

Sociodemographic and Clinical Profile, Adherence to Treatment, and Perceived Social Support among Hemodialysis Patients

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ABSTRACT

Background: The presence of social support and medication adherence have a significant impact on the management of chronic renal disease. **Aim:** The objective of this study was to assess the correlation between sociodemographic and clinical characteristics, perceived social support, and treatment adherence in hemodialysis patients at a provincial hospital in Biliran during the last quarter of 2022. **Methods:** The present study employed a quantitative research approach utilizing a descriptive-correlational design. Data collection was conducted through the administration of a three-part survey questionnaire. **Results:** The study's findings indicate a moderate correlation between the job position's sociodemographic profile and the perceived social support from significant others. Similarly, a moderate correlation was observed between the clinical profile of the kind of vascular utilized and the perceived social support from significant others. A strong and statistically significant association was seen between marital status and compliance with therapy. There was a lack of statistically significant correlation seen between the perceived level of social support and adherence to medication, attendance at hemodialysis sessions, and adherence to food and fluid restrictions in the context of therapy. In general, the findings indicate a lack of statistically meaningful association between perceived social support and treatment adherence. **Conclusion:** The perceived social support of a significant other is influenced by both employment level and the type of vascular used. When an individual secures employment and develops an arteriovenous fistula, it leads to a heightened perception of social support from their significant other. Consequently, an adherence improvement strategy was established.

Keywords: Adherence to Treatment; Hemodialysis Patients; Perceived Social Support

INTRODUCTION

The prevalence of end-stage renal disease (ESRD), a significant public health concern, has resulted in a rise in the population requiring hemodialysis as a bridge to kidney transplantation. Patients with end-stage renal disease (ESRD) receive poorer care as a result of noncompliance with treatment protocols, which include drug regimens, dietary restrictions, and fluid intake. As a result, morbidity and mortality rates have significantly increased. The provision of social assistance is critical to helping individuals overcome the various obstacles they encounter.

Meanwhile, patients receiving hemodialysis are dealing with a variety of issues, including mental and physical problems, and many believe hemodialysis is their only chance of survival. These issues must be addressed (Ogwang *et al.*, 2023). Furthermore, after a cross-lagged analysis by Wang *et al.* (2024), the findings showed that social support has a comparatively steady and constant effect on family resilience over time, and that social support is a valuable resource that may have an impact on a family's capacity to withstand and cope during a crisis.

Furthermore, adherence to therapy holds significant importance for individuals undergoing hemodialysis. In a study conducted by Varghese (2021), it was found that patients diagnosed with end-stage renal disease (ESRD) experienced elevated rates of hospitalization and mortality when they encountered instances of abbreviated or missed dialysis treatments. Dialysis patients aged equal to or more than the results of the

Received: November 27, 2023 Received in revised form: March 12, 2024 Accepted: March 14, 2024

statistical analysis indicated a considerable disparity between the two groups, suggesting that individuals aged 60 and above exhibited higher levels of dedication compared to those aged 18 to 59. There was a statistically significant difference in adherence between patients who reported an annual income greater than 200 percent of the federal poverty line and those who reported a lower income. Patients undergoing hemodialysis face not only the physical and mental challenges associated with the disease but also significant economic pressures (Valiabadi, Hosseinigolafshani & Ranjbaran, 2024).

Following a diet while receiving dialysis may be difficult for a variety of reasons. Researchers found that the dialysis process itself, patient education through handouts, and communication between the handout and the provider influenced the lack of appetite and taste aversions in hemodialysis patients. In addition, the development of better informational materials, support groups, and individualized meals for the dialysis community was a key strategy for overcoming these obstacles (Hunter *et al.*, 2023).

During one of the researcher's nurse interactions, hemodialysis patients frequently missed their regular treatment sessions, which the researcher noticed was a common problem among those who responded to the study. Financial restrictions, travel challenges, and limited access to therapy are just a few of the factors that affect this trend. Patients said they were generally happy with their health, but these obstacles made it difficult for them to follow through. Therefore is imperative to evaluate the interconnectedness of sociodemographic and clinical characteristics, treatment adherence, and perceived social group due to the absence of localized data on this subject. The researcher is interested in examining the potential influence of sociodemographic and clinical factors on perceived social support and treatment adherence. This approach will facilitate the creation of a comprehensive adherence enhancement strategy. This plan will be a practical result of the research, aiming to address problems with treatment adherence and social support, which may depend on numerous sociodemographic and clinical factors. In this way, the present study will be able to provide practical and societal relevance to the medical-surgical domain within the nursing profession.

Purpose

The objective of this study was to assess the correlation between sociodemographic and clinical characteristics, perceived social support, and treatment adherence in hemodialysis patients at a provincial hospital in Biliran during the last quarter of 2022.

METHODOLOGY

Study Design, Setting and Participants

The present study used a quantitative research approach with a descriptive, correlational research design. The participants in this study consisted of hemodialysis patients who were receiving treatment at Biliran Provincial Hospital. The hospital receives approximately 50 hemodialysis patients every month. Furthermore, the study employed a convenience sampling technique.

Additionally, the research included a three-part questionnaire. The first section of the instrument assessed the sociodemographic characteristics and the clinical profile of the patients. The second component of the instrument consisted of a commonly utilized tool referred to as the Greek Simplified Medication Adherence Questionnaire (GR-SMAQ-HD). This study utilized the Multidimensional Scale of Perceived Social Support (Zimet *et al.*, 1988) as the third component of the instrument. The 12 items on this standardized instrument assess individuals' perceptions of the sufficiency of social support from three different sources.

Data Collection Procedure

Preliminary data collection: The Chief Academic Officer, the Chief of the Provincial Hospital, and the Dean of the College of Allied Health Sciences submitted the transmittal letters for approval. A panel of evaluators conducted a design review to start the research investigation. The research ethics committee then presented the study after compiling all the comments.

Actual Data Collection: After obtaining approval for the study, it became imperative to obtain a notice to continue the recruitment process for the initial participant. Given the widespread incidence of the COVID-19 infection, the researcher ensures that she follows the health protocols. Furthermore, the researcher conducted

the survey questionnaire without specifying a specific time for each participant, as it was contingent on their schedule availability. However, the study session lasted for 4 hours. The process was continued until the desired sample size was attained.

Post-Data Gathering: The collected questionnaires were compiled. The collected data underwent the necessary statistical analysis. The data were provided in tabular form, along with corresponding interpretations, implications, and references to relevant literature and studies. Upon the conclusion of the study, all raw data and completed questionnaires were irreversibly eradicated or deleted.

Statistical Analysis

The descriptive and inferential statistics utilized were Frequency Distribution and Percentage for the socio-demographic and clinical characteristics of individuals, summation of scores in determining the adherence to treatment of the hemodialysis patients, mean scores in determining the perceived social support of the hemodialysis patients, chi-square for the correlation between the sociodemographic and clinical profile and the adherence to treatment, cramer's V which was used to test the strength of the association and Pearson r which helps to examine the relationship between treatment adherence and perceived social support.

Ethical Consideration

Ethical Approval of this study was given by the University of the Visayas, Philippines, with reference number 2022-226-MMSN2-NUNEZ on 1st January, 2022.

RESULTS

Sociodemographic Profile of the Hemodialysis Patients

Table 1 presents the sociodemographic profile of hemodialysis patients. The table shows that 25 or 50% of the sample participants are between the ages of 36 and 55, which corresponds to the middle adulthood stage of life. Following this group are participants who are 56 years of age and older with 21 participants, who represent late adulthood, and the remaining participants are between the ages of 18 and 35, who represent early adulthood. Moreover, a significant proportion of the participants are gainfully employed, with the majority reporting their income falling between PHP10,000 and PHP 20,000.

Table 1: Sociodemographic Profile of the Hemodialysis Patients

Sociodemographic Profile	F	%
Age		
Young adulthood (18 to 35 years old)	4	2.00
Middle Adulthood (36 to 55 years old)	25	50.00
Late adulthood (56 years old and above)	21	48.00
Sex		
Male	19	38.00
Female	31	62.00
Marital Status		
Single	11	22.00
Married	28	56.00
Widow/Widower	11	22.00
Employment Status		
Employed	32	64.00
Unemployed	18	36.00
Income		
Less than Php 10,000	15	30.00
Php 10,000 – 20,000	21	42.00
Php 20,001 – 30,000	14	28.00

Highest Educational Attainment		
Elementary level	6	12.00
High School level	10	20.00
High School Graduate	5	10.00
College Level	21	42.00
College Graduate	7	14.00
Post-graduate level	1	2.00
Type of Family		
Nuclear	15	30.00
Extended	35	70.00
Number of Family Members		
3 to 6	10	20.00
7 to 9	21	42.00
10 to 12	13	26.00
13 to 15	2	4.00
16 to 18	4	8.00

Note: n=50.

Individuals diagnosed with diabetes mellitus, hypertension, advanced age, female gender, and belonging to racial and ethnic minority groups exhibit a higher propensity for the development of chronic kidney disease. Low- and middle-income countries experience a disproportionately high burden from chronic kidney disease due to their limited preparedness in managing its effects. Most of the participants are at the collegiate level, with high school-level respondents following closely behind. In the study conducted by Wang *et al.* (2024), the findings indicated that most of the participants had completed middle school education, with primary education and below being the next most prevalent level of education among the respondents. Meanwhile, the majority of the respondents were unemployed and the majority of patients with chronic diseases were male with 67.7 percent representing the whole sample.

Clinical Profile of the Hemodialysis Patients

The data on the clinical profile of hemodialysis patients, including the kind of vascular access employed, length of dialysis, cause of chronic renal failure, and comorbidity status, is presented in Table 2.

Table 2: Clinical Profile of the Hemodialysis Patients

Clinical Profile	F	%
Type of Vascular Used		
Arteriovenous fistula	45	90.00
Central venous catheter	5	10.00
Duration of Dialysis		
Less than a year	12	24.00
1 to 3 years	24	48.00
4 to 6 years	14	28.00
Cause of Chronic Kidney Disease		
Diabetes	12	24.00
Diabetes and Hypertension	30	60.00
Glomerulonephritis	8	16.00
Comorbidity		
Diabetes	10	20.00
Diabetes and Hypertension	35	70.00
Hypertension	2	4.00
Glomerulonephritis and hypertension	3	6.00

Note: n=50.

The data shown in the table indicates that a significant majority of the participants possess an arteriovenous fistula. Most individuals have been involved in hemodialysis for a period ranging from 1 to 3 years which indicates that 48% of the sample had already undergone dialysis based on the specified time frame. It can be noted from the table that the primary cause of chronic kidney disease was having diabetes and hypertension. Furthermore, patients with chronic kidney disease (CKD) frequently have hypertension, which is frequently poorly controlled. A precise measurement of blood pressure (BP) is a crucial initial step towards the identification and treatment of hypertension. Moreover, there has been a notable upward trend in the death rate associated with chronic kidney disease (CKD) over recent years. Kidney damage commonly arises due to suboptimal dietary patterns, bad lifestyle choices, as well as issues associated with diabetes and hypertension (National Nutrition Council, 2022).

Perceived Social Support of the Hemodialysis Patients

The data about the perceived social support of hemodialysis patients about their significant other, family, and friends is presented in Table 3.

Table 3: Perceived Social Support of the Hemodialysis Patients

Items	Mean Score	SD	Interpretation
Significant Others			
1. There is a special person who is around when I am in need.	5.52	0.762	Strongly agree
2. There is a special person with whom I can share my joys and sorrows.	5.10	1.182	Agree
3. I have a special person who is a real source of comfort to me.	5.20	0.404	Agree
4. There is a special person in my life who cares about my feelings.	5.14	0.351	Agree
Mean of Factors	5.24	0.463	High
Family			
1. My family really tries to help me.	5.20	0.404	Agree
2. I get the emotional help and support I need from my family	5.34	0.479	Strongly agree
3. I can talk about my problems with my family.	4.92	0.601	Agree
4. My family is willing to help me make decisions.	5.14	0.351	Agree
Mean of Factors	5.15	0.350	High
Friends			
1. My friends really try to help me.	5.56	0.501	Strongly agree
2. I can count on my friends when things go wrong.	4.78	0.790	Agree
3. I have friends with whom I can share my joys and sorrows.	5.22	0.418	Agree
4. I can talk about my problems with my friends.	5.56	0.501	Strongly agree
Mean of Factors	5.28	0.302	High
Grand mean	5.22	0.321	High

Legend: 1.00 – 1.86 is extremely low (very strongly disagree), 1.87 – 2.72 is very low (strongly disagree), 2.73 – 3.58 is low (disagree), 3.59 – 4.44 is neutral, 4.45 – 5.30 is high (agree), 5.31 – 6.16 is very high (strongly agree), 6.17 – 7.00 is extremely high (very strongly agree).

From the data presented in the table, the level of perceived social support for important others was found to be high. This suggests that they hold a firm conviction regarding the existence of an individual who is present during times of personal necessity. Likewise, when a patient lacks a romantic partner, it is customary for a family member to accompany them throughout the hemodialysis procedure. Furthermore, research reveals that social support and anxiety play a significant role in predicting self-care behaviors, even when considering the impact of dialysis time. The findings of the study revealed the patients' perceptions of increased social support and decreased levels of anxiety, and their likelihood of engaging in higher levels of self-care. It is also noted in the study conducted by Gebrie (2023), that their ability to maintain their treatment and their mental fortitude depends critically on the financial, physical, and companion support they receive from friends, family, and

other acquaintances.

Adherence to Treatment of the Hemodialysis Patients

The data pertaining to the adherence to treatment among hemodialysis patients, namely medication adherence, attendance at hemodialysis sessions, and adherence to diet/fluid restriction, is presented in Table 4.

Table 4: Adherence to Treatment of the Hemodialysis Patients

Adherence to Treatment	Average Score	F	%
Medication Adherence			
Low	1.15	33	66.00
High	4.00	17	34.00
Overall	2.12	High	
Attendance at Hemodialysis Sessions			
Low	0.80	10	20.00
High	2.00	40	80.00
Overall	1.76	High	
Diet/Fluid Restrictions			
Low	0.105	38	76.00
High	2.00	12	24.00
Overall	0.56	Low	
Overall Adherence to Treatment			
Low	2.97	32	64.00
High	7.06	18	36.00
Overall	4.44	Low	

Legend: Medication Adherence, a score of 0.00 – 2.00 is low and 2.01 – 4.00 is high, Attendance at HD session a score of 0.00 – 1.00 is low and 1.01 – 2.00 is high, and Diet /Fluid Restriction a score of 0.00 – 1.00 is low and 1.01 – 2.00 is high. Parametric scores and interpretation for overall treatment adherence are as follows: 0 – 4 is low and 5 – 8 is high.

The data shown in the table demonstrates that a substantial percentage of the subjects exhibited low levels of drug adherence. However, when examined as a whole, there was a significant level of medication adherence observed, leading to an elevation in the ratings among individuals with low adherence. Moreover, the level of adherence seen in this study exceeded the established cut-off score. Nonetheless, when considering medication adherence, it may be characterized as high.

Regarding individual attendance at hemodialysis sessions, a considerable proportion demonstrated a commendable level of adherence, indicating an elevated attendance rate at these sessions. This finding suggests that a considerable proportion of the participants did not voluntarily reduce the duration of their sessions in the past month. Voluntarily abbreviating the treatment session would constitute a failure to adhere to the prescribed course of therapy, resulting in potential adverse effects that outweigh any potential advantages to the individual's well-being.

Likewise, from the study conducted by Badawy (2024), quality of life and adherence to pharmaceutical treatments are positively impacted by social support, since dialysis is a difficult and drawn-out procedure. Patients may experience a variety of physical and mental issues, and these issues may result in a decline in quality of life by impairing quality of life, adherence to pharmaceutical treatment, and illness adaptability.

Relationship between Sociodemographic Profile and Clinical Profile on Perceived Social Support

Table 5 displays the data about the potential existence of a significant correlation between sociodemographic and clinical characteristics and perceived social support.

Table 5: Relationship between Sociodemographic Profile and Clinical Profile on Perceived Social Support

Profile	Chi Value	p value	Decision	Interpretation
Sociodemographic Profile				
Age	2.033e2	0.618	Failed to reject Ho	Not significant
Sex	5.524	0.596	Failed to reject Ho	Not significant
Marital Status	21.661	0.086	Failed to reject Ho	Not significant
Employment Status	11.077	0.135	Failed to reject Ho	Not significant
Income	13.347	0.499	Failed to reject Ho	Not significant
Highest Educational Attainment	35.138	0.462	Failed to reject Ho	Not significant
Type of Family	1.672	0.976	Failed to reject Ho	Not significant
Number of Family Members	87.192	0.384	Failed to reject Ho	Not significant
Clinical Profile				
Type of Vascular Used	10.774	0.148	Failed to reject Ho	Not significant
Duration of Dialysis	88.482	0.348	Failed to reject Ho	Not significant
Cause of Chronic Kidney Disease	6.687	0.946	Failed to reject Ho	Not significant
Comorbidity	8.043	0.995	Failed to reject Ho	Not significant

Legend: Significant if p value is < 0.05.

The analysis of the data reveals that the *p*-values associated with all sociodemographic and clinical profiles exceed the predetermined significance level of 0.05. So, it was decided to keep the null hypothesis, which says that there is not a statistically significant link between sociodemographic and clinical profile variables and how much social support someone feels they have.

Since the individuals involved are the main determinant of social support, it can remain high regardless of the socio-demographic profile. Like the clinical profile, the respondents' clinical features also possess distinctive attributes that are not directly associated with the individual providing social support. This indicates that the clinical profile does not have an impact on the perception of social support. Moreover, support refers to the provision of assistance independent of sociodemographic or clinical characteristics. Meanwhile, the sociodemographics of working individuals are positively associated with their perceived social support from their significant others.

In contrast to the findings conducted by Togay (2023) on sociodemographic characteristics like age, gender, family structure, and educational attainment, adopt a holistic approach to improve the patient's quality of life, since the association between perceived social support and patients' views, clinical features, and socio-demographic data has been established. To provide comprehensive and personalized care to patients undergoing hemodialysis, it is imperative to incorporate the evaluation of social support into routine clinical practice.

Relationship between Sociodemographic Profile and Clinical Profile on Adherence to Treatment

The data about the potential association between sociodemographic and clinical characteristics and adherence to therapy is presented in Table 6.

Table 6: Relationship between Sociodemographic Profile and Clinical Profile on Adherence to Treatment

Profile	Chi value	p Value	Cramer's V	Decision	Interpretation
Sociodemographic Profile					
Age	2.300e2	0.163	--	Failed to reject Ho	Not significant
Sex	5.550	0.593	--	Failed to reject Ho	Not significant
Marital Status	27.687	0.016	0.526	Reject Ho	Significant
Employment Status	11.021	0.138	--	Failed to reject Ho	Not significant
Income	13.984	0.451	--	Failed to reject Ho	Not significant

Highest Educational Attainment	37.391	0.360	--	Failed to reject Ho	Not significant
Type of Family	7.106	0.418	--	Failed to reject Ho	Not significant
Number of Family Members	94.988	0.194	--	Failed to reject Ho	Not significant
Clinical Profile					
Type of Vascular Used	12.585	0.083	--	Failed to reject Ho	Not significant
Duration of Dialysis	92.310	0.251	--	Failed to reject Ho	Not significant
Cause of Chronic Kidney Disease	17.060	0.253	--	Failed to reject Ho	Not significant
Comorbidity	27.689	0.149	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < 0.05. Cramer's V strength of association: >0.5 is high association, 0.3 to 0.5 is moderate association, 0.1 to 0.3 is low association, 0 to 0.1 is little if any association.

Only married status shows a statistically significant p-value below the threshold of 0.05 in the socio-demographic profile, suggesting acceptance of the alternate hypothesis. Consequently, the null hypothesis can be rejected, indicating a statistically significant association between married status and treatment adherence. Based on the demographic data, a significant proportion of the participants are in a marital relationship. Marriage offers a source of familial support, hence promoting greater adherence to treatment. According to Cramer's V, the level of connection is strong.

This implies that once individuals enter marriage, it heightens their level of compliance with treatment. As a strategy for ensuring the well-being of one's family members, marriage may lead to a heightened level of commitment. Furthermore, the presence of support, whether in the form of moral encouragement or financial assistance, heightened the level of adherence. There was no observed correlation between adherence to therapy and any other sociodemographic or clinical profile variables. Adherence to therapy is not influenced by sociodemographic factors. Adherence to therapy is not influenced by the clinical.

Furthermore, the relationship between social support and adherence often demonstrated either a positive connection or no statistically significant association. To assist nurses in enhancing the characteristics associated with social support that led to effective functioning and subsequent enhancement in patient adherence. According to the research conducted by Al Atawi and Alaamri (2022), there was a considerable range of adherence levels among patients, with variances spanning from 23 percent to 98 percent, in the correlation between sociodemographic, psychological, and clinical features and adherence. They observed that there were varying or insignificant connections between different parameters and adherence.

Relationship between Perceived Social Support and Adherence to Treatment

The results of the potential correlation between perceived social support and treatment adherence are presented in Table 7. The presented table indicates that, regarding medication adherence, all the p-values associated with the independent variables surpass the predetermined significance level of 0.05. The values should be understood as lacking significance, resulting in the choice to retain the null hypothesis. This implies that there is no substantial correlation between perceived social support and medication adherence or treatment adherence.

Table 7: Relationship between Perceived Social Support and Adherence to Treatment

Adherence to Treatment (Dependent variable)	r value	p value	Decision	Interpretation
Medication Adherence				
Significant Other	0.037	0.797	Failed to reject Ho	Not significant
Family	0.070	0.630	Failed to reject Ho	Not significant
Friends	-0.063	0.666	Failed to reject Ho	Not significant
Overall Social Support	0.023	0.872	Failed to reject Ho	Not significant

Attendance to Hemodialysis Sessions				
Significant Other	0.032	0.823	Failed to reject Ho	Not significant
Family	-0.051	0.726	Failed to reject Ho	Not significant
Friends	-0.215	0.135	Failed to reject Ho	Not significant
Overall Social Support	-0.072	0.620	Failed to reject Ho	Not significant
Diet / Fluid Restrictions				
Significant Other	-0.088	0.543	Failed to reject Ho	Not significant
Family	0.088	0.543	Failed to reject Ho	Not significant
Friends	-0.027	0.854	Failed to reject Ho	Not significant
Overall Social Support	-0.020	0.888	Failed to reject Ho	Not significant
Overall Adherence to Treatment				
Significant Other	0.000	0.997	Failed to reject Ho	Not significant
Family	0.071	0.625	Failed to reject Ho	Not significant
Friends	-0.104	0.473	Failed to reject Ho	Not significant
Overall Social Support	-0.008	0.954	Failed to reject Ho	Not significant

Legend: Significant if p value is < 0.05 .

Moreover, the data additionally indicates that the p -values of the independent variables about attendance at hemodialysis sessions are all above the predetermined significance level of 0.05. Therefore, the decision to retain the null hypothesis stems from the statistical insignificance of these values. This implies that there is no substantial association between perceived social support and adherence to treatment in terms of attending hemodialysis sessions. Moreover, in terms of diet and fluid restrictions, the p -values associated with the independent variables are all above the predetermined significance level of 0.05. Consequently, these p -values are considered statistically insignificant, leading to the decision not to reject the null hypothesis. This implies that there is no significant association between perceived social support and adherence to treatment regarding diet and fluid restrictions.

The results indicate that there is a lack of consistency in the link between social support and treatment adherence. Adherence to fluid limitations was the type that had better correlations with social support. The outcomes of adherence to medicine and dialysis sessions were found to be incongruous.

DISCUSSION

Fifty percent of the participants are within the age range of 36 to 55 years, representing the middle adulthood stage. Furthermore, a significant proportion of these individuals are female and married. Moreover, a significant proportion of individuals are gainfully employed, with the majority earning incomes falling between the range of PHP 10,000 and PHP 20,000. The majority of participants in this study attend higher education institutions, specifically at the college level. Additionally, a proportion of respondents belong to extended families consisting of 7 to 9 members.

Most participants possess an arteriovenous fistula, which has been in place for a period ranging from 1 to 3 years, during which they have undergone hemodialysis. The primary etiologies of chronic kidney disease in most cases were diabetes and hypertension, which also functioned as comorbid conditions. Furthermore, additional risk factors for chronic kidney disease (CKD) encompass heart disease, obesity, a familial predisposition to CKD, hereditary kidney illnesses, prior renal injury, and advanced age (Centers for Disease Control and Prevention, 2022).

Medication compliance and attendance at hemodialysis sessions showed a notable level of adherence. There was a lack of compliance about nutrition and fluid limitations. In general, there was a notable lack of compliance with the prescribed treatment regimen.

There was a moderate correlation between the job position's sociodemographic profile and the perceived social support of significant others. Similarly, a moderate correlation was found between the clinical profile of the type of vascular utilized and the perceived social support of significant others. The study found a strong and

statistically significant association between marital status and adherence to therapy. It is evident as well in the study of Alhamad *et al.* (2023), that social support had a significant impact on adherence, underscoring its significance in preserving hemodialysis adherence. In addition, it is notable that the socio-demographic characteristics are correlated with adherence to hemodialysis therapy.

Furthermore, the study found no statistically significant correlation between felt social support and medication adherence, attendance at hemodialysis sessions, or adherence to dietary and hydration restrictions during therapy. In general, the study found no statistically significant correlation between the perceived level of social support and the degree of adherence to the prescribed treatment regimen. However, Ahrari *et al.* (2014) found a noteworthy correlation between social support and individuals' adherence to dietary and fluid limitations. Kim *et al.* (2021) suggested that intervention strategies that enhance social support and treatment compliance effectively promote self-care behavior.

CONCLUSION

The demographic characteristics of the respondents differ from one another. Understanding these differences is critical for comprehending their health management context. Meanwhile, the respondents primarily attributed chronic kidney disease to diabetes and hypertension, and most of them had arteriovenous fistulae. They had been receiving hemodialysis for a duration of 1 to 3 years.

Although individuals reported receiving substantial social support from their significant others, family, and friends, this support did not demonstrate a meaningful correlation with their adherence to therapy. The assistance may have a beneficial effect on their mental well-being, but it may not have a direct impact on treatment adherence. Nonetheless, significant associations were identified, including sociodemographic and clinical variables, as well as perceived social support and treatment adherence. Employment status showed a correlation with perceived social support, while marital status displayed a significant correlation with treatment adherence.

Moreover, patients showed excellent compliance with taking medicine and attending hemodialysis sessions; however, their adherence to diet and fluid restrictions was notably low. This signifies a particular domain in which patients may require further assistance or instruction to enhance their compliance with the specified treatment plan.

Conflict of Interest

The authors declare that they have no competing interests.

ACKNOWLEDGEMENT

The author is thankful to the research adviser, Professor Joan P. Bacarisas, and the panel members, Professor Edsel P. Inocian, the chairman of the committee, and other members, Professor Joel B. Serad and Professor Resty L. Picardo, for their invaluable patience and feedback. Additionally, the author is also thankful for the generous support from the Commission on Higher Education Region VII for granting the scholarship for the completion of this endeavor.

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