

Original Article

Psychological experiences of living kidney donors: A descriptive phenomenological study

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Abstract

Background: Living kidney donors are healthy individuals who undergo major surgical procedures to benefit transplant recipients. Despite rigorous health screening, donors' experiences related to decision-making, emotional responses, and post-donation adjustment remain underexplored in the Indonesian context. Understanding these experiences is essential for identifying donors' psychosocial needs and developing more appropriate psychosocial assessments and transplant nursing care.

Objective: This study aimed to explore the psychological experiences of living kidney donors undergoing kidney donation at Dr. M. Djamil Central General Hospital, Padang.

Methods: This qualitative study used a descriptive phenomenological approach. Nine living kidney donors were recruited through purposive sampling and participated in semi-structured, in-depth interviews conducted from June to July 2026. Data were analyzed using Colaizzi's method through the identification of significant statements, formulation of meanings, categorization, development of subthemes, and generation of themes. Trustworthiness was supported through member checking, and recruitment continued until data saturation was achieved.

Results: Three main themes were identified: internal drivers underlying the decision to donate, emotional responses throughout the donation process, and self-acceptance and meaning-making after donation. Participants' experiences reflected a dynamic psychological process that began with relational motivations and personal values influencing the decision to donate, continued through diverse emotional responses during transplantation, and progressed toward acceptance, adaptation, and meaning-making after donation.

Conclusion: The psychological experiences of living kidney donors constitute a personal and dynamic process involving decision-making, emotional responses, adjustment, and meaning-making after donation. Transplant services should strengthen psychosocial support and nursing care from the pre-donation evaluation phase through post-donation follow-up to promote donors' overall well-being.

Background

Chronic kidney disease (CKD) is a global health problem that contributes substantially to morbidity, mortality, and reduced quality of life, particularly when it progresses to end-stage kidney disease (ESKD) (Bikbov et al., 2020). Among patients with ESKD who meet eligibility criteria, kidney transplantation provides better survival and quality-of-life outcomes than long-term dialysis (Strohmaier et al., 2022; Tonelli et al., 2011). Kidney transplantation may involve deceased or living donors, with living donation playing an important role by reducing waiting times and providing favorable clinical outcomes for recipients (Ralph et al., 2019).

Unlike recipients, who receive direct therapeutic benefits, living kidney donors are healthy individuals who voluntarily undergo major surgery without direct medical benefit to themselves. Accordingly, the donation process requires not only medical evaluation but also

psychological, social, and family assessment, as well as careful evaluation of the donor's capacity to make an informed and voluntary decision (Cholin et al., 2024). In Indonesia, kidney transplantation has developed since it was first performed in 1977, but challenges remain, including limited donor availability, complex evaluation processes, and the need for long-term support for both donors and recipients (Marbun et al., 2018; Mochtar et al., 2017). Indonesian studies have also focused more extensively on clinical outcomes, graft function, complications, and recipient quality of life than on donors' subjective experiences (Marbun et al., 2018; Supit et al., 2019).

The phenomenon examined in this study is the psychological experience of living kidney donors throughout the donation journey, from decision-making and preparation for transplantation to the transplantation process and post-donation adjustment. These experiences include

motivations for donation, emotional responses, donor-recipient relationships, social support, self-acceptance, post-donation adaptation, and the meanings attributed to kidney donation (Arai et al., 2024). Thus, donors should be understood not merely as healthy individuals undergoing a medical procedure, but as individuals engaged in an ongoing psychological and social process.

Favorable medical outcomes after donation do not necessarily reflect the entirety of donors' psychological experiences. Some donors experience changes in health-related quality of life despite generally favorable psychosocial outcomes, suggesting that clinical success does not eliminate the emotional and psychosocial challenges that may arise during adaptation (Menjivar et al., 2020). Symptoms of anxiety and depression may also occur among some donors, particularly when recipients' health outcomes do not meet expectations (Shi et al., 2023). These findings indicate that donors' psychological experiences may continue to evolve in response to changes in both their own health and the recipient's condition.

These experiences are also shaped by interpersonal relationships and by the meanings donors assign to the act of donation. Living donation often occurs within families; consequently, the decision to donate may be influenced by care, family responsibility, and a desire to help a loved one (Arai et al., 2024; Ralph et al., 2019). Donor-recipient relationships may become stronger after transplantation, but they may also involve changes in roles, expectations, guilt, or emotional conflict that require ongoing support (Ralph et al., 2019). In addition, donors may engage in a process of meaning-making involving hope, responsibility, social support, self-acceptance, and interpretations of the altruistic act they have undertaken (Skaczkowski et al., 2023; Arai et al., 2024).

Therefore, the psychological experiences of living kidney donors constitute a multidimensional phenomenon that unfolds throughout the donation process rather than only after transplantation. However, donors' subjective experiences remain insufficiently explored in the Indonesian context, and their psychosocial and nursing support needs across the donation trajectory have not been fully identified. A phenomenological approach is needed to understand how donors make sense of the experience of deciding to donate, confronting uncertainty, undergoing transplantation, and adapting after donation. This study therefore

aimed to explore the meanings and psychological experiences of living kidney donors throughout the kidney donation process at Dr. M. Djamil Central General Hospital, Padang.

Methods

Study Design

This study used a qualitative design with a descriptive phenomenological approach to explore the psychological experiences of living kidney donors after kidney donation. Descriptive phenomenology was selected because the study sought to understand participants' lived experiences as they were felt, understood, and given meaning by those who experienced them.

The study focused on how living kidney donors experienced the decision-making process, encountered emotional responses throughout transplantation, adjusted after donation, and attributed meaning to the experience of being a donor. This approach differs from interpretive phenomenology, which aims to develop theoretical interpretations of experience; instead, the present study emphasized describing the essence of participants' experiences from their own perspectives.

In applying descriptive phenomenology, the researcher used bracketing (*epoche*) to manage pre-existing assumptions, personal experiences, and potential bias throughout the study. Before conducting the interviews, the researcher prepared reflective notes documenting initial understandings of the phenomenon of living kidney donation. These notes were updated after each interview and throughout data analysis to help ensure that the interpretations remained grounded in participants' experiences rather than the researcher's assumptions. The study was conducted at Dr. M. Djamil Central General Hospital, Padang, from June to July 2026.

Participants

Participants were selected through purposive sampling based on their ability to provide information relevant to the study objectives. The study involved nine living kidney donors who had undergone kidney donation at Dr. M. Djamil Central General Hospital, Padang.

The inclusion criteria were: (1) living kidney donors aged 18 years or older who had undergone donor nephrectomy; (2) the ability to

communicate verbally; and (3) willingness to participate and provide written informed consent. The exclusion criteria were: (1) an acute medical condition at the time of data collection; (2) inability to complete the interview; and (3) communication difficulties that prevented participants from providing adequate information.

Donor-recipient relationships included close family members and spouses: mother-child (P1, P4, P8, and P9), father-child (P3 and P6), uncle-niece/nephew (P2), wife-husband (P5), and younger sibling-older sibling (P7). These relationships indicate that donation decisions in this study occurred predominantly within the family context, particularly in parent-child relationships.

Participants were recruited directly by the researcher using available donor records. Data collection was discontinued when data saturation was reached, defined as the point at which additional interviews no longer generated meaningful new information about the psychological experiences of living kidney donors. Recurrent experiential patterns became evident by the eighth participant, and one additional interview was conducted to confirm the stability of the themes.

The interval between kidney donation and the research interview ranged from 3 months to 6 years and 10 months, with a median post-donation period of approximately 1 year. This variation was considered during data interpretation because donor experiences may change according to the stage of physical recovery, psychological adaptation, and evolving meaning attributed to the donation experience.

Data Collection

Data were collected through in-depth interviews using a semi-structured interview guide with open-ended questions. The interview guide was designed to explore participants' experiences of deciding to donate, emotional experiences before and after surgery, relationships with kidney recipients, post-donation adaptation, and the meanings attributed to the donor experience.

Face-to-face interviews were conducted by the researcher, who served as the primary research instrument, with audio recording used after obtaining participants' permission. The

interviews were conducted by the principal researcher, a Master's student in Nursing with an educational background in medical-surgical nursing. Before data collection, the researcher had received training in qualitative research methods and in-depth interviewing techniques. Each interview lasted approximately 40 minutes. Before providing written consent, all participants received an explanation of the study purpose, interview procedures, their right to withdraw, and measures used to protect confidentiality.

Interviews were conducted in a quiet, private room at Dr. M. Djamil Central General Hospital, Padang, at a time agreed upon with each participant. Only the researcher and participant were present during the interview to maintain confidentiality. The researcher also recorded field notes regarding the interview context, nonverbal expressions, and reflections arising during data collection. Some participants used the Minangkabau language when describing their experiences. Original expressions were retained during analysis to preserve the authenticity of participants' experiences and were translated into Indonesian while maintaining contextual meaning; for this English manuscript, quotations were subsequently translated into English.

Interviews were transcribed verbatim immediately after completion. The researcher compared each transcript with the corresponding audio recording to ensure accuracy. When information was unclear, follow-up interviews were conducted to obtain further clarification and depth.

Data Analysis

Data were analyzed using Colaizzi's method, which is appropriate for descriptive phenomenological research. The analysis involved the following steps: (1) reading all interview transcripts repeatedly to obtain an overall understanding of participants' experiences; (2) identifying significant statements related to the psychological experiences of living kidney donors; (3) formulating meanings from these significant statements within the context of participants' experiences; (4) grouping conceptually similar meanings into categories; (5) developing categories into subthemes and themes that represented the structure of donors' experiences; (6) constructing an exhaustive description of the phenomenon; (7) formulating the fundamental

structure of donors' psychological experiences based on the identified themes; and (8) confirming the interpretations with participants through member checking.

Primary data analysis was conducted by one researcher. Interpretive discrepancies arising during the analysis were discussed with the research team and research supervisor until consensus was reached. The analytic process was documented in a structured table containing participant quotations, formulated meanings, categories, subthemes, and themes.

Trustworthiness

Trustworthiness was established using four criteria: credibility, dependability, confirmability, and transferability. Credibility was supported through in-depth interviews, audio recording, transcript verification, and member checking to ensure that the researchers' interpretations were consistent with participants' experiences. Member checking was conducted with all study participants.

Dependability was addressed by documenting the entire research process, including participant recruitment, data collection, data analysis, and theme development. The research process was also reviewed through discussions with the research supervisor. An audit trail was maintained by documenting coding decisions, category development, and supervisory discussions.

Confirmability was supported through a reflexive journal and documentation of the bracketing process to demonstrate that the findings originated from participants' data rather than the researcher's personal assumptions. Reflexive notes were used to identify and monitor personal assumptions throughout the analytic process.

Transferability was enhanced by providing detailed descriptions of the research context, participant characteristics, data collection procedures, and analytic process, thereby enabling readers to judge the applicability of the findings to other contexts.

Ethical Considerations

This study was conducted in accordance with ethical principles of respect for participant autonomy, confidentiality, privacy, and protection of research participants. Before the interviews, all

participants received information about the study purpose, procedures, potential benefits and risks, and their right to refuse or discontinue participation at any time without consequences for the healthcare they received.

The researcher ensured that participation was voluntary and unrelated to medical decisions concerning transplantation. Participants were free to decline or discontinue an interview without consequences for their own healthcare or that of the recipient.

Participant confidentiality was protected through the use of participant codes and secure storage of research data. Ethical approval was obtained from the Research Ethics Committee of Dr. M. Djamil Central General Hospital, Padang (No. DP.04.03/D.XVI.10.1/179/2026).

Results

The study involved nine living kidney donors recruited through purposive sampling who had undergone kidney donation at Dr. M. Djamil Central General Hospital, Padang. Interviews were conducted from June to July 2026. Participants were 45-59 years old; five were women and four were men, and most had a close family relationship with the recipient. The post-donation interval ranged from 3 months to 6 years and 10 months (median: 1 year), reflecting variation in post-donation psychological adaptation. Analysis using Colaizzi's method generated three main themes: internal drivers underlying the decision to donate, emotional responses during the donation process, and self-acceptance and meaning-making after donation. Participant characteristics are presented in Table 1.

The thematic analysis identified three main themes and seven subthemes reflecting the psychological experiences of living kidney donors throughout the donation process, as summarized in Table 2.

Theme 1. Internal Drivers Underlying the Decision to Donate

The first theme describes the psychological processes underlying participants' decisions to become living kidney donors. Donation was understood not merely as a medical act, but as a personal experience shaped by emotional bonds, a sense of responsibility, and a desire to help loved ones. For most participants, the decision to donate

emerged after directly witnessing the recipient's suffering from kidney failure and the restrictions associated with dialysis. These experiences

generated a desire to provide a better chance of life for an ill family member.

Table 1. Participant Characteristics

Code	Age (years)	Sex	Occupation	Donor-Recipient Relationship	Time Since Donation
P1	58	Female	Homemaker	Mother-child	1 year
P2	55	Male	Private-sector employee	Uncle-niece/nephew	9 months
P3	51	Male	Mosque caretaker	Father-child	3 months
P4	59	Female	Retiree	Mother-child	6 years 10 months
P5	48	Female	Teacher	Wife-husband	1 year 3 months
P6	54	Male	Private-sector employee	Father-child	10 months
P7	45	Male	Private-sector employee	Younger sibling-older sibling	1 year 8 months
P8	53	Female	Homemaker	Mother-child	1 year
P9	55	Female	Teacher	Mother-child	4 years 3 months

Subtheme 1.1. Relational Motivation to Help Loved Ones

The emotional bond between donor and recipient was a major influence on participants' decisions to donate a kidney. Donation was described as an expression of love, care, and responsibility toward a family member living with illness. In parent-child relationships, the decision to donate often arose from the parent's desire to give the child a better chance of survival and health.

One participant explained that when transplantation became an option, the primary concern was not the personal risk of donation but the possibility of helping the child:

"The first thing that came to mind was, 'Could my kidney be used for my child?' I was not thinking about myself first. My thoughts went straight to my child. If it could be done, I was willing." (P1)

A similar experience was reported in family relationships other than parent-child relationships. P2, who donated a kidney to a niece or nephew, described the decision as arising from emotional closeness and a desire to help a younger family member who still had a long future ahead:

"What motivated me most was that this person was still young and had a young child. I thought, this person is still greatly needed by the family. Besides, this person had done many good things for me." (P2).

Table 2. Themes and Subthemes

Theme	Subtheme
Internal drivers underlying the decision to donate	Relational motivation to help loved ones Personal willingness and confidence in decision-making
Emotional responses during the donation process	Uncertainty and concerns before surgery Calmness through social support and personal beliefs Adaptation to physical experiences after surgery
Self-acceptance and meaning-making after donation	Acceptance of one's condition after donation Donation as a meaningful life experience

Beyond kinship, direct involvement in the recipient's care also strengthened the motivation to donate. P7 explained that accompanying an

older sibling to dialysis helped the participant understand the recipient's suffering more deeply:

"It started because I was involved in caring for my older brother. From the beginning of his kidney illness, I often accompanied him to check-ups and dialysis. Seeing that made me feel deeply concerned for him." (P7)

These findings indicate that donation decisions developed within strong interpersonal relationships, in which witnessing the suffering of a loved one became an important basis for the desire to help.

Subtheme 1.2. Personal Willingness and Confidence in Decision-Making

Although family relationships were important, participants emphasized that the decision to donate was a personal choice made consciously and voluntarily. Most participants stated that they experienced no coercion from family members or other parties.

P3 described the decision to donate as a personal consideration arising from being a father who wanted to give a child a better chance of life:

"Deep down, I was immediately willing. This is my own child. I thought that if my kidney was compatible and I was healthy, then I would give one kidney to my child." (P3)

A similar perspective was expressed by P5, who donated a kidney to a spouse. The donation was viewed as an effort to support the spouse's recovery:

"My motivation at that time was really for my husband to recover." (P5)

In addition to personal considerations, several participants reported that spiritual beliefs helped them accept the decision to donate and cope with the possibility of risk.

Theme 2. Emotional Responses During the Donation Process

The second theme describes the emotional dynamics experienced by participants throughout the journey of becoming a living kidney donor. Although the decision to donate had been made consciously, participants' experiences were not entirely free of concern. They experienced a range of emotional responses, including fear of surgery, uncertainty about life after donation, and increasing calm after receiving information from

healthcare professionals and support from family members.

Subtheme 2.1. Uncertainty and Concerns Before Surgery

Becoming a kidney donor is a major decision that may remain accompanied by concerns about surgical risks and life with one kidney. Several participants described fear before surgery.

P2 explained that despite the intention to help, there were concerns about personal safety after surgery:

"Of course I was afraid. It was major surgery. I was afraid that I might not wake up after the anesthesia. I also wondered what it would be like to live with only one kidney." (P2)

P9 described a similar emotional experience. However, the concern did not change the decision to proceed with donation:

"There was some worry because it was major surgery. I did wonder what my condition would be afterward, but the worry was not enough to make me withdraw." (P9)

These accounts suggest that readiness to become a donor does not imply the absence of fear; rather, it reflects the individual's capacity to accept uncertainty in pursuit of a goal perceived as meaningful.

Subtheme 2.2. Calmness Through Social Support and Personal Beliefs

Alongside their concerns, participants found sources of reassurance through family support, explanations from healthcare professionals, and personal beliefs. P6 described how spiritual belief helped foster an accepting attitude toward the donation process:

"No, Ma'am. I simply surrendered and accepted it sincerely, leaving everything to the Almighty. In fact, my child was the one who kept crying. I remained calm." (P6)

P9 also explained that information provided by the physician helped reduce anxiety before surgery:

"The doctor said that many people had donated a kidney and could still live and work as usual." (P9)

Such support helped participants maintain confidence in the decisions they had made.

Subtheme 2.3. Adaptation to Physical Experiences After Surgery

Post-donation experiences showed that becoming a donor also involved a period of physical adaptation. Several participants experienced pain and discomfort after surgery, particularly during the early recovery period. P6 described the immediate physical experience following surgery:

"After the operation, I felt a little nauseated, had a headache, my body felt sore, and I had some difficulty sleeping." (P6)

P8 also reported that pain was still present upon first returning home but gradually improved:

"When I first came home, the surgical wound was still painful. I took the medication I had been given, and little by little it got better." (P8)

After the early recovery period, participants gradually adjusted their daily activities according to their physical condition:

"At first, I reduced my activities and did not immediately return to heavy work. After two or three months, my body felt much better and I could gradually become active again." (P8)

These findings show that the donor experience involves not only emotional responses but also adaptation to physical changes after surgery.

Theme 3. Self-Acceptance and Meaning-Making After Donation

The third theme describes how participants understood their lives after becoming living kidney donors. After progressing through decision-making and recovery, participants began to develop acceptance of their bodily condition and assign meaning to the experience of donation.

Subtheme 3.1. Acceptance of One's Condition After Donation

Most participants demonstrated an ability to accept their condition while living with one kidney. After the recovery period, participants were able to resume everyday activities while making adjustments based on their physical capacity. P6 explained that there was no anxiety or regret after donation:

"I feel normal, Ma'am. I do not feel anxious or regretful. I remain confident and grateful." (P6)

P8 similarly described a sense of acceptance after seeing the child's condition improve:

"I feel relieved and grateful. What matters is that Nova is healthy. I have no regrets." (P8)

Subtheme 3.2. Donation as a Meaningful Life Experience

After completing the donation process, participants understood the experience as a humane act that provided inner satisfaction because they had been able to help someone close to them. P1 described the primary meaning of donation as giving the child an opportunity to live a healthier life:

"If I can help my child live a healthier life, that is enough for me." (P1)

Positive meaning-making was also influenced by the recipient's condition after transplantation. When recipients showed clinical improvement, participants increasingly viewed the donation as a meaningful decision..

Discussion

This study shows that the psychological experiences of living kidney donors unfold as a process extending from decision-making through the post-donation period. Decisions to donate were primarily shaped by emotional closeness, a sense of family responsibility, and a desire to help a loved one; thus, donation was understood not only as a medical act but also as an expression of care and sacrifice with personal meaning. Most donors in this study had close family relationships with recipients, including parent-child, spousal, sibling, and extended-family relationships. These findings indicate that donation decisions develop within strong interpersonal relationships and are influenced by relational values within the family (Bahador et al., 2022; Van Pilsum Rasmussen et al., 2020).

These findings reinforce the understanding that living donation decisions are not merely the result of rational consideration of transplantation benefits but are psychosocial processes shaped by emotional closeness, family values, and perceived moral responsibility. Cholin et al. (2024) showed that psychological status, family responses, and social context play important roles in donor readiness, while Arai et al. (2024) found that donors often perceive themselves as individuals

who help or care for recipients. Nevertheless, the relational motivations observed in this study did not eliminate autonomy, as participants continued to describe donation as a conscious personal decision. This finding underscores the importance of ensuring that family solidarity is accompanied by protection of donor autonomy so that altruistic values and family responsibility do not develop into social pressure.

Participants' emotional experiences were dynamic throughout the donation process. Even after deciding to donate, participants continued to experience uncertainty, concerns about surgery, and questions about living with one kidney. These concerns could, however, be managed through social support, personal beliefs, and a clear understanding of the purpose of donation (Bahador et al., 2022; Stenberg et al., 2025). These findings suggest that psychological readiness does not mean the absence of fear; rather, it reflects donors' ability to confront uncertainty and appraise risk in relation to personally held values. Emotional responses should therefore be understood as part of the donor adaptation process rather than being interpreted automatically as evidence of unpreparedness for donation.

Emotional experiences after donation were also associated with recipients' conditions and donors' physical recovery. Shi et al. (2023) reported that anxiety and depressive symptoms may occur among donors, particularly when concerns arise regarding recipient health and transplant outcomes. In the present study, several participants experienced postoperative pain and discomfort that gradually improved during recovery, consistent with the findings of Dreesmann et al. (2023). These experiences suggest that donor well-being after transplantation is shaped by interactions among physical recovery, recipient condition, the donor-recipient relationship, and the degree to which post-donation experiences align with expectations (Galani et al., 2024).

After progressing through recovery, most participants were able to accept their physical condition, resume daily activities, and develop positive meanings around the experience of donation. This meaning was derived not only from the act of giving a kidney but also from improvements in the recipient's health, which

enabled donors to perceive that their actions had produced tangible benefits. Skaczkowski et al. (2023) described living kidney donation as a transformative experience that may influence how individuals understand themselves, their social relationships, and the meaning of life after donation. Self-acceptance and meaning-making therefore represent important processes through which the donation experience is integrated into the donor's identity.

Although participants' experiences in this study were generally positive and no long-term complications, regret, or severe negative psychological experiences were identified, these findings cannot be generalized to all donors. Existing literature shows that donor experiences occur across a spectrum, ranging from satisfaction and positive meaning-making to impaired quality of life, fatigue, unmet information needs, and specific psychosocial difficulties (Massey et al., 2025). Clinical success after transplantation therefore does not necessarily indicate that all of a donor's psychological and social needs have been met. Transplant services should remain capable of identifying donors who require additional support after donation.

Overall, this study demonstrates that the psychological experiences of living kidney donors in the Indonesian context are shaped by interconnections among family relationships, autonomy in decision-making, emotional responses, physical recovery, recipient condition, and processes of acceptance and meaning-making. These findings emphasize that donors require not only pre-transplant evaluation but also ongoing support throughout the donation trajectory. Transplant nursing care should include psychosocial assessment, information provision, decision-making support, monitoring of emotional responses and physical conditions after donation, and early identification of the need for further support. Such an approach is important to ensure that transplant success is evaluated not only in terms of recipient clinical outcomes but also in terms of donor well-being as individuals who experience the donation process in its entirety.

Nursing Implications

The findings indicate that the psychological experiences of living kidney donors are complex and extend from decision-making and emotional

responses during donation to adaptation and meaning-making after donation. Transplant nursing services should therefore address donors' psychosocial needs continuously rather than focusing exclusively on medical readiness.

Nurses have an important role in screening for psychological distress and assessing donor autonomy during the pre-donation evaluation to identify anxiety, concerns, and potential pressure in decision-making. Pre-donation counseling should also help donors understand the donation process, possible physical and emotional changes, and the importance of making an informed and voluntary decision.

Spiritual support tailored to donors' needs should also be integrated into nursing care because personal beliefs may help donors cope with the donation process. After transplantation, psychological follow-up is needed to monitor adaptation, quality of life, and the emergence of psychosocial concerns, thereby ensuring that donor well-being remains an integral component of kidney transplantation services.

Study Limitations

This study has a limitation related to variation in the time elapsed since donation among participants. Consequently, the experiences recalled and the meanings attributed to them may have been influenced by each participant's stage of recovery.

Conclusion and Recommendation

This study demonstrates that the psychological experiences of nine living kidney donors at Dr. M. Djamil Central General Hospital, Padang, constituted a dynamic process extending from decision-making and emotional experiences during donation to acceptance and meaning-making after donation. The decision to donate was primarily influenced by interpersonal relationships with recipients, a sense of family responsibility, and personal willingness.

Throughout the donation process, participants experienced diverse emotional responses ranging from fear and uncertainty to a sense of calm supported by social support, personal beliefs, and spirituality. After donation, most participants were able to accept living with one kidney and understood donation as an act of value and significance for someone close to them.

These findings should be interpreted within the context of a qualitative study involving a small number of participants from a single transplant center and therefore cannot be generalized to all living kidney donors in Indonesia. Further research across varied healthcare settings and donor characteristics is needed to broaden understanding of the psychosocial needs of living kidney donors.

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Declaration of conflict of interest

The authors declare no competing interests.

Declaration on the Use of AI

No artificial intelligence (AI) tools were used in the preparation of this manuscript.

Data Availability Statement

Data sharing is not applicable to this article.

References

- Arai, N., Yokoyama, N., Hara, M., & Takimoto, Y. (2024). Perceptions of psychosocial and ethical issues and the psychological characteristics of donors in the clinical setting of living kidney donors: A qualitative study. *AJOB Empirical Bioethics*, 15(1), 22-32. <https://doi.org/10.1080/23294515.2023.2232776>
- Bahador, R. S., Farokhzadian, J., Mangolian, P., & Nouhi, E. (2022). Concerns and challenges of living donors when making decisions on organ donation. *Iranian Journal of Nursing and Midwifery Research*, 27(2), 149-156. https://doi.org/10.4103/ijnmr.ijnmr_158_21
- Bikbov, B., Purcell, C. A., Levey, A. S., Smith, M., Abdoli, A., Abebe, M., Adebayo, O. M., Afarideh, M., Agarwal, S. K., Agudelo-Botero, M., Ahmadian, E., Al-Aly, Z., Alipour, V., Almasi-Hashiani, A., Al-Raddadi, R. M., Alvis-Guzman, N., Amini, S., Andrei, T., Andrei, C. L., ... Vos, T. (2020). Global, regional, and national burden of chronic kidney disease, 1990-2017: A systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, 395(10225), 709-733. [https://doi.org/10.1016/S0140-6736\(20\)30045-3](https://doi.org/10.1016/S0140-6736(20)30045-3)
- Cholin, L. K., Ramos, E. F., Yahr, J., Schold, J. D., Poggio, E. D., Delvalle, C. L., & Huml, A. M. (2024). Psychosocial characteristics of potential and actual living kidney donors. *BMC Nephrology*, 25(1), 31. <https://doi.org/10.1186/s12882-023-03375-z>

- Dreesmann, N. J., Jung, W., Shebaili, M., & Thompson, H. J. (2023). Kidney donor perspectives on acute postoperative pain management. *Clinical Nursing Research*, 32(8), 1124-1133. <https://doi.org/10.1177/10547738231156151>
- Galani, V., Mazzola, V., Prada, P., & Bondolfi, G. (2024). Postoperative factors associated with psychological well-being of living kidney donors: Results of a retrospective and qualitative study. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1377771>
- Marbun, M. B. H., Susalit, E., & Umami, V. (2018). 7 years experience of living donor kidney transplantation in Indonesia: A retrospective cohort study. *Acta Medica Indonesiana*, 50(2), 119. <https://www.actamedindones.org/index.php/ijim/article/view/650>
- Massey, E. K., Rule, A. D., & Matas, A. J. (2025). Living kidney donation: A narrative review of mid- and long-term psychosocial outcomes. *Transplantation*, 109(2), 259-272. <https://doi.org/10.1097/TP.0000000000005094>
- Menjivar, A., Torres, X., Manyalich, M., Fehrman-Ekholm, I., Papachristou, C., de Sousa-Amorim, E., Paredes, D., Hiesse, C., Yucetin, L., Oppenheimer, F., Kondi, E., Peri, J. M., Kvarnstrom, N., Balleste, C., Dias, L., Frade, I. C., Lopes, A., Diekmann, F., & Revuelta, I. (2020). Psychosocial risk factors for impaired health-related quality of life in living kidney donors: Results from the ELIPSY prospective study. *Scientific Reports*, 10(1), 21343. <https://doi.org/10.1038/s41598-020-78032-8>
- Mochtar, C. A., Alfarissi, F., Soeroto, A. A., Hamid, A. R. A. H., Wahyudi, I., Marbun, M. B. H., Rodjani, A., Susalit, E., & Rasyid, N. (2017). Milestones of kidney transplantation in Indonesia. *Medical Journal of Indonesia*, 26(3), 229-236. <https://doi.org/10.13181/mji.v26i3.1770>
- Ralph, A. F., Butow, P., Craig, J. C., Wong, G., Chadban, S. J., Luxton, G., Gutman, T., Hanson, C. S., Ju, A., & Tong, A. (2019). Living kidney donor and recipient perspectives on their relationship: Longitudinal semi-structured interviews. *BMJ Open*, 9(4), e026629. <https://doi.org/10.1136/bmjopen-2018-026629>
- Shi, Y., Zhang, H., Nie, Z., & Fu, Y. (2023). Quality of life, anxiety and depression symptoms in living related kidney donors: A cross-sectional study. *International Urology and Nephrology*, 55(9), 2335-2343. <https://doi.org/10.1007/s11255-023-03542-z>
- Skaczkowski, G., Barrett, A., Olver, I., Dollman, J., & Gunn, K. M. (2023). 'It is a life changing experience': The experiences of living kidney donors who live in rural Australia. *Australian Journal of Rural Health*, 31(5), 866-877. <https://doi.org/10.1111/ajr.13008>
- Stenberg, J., Lennerling, A., Andersson, H., & Svensson, M. K. (2025). Kidney donors' perceived and measured stress levels before and after donation, a longitudinal cohort study. *Clinical Transplantation*, 39(6). <https://doi.org/10.1111/ctr.70208>
- Strohmaier, S., Wallisch, C., Kammer, M., Geroldinger, A., Heinze, G., Oberbauer, R., & Haller, M. C. (2022). Survival benefit of first single-organ deceased donor kidney transplantation compared with long-term dialysis across ages in transplant-eligible patients with kidney failure. *JAMA Network Open*, 5(10), e2234971. <https://doi.org/10.1001/jamanetworkopen.2022.34971>
- Supit, T., Nugroho, E. A., Santosa, A., Soedarso, M. A., Daniswara, N., & Addin, S. R. (2019). Kidney transplantation in Indonesia: An update. *Asian Journal of Urology*, 6(4), 305-311. <https://doi.org/10.1016/j.ajur.2019.02.003>
- Tonelli, M., Wiebe, N., Knoll, G., Bello, A., Browne, S., Jadhav, D., Klarenbach, S., & Gill, J. (2011). Systematic review: Kidney transplantation compared with dialysis in clinically relevant outcomes. *American Journal of Transplantation*, 11(10), 2093-2109. <https://doi.org/10.1111/j.1600-6143.2011.03686.x>
- Van Pilsum Rasmussen, S. E., Robin, M., Saha, A., Eno, A., Lifshitz, R., Waldram, M. M., Getsin, S. N., Chu, N. M., Al Ammary, F., Segev, D. L., & Henderson, M. L. (2020). The tangible benefits of living donation: Results of a qualitative study of living kidney donors. *Transplantation Direct*, 6(12), e626. <https://doi.org/10.1097/TXD.0000000000001068>