

Quality of Life and Treatment-Seeking Behavior of Chronic Kidney Disease Patients: A Sequential Explanatory Study as A Basis for Bedside Mental Healthcare Initiative

Ms. MARIE EUGENIE ESCANDOR ARCILLA

Social Worker Ospital Ng Muntinlupa City Government Of Muntinlupa

Abstract

This study examines the quality of life (QOL) and treatment-seeking behavior (TSB) of chronic kidney disease (CKD) patients in the Philippines. Utilizing a mixed-methods approach, the research analyzes the interplay between patient demographics, healthcare access, and psychosocial factors affecting CKD management. Results indicate that most participants were middle-aged males, exhibiting moderate QOL levels, with notable impacts on physical and mental well-being. A weak, non-significant correlation was found between QOL and TSB, suggesting that other factors, such as cultural beliefs, financial constraints, and social isolation, may have greater influence. The study proposes a bedside mental healthcare initiative to enhance psychological support for CKD patients, advocating for increased government funding, culturally sensitive health education, and comprehensive rehabilitation services.

INTRODUCTION

Chronic kidney disease (CKD) is a growing public health concern worldwide, with rising prevalence rates leading to increased mortality and healthcare burdens. It is characterized by a decline in kidney function, often progressing to end-stage renal disease requiring dialysis or transplantation. In the Philippines, CKD cases have surged, contributing to hospitalizations and mortality. Despite this, little is known about the health-seeking behaviors and QOL of Filipino CKD patients. This study explores these factors, aiming to develop a bedside mental healthcare initiative to address gaps in holistic patient care.

Theoretical Framework

The Health Belief Model (HBM) serves as the theoretical foundation, explaining how individual perceptions of susceptibility, severity, benefits, and barriers influence health-seeking behavior. The study investigates how demographics, including age and gender, shape these perceptions and ultimately impact treatment adherence and QOL.

Conceptual Framework

The conceptual framework posits that demographic factors (age, gender, education, and civil status) influence treatment-seeking behaviors and QOL. The study categorizes TSB into three domains: health status realization, healthcare facility preference, and self-medication tendencies. QOL is assessed based on physical and mental health, symptom burden, and daily activity limitations. Findings contribute to

designing a bedside mental healthcare initiative to improve patient outcomes.

Research Questions

1. What are the demographic characteristics of CKD patients?
2. How do CKD patients rate their QOL across various domains?
3. What are the prevalent treatment-seeking behaviors among CKD patients?
4. Is there a significant relationship between QOL and treatment-seeking behavior?
5. Are there significant differences in TSB based on age and gender?
6. What recommendations can be made for bedside mental healthcare support?

Methodology

A mixed-methods sequential explanatory design was used. The quantitative phase involved surveys assessing QOL (Kidney Disease Quality of Life - KDQOL) and TSB (Health-Seeking Behavior Questionnaire). The qualitative phase comprised in-depth interviews to explore underlying factors influencing treatment choices. Data were collected from 45 dialysis patients in a Metro Manila government hospital, analyzed using descriptive statistics, Pearson correlation, and thematic analysis.

Results and Discussion

Demographics

Participants were predominantly male (64%) and aged 30-59 years. Most were married and had additional health conditions such as hypertension and diabetes.

Quality of Life

QOL scores indicated moderate satisfaction, with physical limitations and symptom burden being major concerns. Mental health issues, including anxiety and depression, were prevalent.

Treatment-Seeking Behavior

Patients exhibited mixed healthcare-seeking patterns. While many relied on hospital services, some engaged in self-medication due to financial constraints or cultural beliefs. Traditional healing practices and delayed medical consultations were also noted.

Correlation Between QOL and TSB

A weak, non-significant correlation was found between QOL and TSB, implying that demographic and systemic factors play more substantial roles in healthcare decisions.

Gender and Age Differences in TSB

No significant differences were found between genders, though older patients exhibited higher adherence to prescribed treatments compared to younger counterparts, who were more inclined toward self-medication.

Proposed Bedside Mental Healthcare Initiative

Findings underscore the need for mental health interventions integrated into CKD care. The proposed initiative includes:

1. **On-site Psychological Counseling:** Providing regular mental health assessments and therapy sessions.
2. **Health Education Programs:** Raising awareness on CKD management and mental well-being.
3. **Support Groups:** Establishing peer support networks for patients and caregivers.

- 4. Financial Assistance Programs:** Advocating for increased healthcare subsidies to reduce treatment costs.

Conclusion and Recommendations

This study highlights the complex factors influencing QOL and TSB among CKD patients. While TSB does not directly correlate with QOL, financial constraints, social isolation, and cultural beliefs significantly impact healthcare access. The proposed bedside mental healthcare initiative aims to enhance patient well-being by addressing these psychosocial determinants. Future research should explore long-term impacts of such interventions and assess demographic influences on CKD management strategies.