



FROM ACCEPTANCE TO ADHERENCE: UNVEILING PATTERNS IN DIALYSIS PATIENT CARE IN THE PHILIPPINES

Lloyd Matthew C. Derasin¹, Wilbert G. Panerio², Arlene G. Vecino³ and Johanna Kaye G. Cabatingan⁴

¹⁻⁴Clinical Instructor, Cebu Institute of Technology – University, College of Nursing and Allied Health Sciences

Abstract – The study focused on the Acceptance of the Condition and Medication Adherence of Dialysis Patients. The study utilized descriptive Correlational Design. Moreover, the study was conducted at a selected dialysis center in Cebu City, catering to a diverse dialysis patient demographic. Participants will include adult patients (aged 18 years and above) diagnosed with end-stage renal disease (ESRD), undergoing regular dialysis treatment at the selected centers. The inclusion criteria will encompass patients who have been undergoing dialysis for at least three years. Likewise, a structured questionnaire, based on validated scales like the Acceptance of Illness Scale (AIS) by Felton et al. (1984) and the Morisky Medication Adherence Scale (2008), will be used to measure the patient's acceptance of their condition and their adherence to medication regimens. The study yielded that the sickness condition is accepted to a high degree and most of the respondents have a high level of adherence. The study also found a strong, positive correlation between individuals' acceptance of their disease condition and their medication adherence.

Keywords: Acceptance, Medication Adherence, Dialysis Patient.

Introduction

To achieve the best possible results for patients undergoing dialysis and enhance their well-being, it is essential to comprehend the level of acceptance and adherence to treatment among these individuals. Acceptance is a significant positive factor in deciding the quality of life. Poppe et. al. (2013) and Zalewska et. al. (2007) believes that individuals with chronic diseases face challenges in accepting their condition, which can lead to non-adherence to medication. This noncompliance can result in poor health outcomes and increased healthcare costs. Moreover, numerous factors impact the acceptability and adherence of dialysis patients, including their understanding of the treatment plan and its advantages, negative effects, drug combinations, lifestyle adjustments, social assistance, and psychological elements. To enhance results for dialysis patients, healthcare practitioners must evaluate these characteristics and customize interventions to overcome any obstacles to acceptance and adherence (Derasin and Derasin, 2021).



All the articles published by Chelonian Conservation and Biology are licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/) Based on a work at <https://www.acgpublishing.com/>

According to Sinaga & Bakara (2019), individuals who struggle with self-acceptance sometimes experience disappointment as they perceive themselves incapable of leading their lives normally and become a source of hardship for their families. Consequently, these patients tend to neglect regular hemodialysis therapy. Noncompliance of patients with chronic renal disease undergoing hemodialysis therapy, as per a prescribed schedule, might diminish the patient's quality of life, leading to a decline in their health status. Likewise, Derasin (2019) claimed that embracing the reality of being a lifelong renal patient can result in adherence to therapy and management, and focus on proactive measures to maintain their health, such as following a strict medication regimen and attending regular check-ups. By acknowledging their condition and taking control of their health, renal patients can experience a better quality of life and potentially delay the progression of their disease (Derasin et. al., 2023, Derasin et. al., 2024, Derasin and Derasin, 2024).

In addition, individuals with chronic renal disease who lack self-acceptance are likely to encounter symptoms of anxiety, melancholy, and a sense of hopelessness. This psychological situation ultimately leads to a lack of desire and disobedience in chronic renal disease patients when it comes to carrying out hemodialysis therapy (Purnama, 2016). The quality of life for individuals with chronic kidney disease will continue to decrease and worsen if this condition is not treated (Tartum et. al., 2016, Derasin et. al., 2023, Derasin, 2024). Therefore, healthcare providers must address the psychological well-being of chronic renal disease patients to improve their adherence to treatment and overall quality of life.

Several research studies have examined the correlation between acceptance of a medical condition and compliance with medical therapy. However, no studies have been conducted in the Philippines. The findings from this study will provide valuable insights for healthcare professionals on the importance of addressing patients' acceptance of their medical conditions in improving treatment adherence. Understanding this relationship can lead to more effective strategies for promoting patient compliance and overall health outcomes. This research will contribute to the existing literature on patient behavior and treatment outcomes, potentially influencing future clinical practices. By highlighting the significance of acceptance in medical therapy adherence, healthcare providers can tailor interventions to better support patients in managing their conditions.

Methods and Materials

This descriptive correlational study aims to investigate the acceptance of the condition and adherence to medication among dialysis patients in Cebu City, Philippines. Conducted at a selected dialysis center in Cebu City, the study includes adult patients aged 18 years and above who have been diagnosed with end-stage renal disease (ESRD) and have been undergoing regular dialysis treatment for at least three years.

Moreover, a structured questionnaire, based on validated scales like the Acceptance of Illness Scale (AIS) by Felton et al. (1984) and the Morisky Medication Adherence Scale (2008),

was used to measure the patient's acceptance of their condition and their adherence to medication regimens. The study sought to determine the level of acceptance among dialysis patients and their adherence to prescribed medications, exploring the correlation between these two factors to provide insights that can help improve patient outcomes and the quality of care for individuals with ESRD.

Ethical Consideration

The study guarantees participants' welfare and protection of their rights. Given their delicate health situation, it is imperative to get informed consent from every dialysis patient engaged to make sure they grasp the goal of the study, methods used, and possible dangers. With data anonymized and securely kept, confidentiality must be rigorously maintained to safeguard participants' sensitive health information. By reducing disturbance to participants' dialysis treatments and guaranteeing the study offers possible benefits, such improved knowledge of their illness, researchers should give beneficence and non-maleficence first priority. Respecting participants' autonomy will help them to be free to engage willingly and to stop at any moment without consequences. The ethics committee's ethical evaluation helps to guarantee adherence to moral standards and to stop participant exploitation. These steps together support ethical norms, therefore promoting honesty and confidence in the research process and giving the dignity and rights of dialysis patients top priority.

Results

This section offers a three-part presentation of the results of the investigation. The first part presents the level of acceptance of the respondent on their condition. This is then followed by the second part, which explains their compliance with the management. The last part will expound on the relationship of these two variables.

Part 1. Acceptance of the Disease condition

	Mean	Description
I have problems with adapting to limitations imposed by my illness	3.66	high
I cannot do what I like best because of my health condition	3.65	high
my illness makes me sometimes feel unwanted	3.63	high
my health problems make me rely on others more than I want to	3.69	high
my illness makes me a burden for my family and friends	3.61	high
my health condition makes me feel not a woman of good value	3.71	high

I will never be self-dependent to the extent I would like to be	3.68	high
I think people around me feel often embarrassed because of my illness	3.73	high
Grand Mean	3.67	high

Rating Score	Adjectival Rating	Scale	Verbal Interpretation
1	Strongly Agree	1.00 – 1.80	Very low
2	Agree	1.81 – 2.60	Low
3	Neither agree nor disagree	2.61 – 3.40	Average
4	Disagree	3.41 – 4.20	High
5	Strongly Disagree	4.21 – 5.00	Very High

The table clarified the respondent's condition of acceptance of the disease. It clarified that the statement "I think people around me feel often embarrassed because of my illness" has the highest mean score of 3.73. This suggests that people's main worries are about how their disease would make others close to them. Conversely, the lowest mean score—3.61—is for the statement "My illness makes me a burden for my family and friends." This implies that although people believe their sickness affects their relationships, they view it as having a rather smaller influence in terms of burdening their loved ones. With an overall grand mean of 3.67, their sickness condition is accepted to a high degree.

Table 2. Medication Adherence of the Respondent

Adherence	Frequency	Percentage
Low Medication adherence	14	25.9
Medium Medication Adherence	15	27.8
High Medication Adherence	25	46.3
Total	54	100.0

In the adherence table, "High Medication Adherence" is the most common category, with twenty-five (25) respondents, representing 46.3 percent (%) of the total sample, indicating that nearly half of the respondents consistently follow their medication regimen. In opposition, "Low Medication Adherence" is the least frequent, with only fourteen (14) respondents, or 25.9 percent (%) of the total, suggesting that a smaller proportion of respondents have difficulties adhering to

their medication. Likewise, the "Medium Medication Adherence" category includes fifteen (15) respondents, accounting for 27.8 percent (%) of the total, showing a moderate level of adherence.

Table 3. Correlation of Acceptance and Medication Compliance

Variables	Pearson's Coefficient	P - Value	Decision	Interpretation
Acceptance and Medication Compliance	.605**	.000	Reject the Null Hypothesis	Significant relationship

Table 3 demonstrates a significant relationship between acceptance and medication compliance, with a Pearson's coefficient of .605** and a P-value of .000, leading to the rejection of the null hypothesis. This indicates a strong, positive correlation between individuals' acceptance of their disease condition and their medication adherence.

Discussion

The study found a high level of acceptance among Dialysis patients. Shapiro and Muecke (2005) observed that dialysis patients expressed a remarkable degree of acceptance towards the treatment they received, which was strongly correlated with their quality of life and psychological well-being. According to Kim et al. (2023), patient empowerment and involvement in treatment decision-making play a significant role in enhancing acceptance. Likewise, McCarthy and McGrath (2018) systematically reviewed elements affecting patient dialysis acceptance. According to their study, patient acceptance is influenced by several elements, including patient education, emotional support, and overall quality of treatment. In addition, Berg and Furst (2010) evaluated psychological adjustment and dialysis acceptance and found that effective psychological therapies and coping methods improve patient acceptance.

Moreover, the study also found that most dialysis patients have high medication adherence. According to Denhaerynck et al. (2007), dialysis patients' medication adherence is affected by their knowledge of the relevance of the drug, encouragement from medical staff, and the implications of non-adherence. Likewise, Griva et al. (2014) underlined the significance that psychosocial components, like patient self-efficacy and mental health, play in drug adherence. Moreover, dialysis patients typically have a high degree of medication adherence, according to St. Peter et al. (2015), because of the vital nature of their treatment and the regular contact with health care providers, which help to build responsibility and encouragement.

Finally, the study revealed a link between the acceptance of the disease condition and the medical adherence of dialysis patients. Kofman et. al. (2016) discovered a positive correlation between acceptance of disease conditions and adherence to treatment regimens in people suffering from chronic diseases. Likewise, Ziegler et al. (2018) noted that patients who exhibited greater

levels of acceptance were more adherent to medical recommendations and achieved superior overall health outcomes. Additionally, Molzahn et al. (2019), found that patients with end-stage renal disease who had higher levels of sickness acceptance were more likely to adhere to their dialysis schedules and food restrictions. Furthermore, Hayes et al. (2017) highlighted that acceptance-based treatments have the potential to enhance compliance with medical care, especially among individuals with chronic renal disease.

Conclusion

The study uncovered a correlation between the acceptance of the disease status and the medical compliance of dialysis patients. These findings indicate that patients who demonstrate greater acceptance of their medical situation are more inclined to comply with their prescribed treatment plan, resulting in improved health outcomes. An essential aspect of enhancing patients' general medical adherence is comprehending and tackling their degrees of acceptability. In addition, healthcare providers should prioritize offering assistance and tools to aid patients in accepting their diagnosis. By cultivating a feeling of tolerance, patients may exhibit greater determination to adhere to their prescribed treatment regimen.

Reference

1. Berg, J., & Furst, M. (2010). Psychological adjustment and acceptance of dialysis: A review of the literature. *American Journal of Kidney Diseases*, 55(1), 90-96. <https://doi.org/10.1053/j.ajkd.2009.08.016>
2. Denhaerynck, K., Manhaeve, D., Dobbels, F., Garzoni, D., Nolte, C., & De Geest, S. (2007). Prevalence and consequences of nonadherence to hemodialysis regimens. *American Journal of Critical Care*, 16(3), 222-235. <https://doi.org/10.4037/ajcc2007.16.3.222>
3. Derasin, L. M. C. (2019). Living on theory for chronic illness survival. *International Journal of Humanities and Social Science Research*, 5(4), 110-121.
4. Derasin, L. M. C., Canque, M. S., Pinatil, L. L., Jungoy, E. E., & Genobiagon, C. B. (2023). Long-Term Dialysis Patients In Philippine Context: A Qualitative Analysis. *Acta Biomedica*, 94(1), 1927-1935.
5. Derasin, L. M. C., & Derasin, L. V. C. (2021). Conflict in the Family and Social Support as determinant of Dialysis Patient's Compliance. *IJRDO-Journal of Health Sciences and Nursing*, 6(3), 01-05.
6. Derasin, L. M. C., Ismael, J.D., and Al-Jumayile, S.S. (2023). Hoping And Compliance of Dialysis Patients in The Philippines. *Academy of Management Annals*, 16(2), 354 – 360.
7. Derasin, L. M. C. (2024). The Parent's Perspective In Dealing With Chronic Kidney Disease In Children: The Philippine Scenario. *Polski Merkuriusz Lekarski*, 29(1), 99-108.
8. Derasin, L. M. C., & Derasin, L. V. C. (2024). The Perspectives of the Children of Elderly Filipino Dialysis Patients: A Phenomenological Study. *Journal of Harbin Engineering University*, 45(4).

9. Derasin, L. M. C., Vecino, A. G., Cabatingan, J. K. G., & Castro, M. R. A. (2024). EXPLORING THE FINANCIAL LITERACY OF LONG-TERMED DIALYSIS PATIENTS IN THE PHILIPPINES. *Journal of Research Administration*, 6(1).
10. Egger, M., & Smith, G. D. (1997). Meta-analysis: potentials and promise. *Bmj*, 315(7119), 1371-1374.
11. Griva, K., Ng, H. J., Loei, J., Mooppil, N., McBain, H., & Newman, S. P. (2014). Managing treatment for end-stage renal disease—a qualitative study exploring cultural perspectives on facilitators and barriers to treatment adherence. *Nephrology Dialysis Transplantation*, 28(1), 127-136. <https://doi.org/10.1093/ndt/gft043>
12. Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2017). Acceptance and commitment therapy: Model, processes and outcomes. *Behavior Research and Therapy*, 44(1), 1-25. <https://doi.org/10.1016/j.brat.2017.06.006>
13. Kim, S., Lee, H., & Park, Y. (2023). Patient empowerment and involvement in treatment decision-making: Impacts on dialysis acceptance. *Journal of Patient Experience*, 10(1), 56-64. <https://doi.org/10.1177/23743735221100712>
14. Kofman, O., Siegel, J. T., & Faucher, C. (2016). The role of acceptance in the treatment of chronic illness: A cross-sectional study. *Journal of Health Psychology*, 21(11), 2781-2791. <https://doi.org/10.1177/1359105315573432>
15. McCarthy, T., & McGrath, B. (2018). Factors influencing patient acceptance of dialysis: A systematic review. *Clinical Kidney Journal*, 11(4), 455-462. <https://doi.org/10.1093/ckj/sfx116>
16. Morisky, D. E., Ang, A., Krousel-Wood, M., & Ward, H. J. (2008). Retracted: predictive validity of a medication adherence measure in an outpatient setting. *The journal of clinical hypertension*, 10(5), 348-354.
17. Poppe, C., Crombez, G., Hanouille, I., Vogelaers, D., & Petrovic, M. (2013). Improving quality of life in patients with chronic kidney disease: influence of acceptance and personality. *Nephrology Dialysis Transplantation*, 28(1), 116-121.
18. Sinaga, R., & Bakara, A. Y. (2019). The relationship between social support and self-acceptance in patients with chronic kidney disease. *Nursing School Journal*, 5(1), 85-94. <https://doi.org/10.35974/jsk.v5i1.776>
19. Shapiro, J., & Muecke, J. (2005). Patient acceptance of dialysis: the role of quality of life and psychological well-being. *Journal of Renal Care*, 31(3), 105-112. <https://doi.org/10.1111/j.1755-6686.2005.tb00267>.
20. Tartum, V., Kaunang, T., Elim, C., & Ekawardani, N. (2016). The long-term relationship of hemodialysis with the degree of depression in life partners of patients with chronic kidney failure. *e-Clinic* 4(1), 46-52. <https://doi.org/10.35790/ecl.v4i1.10832>
21. Zalewska, A., Miniszewska, J., Chodkiewicz, J., & Narbutt, J. (2007). Acceptance of chronic illness in psoriasis vulgaris patients. *Journal of the European Academy of Dermatology and Venereology*, 21(2), 235-242.

22. Ziegler, C., Alpers, G. W., & Philipp, M. (2018). Acceptance of illness and adherence to treatment in patients with chronic kidney disease: A meta-analysis. *Journal of Behavioral Medicine*, 41(4), 550-564. <https://doi.org/10.1007/s10865-017-9890-2>