissertation demonstrates theoretical integration, methodological rigor, scientific originality, and meaningful applied relevance. The candidate has shown independence, critical thinking, and the ability to contribute substantively to the

advancement of knowledge in Clinical Psychology, Health Psychology, and transcultural research in chronic illness.

In my opinion, the dissertation fulfils the requirements set out in Article 187 sections 1–3 of the Act on Higher Education and Science. I therefore recommend that the dissertation be accepted for public defense and considered worthy of the award of the Doctoral degree, subject to the successful completion of the oral examination.

University of Évora, February 25, 2026



Professor Adelinda Maria Araújo Candeias