



## ADHERENCE TO THE REGIMEN OF CARE OF END-STAGE RENAL DISEASE-DIAGNOSED CLIENTS UNDERGOING HEMODIALYSIS

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M.D.M.

**DEDICATION**

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*To Janet*

**-M.D.M.-**



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### **ABSTRACT**

CKD is a global health threat with socioeconomic and public health consequences. Estimates on the Global Burden of Disease (GBD) indicated that kidney diseases were responsible for 2,993,000 years of life lost (YLL) and 38,104,000 disability adjusted life years (DALYs) lost globally. The increasing incidence and prevalence of ESRD seem inevitable. An influx of dialysis patients had resulted in an increase of dialysis centres especially in the private sector. This study was conceptualized to help ESRD- clients undergoing dialysis to enjoy a longer quality of life with their love ones as well as to develop a community based health economic program to address the health needs and other concerns of these clients. The study utilized the quantitative method specifically, descriptive survey with developmental approach. The participants of the study are nurses, patients undergoing hemodialysis and significant others in selected Dialysis Clinics in La Union during the period of June.- December 2019. Purposive-convenience sampling was utilized in the selection of respondents which included twenty (20) hemodialysis nurses, one hundred eighty three (183) patients and one hundred ninety four (194) significant others. It was found out that the level of health status of the

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respondents were very good, the level of adherence to their regimen of care is moderate and the effect of the identified determinants was high. It is recommended that the formulated community-based health economic guide be adopted.

**Keywords:** *End-Stage Renal Disease (ESRD) Dialysis, Adherence, Regimen of care*

### **Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis**

#### **Background of the study**

According to the American Kidney Fund (2018) treatment of end-stage renal disease (ESRD, or kidney failure) is demanding, multifaceted and complex, requiring strict patient adherence to treatment protocols to achieve favorable health outcomes and a satisfactory quality of life. Nonadherence to treatment among dialysis patients is widely recognized in the renal community as an important contributor to suboptimal treatment and poorer health outcomes. Thus, adherence to the regimen of care plays an important role in the management of ESRD clients.

End Stage Renal Disease (ESRD) is a known increasing public health concern globally. The irreversible advanced CKD leads to End Stage Renal Disease (ESRD) where there is permanent loss of kidney function causing extreme mortality rates among this population (Mukakarangwa, et al 2018).

According to Manaf et al (2017) CKD is an important cause of death and disability but it remains asymptomatic till late stage when intervention cannot stop the progression of the disease. Hence, detection and prevention of CKD at early stage are a necessity. Normally,





the kidneys filter wastes and excess fluids from our blood, and then excreted in the urine. When our kidneys lose their filtering capabilities, toxic waste products will build up in our body thus, various complications will be experienced by the afflicted clients.

More than 500,000 people in the United States live with end-stage renal disease (ESRD). The development of chronic kidney disease (CKD) and its progression to this terminal disease remains a major source of reduced quality of life and significant premature mortality. Chronic kidney disease (CKD) is a very debilitating disease and standards of medical care involve aggressive monitoring for signs of disease progression as well as early referral to specialists for dialysis or possible renal transplant (Benjamin & Lappin, 2018).

In spite of the significant technological and therapeutic advances over the last decades, the survival of ESRD patients is still low said Poveda, et al (2016). End-stage renal disease (ESRD) is a growing public health problem, given the increasing prevalence worldwide. It is estimated that by 2020 the number of ESRD patients will increase by ~60% when compared with the number of patients registered in 2005. Data from 150 countries showed that over 3 million patients were treated for ESRD worldwide by the end of 2012 and that the number of patients is growing faster than the world population (growth rate: 7%).

Kidney disease is associated with a tremendous economic burden. High-income countries typically spend more than 2–3% of their annual health-care budget on the treatment of end-stage kidney disease, even though those receiving such treatment represent under 0.03% of the total population.. In 2010, 2.62 million people received dialysis worldwide and the need for dialysis was projected to double by 2030. In high-income countries, lower socioeconomic status is associated with greater risk of end-stage kidney disease because of behavioral and metabolic risk factors and reduced access to care. In low- and middle-income



countries, the burden posed by such poverty-related kidney disease is even greater, because of associated infections, hazardous work, poor education and poor maternal health (Luyckx, 2017).

Life of patients with chronic kidney disease becomes reorganized and adapted to changes resulting from the nature of the disease and the methods of its treatment. What is more, patients are dependent on the dialysis apparatus and the medical personnel. The treatment also involves limitations in the manner of eating and drinking as well as in physical activities. In turn, the intensity of mental and somatic symptoms largely affects the level of the quality of life (QoL) as perceived by patients as shown in the study of Bender, et al (2018).

The treatments for ESRD are dialysis or a kidney transplant. In some cases, lifestyle changes and medications may help. Advancements allow people with ESRD to live longer than ever before. ESRD can be life-threatening. With treatment, you'll likely live for many years afterward. Without treatment, you may only be able to survive without your kidneys for a few months (DiMaria et al 2017).

Adherence and persistence to medical plans is recognized as an important problem in dialysis patients, since it has been associated with increased morbidity and mortality, resulting in disproportionately high costs of care. The success of renal replacement therapy depends on patients' adherence and persistence to the different aspects of the therapeutic strategy, which includes a complex drug regimen involving a wide variety of drugs at different doses, several prescribed dialysis sessions with different durations, dietetic recommendations and restriction of fluid intake (Poveda et al,2016).

Kidney failure requiring hemodialysis is a chronic illness that has physical, psychosocial and financial consequences (Bueno MV,Latham CL,2017). Hemodialysis is a



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well instituted treatment for end stage renal failure. Advances in technology challenges hemodialysis treatment over three decades ago and still to be perfected.

Based on World Bank article (2015), the demographic profile of most Asian countries on nutritional and epidemiological transitions have changed diseases presentations that chronic non-communicable diseases such as diabetes, hypertension and metabolic syndrome are gaining prominence. In recent reports from Asia, 40-50% of cases with ESRD is due to diabetes and hypertension (Prasad et al 2015).

Medical expenses especially for chronic diseases is a major concern for the afflicted person. Some individuals faces constraints imposed by law, nature and self. Turner (2017) said equally challenging is the understanding and treatment of patients with chronic health issues. For these reason ESRD management requires integration and collaboration of care that will lead to better health outcomes and therefore reducing healthcare cost.

Health and life cannot be maintained if toxic waste products are circulating in the body, as this toxic waste poisons our body that leads to kidney failure. Cases of kidney diseases are increasing in line with this so are the dialysis centers are also increasing.

According to National Kidney and Transplant Institute (NKTi) by Manila Times 2014 reported that kidney diseases, especially the End-stage Renal Disease (ESRD), is already the 7<sup>th</sup> leading cause of death among Filipinos. But Tacio (2018), the Department of Health reports that one person dies every hour from kidney failure. More than 7,000 cases of kidney failure in the country are recorded every year. This puts kidney failure as the ninth-leading cause of death among Filipinos today, according to the National Kidney and Transplant Institute. Dr. Aileen Riego-Javier, NKTi executive director, said that, for every 1



million Filipinos, 120 of them are most likely to develop kidney failure. Each year approximately 10,000 people need to replace their kidney function.

Even though PhilHealth, the state-run health insurer, has benefits programme for dialysis under its Z-package which includes kidney transplantation, this does not include maintenance of medical treatment after the operation. Maintenance costs Php 60,000 to 100,000 for the first 3 months, then goes down to Php 60,000 for the next three months. But it will cost Php 20,000 to 30,000 monthly for the rest of their lives to ensure survival (Magtubo,2017).

Despite efforts of various sectors especially the government and private entities in the entire nation, conducting continuous information dissemination on awareness on the prevention of ESRD, number of cases is still rising so are dialysis clinics. ESRD-hemodialysis is considered as a costly disease and requires strict treatment regimen in order to live longer, thus this study was conceptualized to help ESRD- hemodialysis clients to enjoy a longer quality of life with their love ones as well as to develop a community based health program to address the health needs and other concerns of the ESRD-hemodialysis clients.

### **Theoretical Framework**

This study revolved on three basic theories namely Watson's Theory of Human Caring, Virginia Henderson's Need Theory and Health Belief Model.

Watson's Theory of Human caring aims to ensure a balance and harmony between health and illness experiences of a person. Watson states that in a holistic approach to caring for a human, there are mind-body-spirit sub-dimensions, all of which reflect the whole as the whole is different from her/his sub-dimensions. It is people oriented that accepts the peculiar dimensions of human integrity without compromising its mind-body-spirit (Ozan, et al 2015).



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This theory is will help in the formulation of a community-based health program for ESRD-hemodialysis clients keeping in mind that the main purpose of this theory is taking care of the patients' needs that leads to better plans in promoting health and wellness, preventing illness and restoring health.

Virginia Henderson's Need Theory. The theory focuses on the importance of increasing the patient's independence to hasten their progress in the hospital. Henderson's theory emphasizes on the basic human needs and how nurses can assist in meeting those needs (Gonzalo, 2019). According to Henderson's model, good health is a challenge because it is affected by so many factors, such as age, cultural background, emotional balance, and others. Individuals have basic needs that are components of health. This theory presents the patient as a sum of parts with biophysical needs rather than as a type of client or consumer (Nursing Theory, n. d.). It focuses on the needs of patients that is somewhat similar to Maslow's hierarchy of needs that we have to understand and assess whether this needs are being attained or not and why some of this needs are not met.

The Health Belief Model was one of the first models to adapt theory from the behavioral sciences to health problems, and it remains one of the most widely recognized conceptual frameworks of health behavior (Glanz, 2001). The Health Belief Model (HBM) attempts to conceptualize two types of health beliefs that make a behavior in response to illness more or less attractive (Sheeran and Abraham 1996): perceptions of the threat of illness and evaluation of the effectiveness of behaviors to counteract this threat. Threat perceptions depend upon the perceived susceptibility to the illness and the perceived severity of the consequences of the illness. This behavioral evaluation depends upon beliefs concerning the benefits or efficacy of the health behavior and the perceived costs or barriers to performing

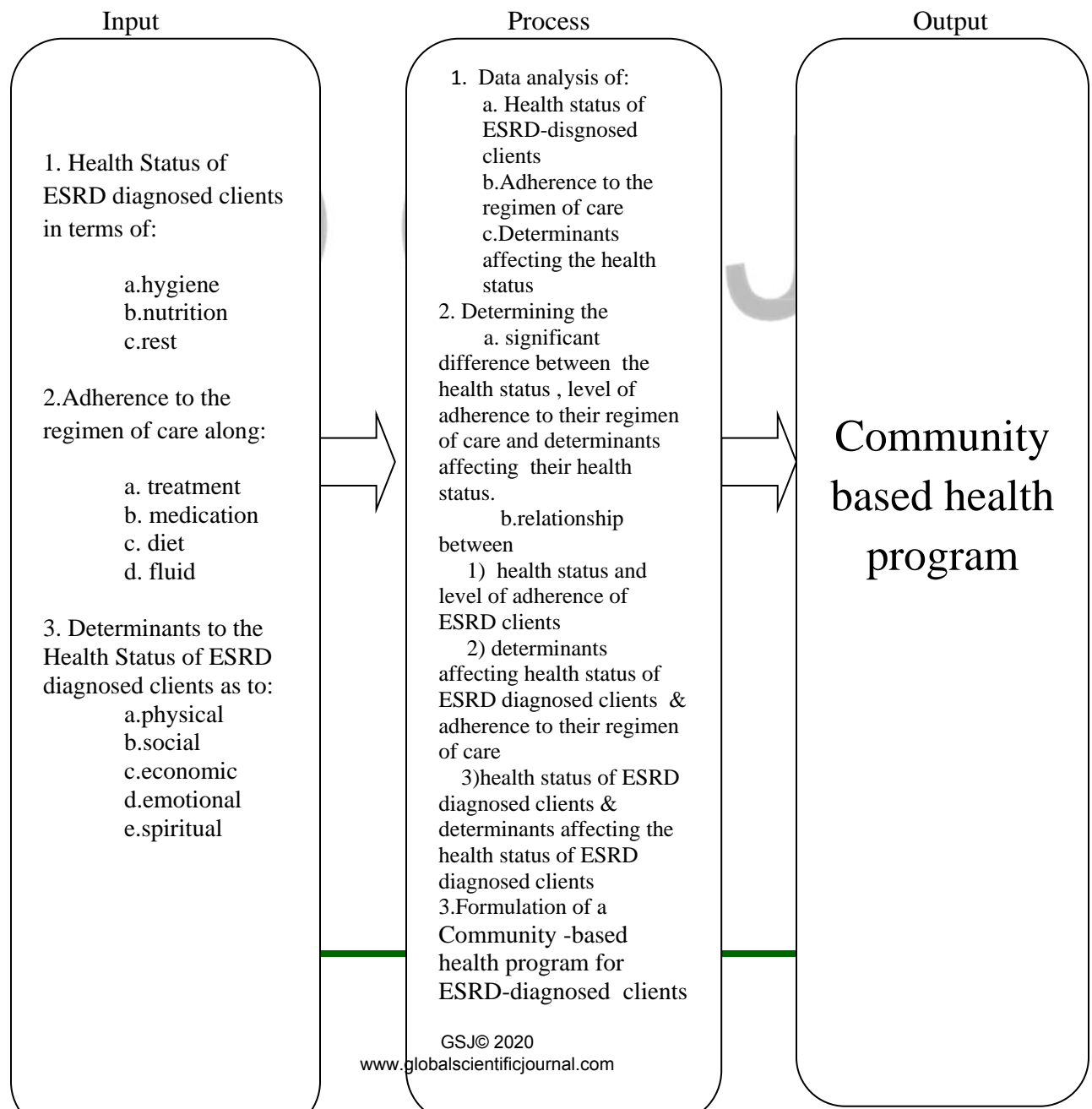
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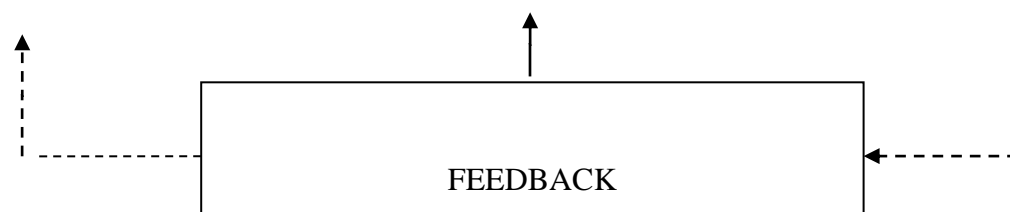


the behavior. Hence, individuals are likely to follow a particular health behavior if they believe themselves to be susceptible to a particular condition or illness which they consider to be serious, and believe the benefits of the behavior undertaken to counteract the condition or illness outweigh the costs (Conner,2001). This model will provide a way in understanding the different factors affecting the health status of ESRD-hemodialysis clients and how this will guide in promoting health and preventing ESRD.

Everyone's needs especially the needs of the vulnerable group such as ESRD patients must be recognized and respected with sympathy, compassion, understanding and support including their health beliefs to at least ease their burden thereby prolonging their lives with a positive outcome and outlook on their illness. The role of nurses in the lives of ESRD clients is significant by understanding the individuality of the clients and beliefs in optimizing the level of health care they need to see a change in their personal or social behavior and health outcomes. Nursing is not just a health profession, it is about holistic care whatever the status, health needs, beliefs and wants of the ESRD clients.

The above-mentioned theories were used as an anchor to the study being undertaken with the belief that their ideas are all central to the holistic care of patients undergoing hemodialysis.





**Figure 1.**  
**The Research Paradigm**  
**STATEMENT OF THE PROBLEM**

This study attempted to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community-based health program.

Specifically, the study sought answers to the following questions:

1. What is the health status of the respondents in terms of:
  - a.hygiene;
  - b.nutrition; and
  - c.rest?
2. What is the level of adherence of the respondents to their regimen of care as to:
  - a.treatment;
  - b.medication;
  - c. diet; and
  - d.fluid?
3. To what extent do the following determinants affect the health status of ESRD clients as to:





- 
- a. physical;
  - b. social;
  - c. economic;
  - d. emotional; and
  - e. spiritual?

4. Is there a significant difference between:

- a. Health status and level of adherence to their regimen of care; and
- b. Health status and determinants affecting the health status of ESRD clients?

5. Is there significant relationship between

- a. Health status of ESRD clients and the level of adherence to their regimen of care;
- b. Determinants affecting the health status of ESRD diagnosed clients to adherence to their regimen of care; and
- c. Health status of ESRD diagnosed clients to determinants affecting the health status of ESRD diagnosed clients?

6. Based on the results of the study, what community-based health program can be proposed for ESRD- diagnosed clients?



## **HYPOTHESES**

1. There is no significant difference between:
  - a. Health status and level of adherence to their regimen of care; and
  - b. Health status and determinants affecting the health status of ESRD clients.
2. There is no significant relationship between:
  - a. Health status of ESRD clients and the level of adherence to the regimen of care;
  - b. Determinants affecting the health status of ESRD diagnosed clients to adherence to the regimen of care; and
  - c. Health status of ESRD diagnosed clients to determinants affecting the health status of ESRD diagnosed clients.



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## **METHOD**

This section discusses the research design, participants of the study, data gathering tool and procedures, data management and ethical considerations.

### **Research Design**

The study utilized the quantitative method specifically, descriptive survey with developmental approach. Adi Bhat (2019) said that descriptive research is defined as a research method that describes the characteristics of the population or phenomenon that is being studied. This methodology focuses more on the “what” of the research subject rather than the “why” of the research subject. Descriptive research can be used in multiple ways and for multiple reasons. Before getting into any kind of survey though, the survey goals and survey design is very important.

### **Participants of the Study**

The participants of the study are adult patients undergoing hemodialysis and significant others in **six (6) selected Dialysis Clinics in La Union during the period of June.- December 2019. These hemodialysis clinics/units are Hemotek Renal Center Bacnotan and San Fernando City Branch, Avitus La Union Kidney Care and Dialysis Center Corporation,**

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FMC Renal Care Corporation, Agoo Family Hospital and Lorma Medical Center, Inc. These are adults receiving hemodialysis for at least six (6) months, both sexes, aged 21 years old and above. Likewise, respondents to the study has also included hemodialysis nurses and significant others (watchers) of said clients.

Purposive-convenience sampling was utilized in the selection of respondents which included twenty (20) hemodialysis nurses; nine (9) of which from Hemotek Renal Center Bacnotan, three (3) from Hemotek San Fernando City, six (6) from Avitus La Union, and two (2) from Agoo Family Hospital. For ESRD patients, one hundred eighty three (183) participated; sixty (60) from Hemotek Bacnotan, thirteen (13) from Hemotek San Fernando City, forty three (43) from Avitus La Union, sixteen (16) from Agoo Family Hospital, twenty six (26) Lorma and twenty five (25) from FMC. One hundred ninety four (194) significant others of which fifty eight (58) from Hemotek Bacnotan, thirteen (13) Hemotek SFC, thirty nine (39) Avitus La Union, sixteen (16) Agoo Family Hospital, twenty six (26) from Lorma Medical Center and forty two (42) from FMC. According to Ashley Crossman (2018), purposive sample is a non-probability sample that is selected based on characteristics of a population and the objective of the study.

### **Data Gathering Tool and Procedures**

The main gathering tool or instrument used is the questionnaire. Since the questionnaire is self-constructed, a research protocol was made for this study and the approval of the Ethics Review Board was first sought. The instrument was subjected to validity testing using the Content Validity Index (CVI). Content validity is the extent of a measurement tool represents the measured construct and it is considered as an essential evidence to support the

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validity of a measurement tool such as a questionnaire for research. Since content validity is vital to ensure the overall validity, therefore content validation should be performed systematically based on the evidence and best practice. The result of test is 3.95 which is descriptively rated as very highly valid.

A letter of communication seeking permission for the validation of the self-constructed questionnaire was sought. Likewise, permission was also sought to concerned authorities for the reliability testing and this was done in Ilocos Sur considering that it is not included as the prospective respondents to the study. Upon acceptance and approval, the questionnaire was floated to the respondents from July to December 2019.

In observance of ethical considerations, the questionnaire was translated in local dialect and assurance for the confidentiality of information from data gathered was stated in the informed consent for respondents. Moreover, the anonymity of the participants and confidentiality of their responses is maintained throughout the study.

Reliability of the questionnaire was likewise established. The reliability of the questionnaire was determined by the use of Cronbach Alpha formula. The pre-test was conducted to 25 hemodialysis nurses of selected dialysis clinics in Ilocos Sur. The result revealed 0.89 which is considered as highly reliable.

In observance of ethical considerations, the questionnaire was translated in local dialect and assurance for the confidentiality of information from data gathered was stated in the informed consent for respondents.

### **Data Management**



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Data gathered were treated using various statistical treatment. The level of health status of the ESRD-diagnosed clients, the level of adherence to their regimen of care and the extent of effect of the identified determinants on their health status were treated using the weighted mean.

T-Test was used to treat the significant difference between a. Health status and level of adherence to their regimen of care; and b. Health status and determinants affecting the health status of ESRD -clients.

Pearson Product Moment Coefficient of Correlation was used to determine the significant relationship between a. Health status of ESRD clients and the level of adherence to the regimen of care; b. Determinants affecting the health status of ESRD diagnosed clients to adherence to the regimen of care; and c. Health status of ESRD diagnosed clients to determinants affecting the health status of ESRD diagnosed clients.

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## Results and Discussions

This section presents, analyzes and interprets the findings regarding health status, level of adherence and determinants affecting the health status of ESRD diagnosed clients in selected dialysis clinics in La Union.

### Health Status of ESRD Diagnosed Clients

Table 1 presents the health status of ESRD- diagnosed clients. It can be gleaned from the table that the health status of the patients was generally very high as rated by the three groups of respondents. Further, it can be reflected from the table that the patient respondent themselves gave the highest rating to their health status compared to their nurses and significant others. This phenomenon can be explained by Kubler-Ross on her stages of grief of terminally ill clients (1969) where the first stage is denial . It is evident that these patients are at the stage where they cannot accept their condition, thus the denial.

**Table 1. Health Status of ESRD Diagnosed Clients**

Health Indicator	Weighted Mean	DER	AWM	DER
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	N	P	SO	N	P	SO		
Hygiene	4.37	4.46	4.23	E	E	E	4.35	E
Nutrition	3.89	4.04	3.88	VG	VG	VG	3.94	VG
Rest	3.71	3.91	3.73	VG	VG	VG	3.78	VG
GWM	3.99	4.14	3.95	VG	VG	VG	4.02	VG

Legend: E-Excellent, VG- Very Good  
DER – Descriptive Equivalent Rating

Likewise, a study made by Renz, M , et al (2017) explains that terminally –ill clients have the tendency for denial which happens simultaneously and be associated with a transformation of perception from ego-based (pre-transition) to ego-distant perception/consciousness (post-transition), thus, the high rating for their health status even if it is evident that their health status is failing.

The table further shows that the respondents are in excellent health status with regards to hygiene as revealed by the average weighted mean of 4.35. This was strengthened by a study made by Carvajal et al (2017). Related to the state of denial, Kustimah (2019) found out that patients were observed to be unclear and confused about their health condition . Some refused to seek further treatment and make changes in their lifestyle because they claimed that they did not feel the symptoms at all and reported that they felt themselves ‘fine’ and ‘healthy’.where they found out that practicing hygiene among terminally ill clients was a part of their basic needs because it is contributory to their comfort and well being. This feeling is true to patients, nurses and significant others.

Though hygiene was rated excellent by the three groups of respondents, they have different values with regards to this aspect. Hygiene may be different from the point of view of nurses, patients and significant others due to unique individualities or personalty of each





group. Nurses for example, because of the training, has a clinical eye in assessing the clients' activities on hygiene and acknowledges that it is a basic need of ESRD clients, whereas clients views on hygiene on the other hand is related to comfort and feeling fresh and for the significant others views hygiene as caring for their sick family members.

ESRD diagnosed clients are high risk of life-threatening infection because Vijayan and Boyce (2018) said that lapses in infection control practices, such as hand hygiene and environmental cleaning, have been associated with bloodstream infections and Hepatitis C Virus (HCV) outbreaks and that means clients will incur additional expense for the treatment of infection, as such they are aware of these complication and they are doing their best to avoid further infection and expenses.

Rated low from among the indicators of health status was rest which had a weighted mean of 3.78 descriptively rated as very good. Although rated as such, it can be explained that terminally clients cannot rest both physically and emotionally because of their present condition. Insomnia, pain, depression and other negative feelings are generally experienced by terminally ill clients denying them of rest. This was strengthened by a study made Woo, J. et al (2006) who found out that the lack of rest among terminally ill clients are because of loneliness, depression and their tendency to underreport pain. It is also a given phenomenon that they must also face their own discomfort with discussions about death and deal with poor compensation for the time spent discussing end-of-life care with patients and families, thus denying them optimal rest.

Chronic kidney disease (CKD) severely affects a patient's health, lifestyle, and well-being (Abuyassin et al, 2015). One of these affected is the rest related to deprivation of sleep. People with chronic kidney disease (CKD) often have trouble falling asleep and staying



asleep. The physical and mental health can contribute to their sleep problems. These are some common causes for disrupted sleep patterns in kidney disease patients.

Generally, with a grand mean of 4.02, it was found out that the health status of ESRD clients undergoing hemodialysis is very good . It further means that although evidently, their health status is not excellent, it can be inferred that the way they personally feel about their health is not bad at all. This may also mean that they have a positive outlook of their health which can be contributory to their sense of well-being. It can also be an uplifting mechanism for the individual that being human is not to have a perfect health, thus rated one's health as very good.

#### **Adherence of ESRD Diagnosed Clients**

Table 2 illustrates the level of adherence to the regimen of care of ESRD-. diagnosed clients. With a general weighted mean of 4.0 which is descriptively rated as high, it can be explained that the terminally-ill respondents have no other choice but to adhere to their regimen of care. This can be explained by their hope of being relieved of the distressing symptoms of their disease with the concomitant feeling that they may get well.

This confirms that ESRD diagnosed clients are very highly adherent on their treatment with a weighted mean of 4.30. It can be inferred that terminally ill clients do not lose hope of regaining their health. It can also be explained that because of the discomforts that they are currently experiencing, they believed that it is only in adhering to their regimen of care that they can be relieved of the distressing symptoms of their disease.



Cook, et al ((2012) forwarded a finding in their study on the powerlessness of terminally-ill clients that adherence to regimen of these patients is facilitated by positive expectations. This was likewise reinforced by a study made by Hagery and Patusky (2008) where they recommended that it is important for terminally ill clients to reframe and reappraise the current situation from a different perspective by stopping from negative thought patterns.

**Table 2. Level of Adherence to the Regimen of Care**

Regimen of Care	Weighted Mean			DER			AWM	DER
	N	P	SO	N	P	SO		
Treatment	4.55	4.33	4.01	VHA	VHA	HA	4.30	VHA
Medication	4.22	4.17	3.92	VHA	HA	HA	4.10	HA
Diet	3.80	3.97	3.85	HA	HA	HA	3.87	HA
Fluid	3.73	3.95	3.81	HA	HA	HA	3.83	HA
GWM	4.07	4.10	3.90	HA	HA	HA	4.02	HA

Legend: VHA – Very High Adherence, HA – High Adherence

Looking further at the table, the indicators on the adherence to the regimen of care presented that fluids and diet got the lowest rating with an average weighted mean for both at 3.85 descriptively rated as high. Though it is presumed to be at an acceptable level, the low rating as compared to the rest of the indicators may mean that there are various factors affecting their adherence to the regimen of care. Diet and fluids may be explained by economic reasons which is evident that they constitute a big bulk in the budget of the patient and the family. In like manner, because of the present state condition, the patient may have feelings of anorexia that makes him/her lose appetite. This may also be accounted to diet and fluid restrictions that is prescribed or advised by the attending physician.



Filipinos usually loves to eat whatever kind of foods regardless if it's the right kind and amount of food even afflicted with illness. In the study of Opiyo et al (2019) revealed that for patients with chronic kidney disease on hemodialysis, diet prescriptions with less restrictions and requiring minimal extra efforts and resources are more likely to be adhered to than the restrictive ones. Patients who adhere to their fluid intake restrictions easily follow their diet prescriptions. Prescribed diets should be based on the individual patient's usual dietary habits and assessed levels of challenges in using such diets. However, in the study made by Beerendrakumar et al (2018) revealed that adherence to the dietary and fluid components is essential to reduce the morbidity related to renal dysfunction. This study report suggests, in spite of nutritional counseling there is considerable proportion of patients have deviated from dietary guidelines which can be minimized with reinforcing counseling by nurses and other health care providers.

A study made by Zanni,G and Browne III, JD ( 2010) revealed that anorexia is a prevalent symptom associated with terminal illness.

This finding was also strengthened by the findings of Gregertsen Mandy, & Serpell (2017) in their study, revealed that patients were glad to be anorexic because this was a mechanism by which an inner sense of strength and mastery could be achieved. It was explained further that as the individual loses weight, he or she may experience a sense of mastery and self-control for having managed to adhere to a strict diet and reach weight loss goals.

### **Determinants Affecting the Health Status of ESRD Diagnosed Clients**



The table revealed that there were identified determinants which had an effect on the health status of the ESRD-diagnosed clients. It can be gleaned from the table that the general weighted mean for the identified determinants was 3.18 which was descriptively rated as moderate in effect. This means that while these indicators have a bearing on the health status of the client respondents, it cannot be construed that these are the major causes of the disease condition. Rated highest from these determinants is the economic indicator.

Economics, undoubtedly, has a major effect in the health status of sick clients from being slightly serious to very serious. Financial problem was a common problem for ESRD patients and their families. Most of them stopped working and their medical expenses were borne by other family members (Kustimah,2019). This accounts to the purchase of medicines, treatment paraphernalias and other related miscellaneous expenses. This constitute the major cause of depression among clients and family members.

According to Luyckx of World Health Organization (2018) promotion of universal health coverage should reduce the financial hardship of patients with kidney disease and improve access to kidney care. The goal of eradicating poverty spans all of the other sustainable development goals (SDGs) and is fundamental to improving kidney health. Furthermore, WHO said we need universal health coverage to tackle kidney disease successfully and ensure effective screening, prevention and early treatment. Effective and transparent policies to govern access to care for end-stage kidney disease should only be developed after there has been a thorough attempt to determine the local health priorities, especially in resource-poor settings.

**Table 3. Determinants Affecting the Health Status of ESRD Diagnosed Clients**



Determinants	Weighted Mean			DER			AWM	DER
	N	P	SO	N	P	SO		
Physical	3.28	3.49	3.11	ME	HE	ME	3.29	ME
Social	3.37	3.37	3.05	ME	ME	ME	3.26	ME
Economic	3.65	3.53	3.23	HE	HE	ME	3.47	ME
Emotional	3.33	3.21	2.87	ME	ME	ME	3.14	ME
Spiritual	2.57	2.95	2.71	PE	ME	ME	2.74	ME
GWM	3.24	3.31	3.00	ME	ME	ME	3.18	ME

Legend: HE – High Effect, ME- Moderate Effect, PE – Poor Effect

Fenton, et al (2012) revealed in their study that there is a correlation with higher patient centeredness and higher health care costs which is simply explained to the tune of economics.

In like manner, an article review published by Lynn (2016) that preference for delaying death through a technological imperative was an option but to meet this was to have more than enough finances.. This often created challenges for nurses in caring for dying patients and their families.

From the indicators, it can be seen that spiritual as an identified determinant to the health status of the terminally ill clients got the lowest rating with a weighted mean of 2.74 which is descriptively rated as having moderate effect. From a negative perspective effect, it can be explained that spirituality (power from God) is not the cause of their disease but is owed to other different factors.

On a positive perspective, a qualitative study undertaken by Ya -Lie Ku(2016) on the spiritual needs of patients in the ICU, that patients considered spirituality as keeping the trust dependably to a Supreme Power.



It can be inferred, therefore, that the Supreme Power is not the cause of the disease but rather is a hope for recovery to the disease.

The table below shows that there is no significant difference in the responses of the three groups of respondents along health status, level of adherence to the regimen of care of the ESRD clients.

**Table 4. Significant difference between health status, level of adherence and determinants of health among ESRD clients**

Dependent Variables	(I) Respondents	(J) Respondents	p – value	Decision	Interpretation
Health Status	Nurses	Patients	0.568	Accept Ho	Not Significant
		Significant others	0.864	Accept Ho	Not Significant
		Nurses	0.568	Accept Ho	Not Significant
	Patients	Significant others	0.463	Accept Ho	Not Significant
		Nurses	0.864	Accept Ho	Not Significant
		Others	0.463	Accept Ho	Not Significant
Level of Adherence	Nurses	Patients	0.869	Accept Ho	Not Significant
		Significant others	0.341	Accept Ho	Not Significant
		Nurses	0.869	Accept Ho	Not Significant
	Patients	Significant others	0.27	Accept Ho	Not Significant
		Nurses	0.341	Accept Ho	Not Significant
		Others	0.27	Accept Ho	Not Significant
Determinants	Patients	Patients	0.713	Accept Ho	Not Significant
		Significant others	0.21	Accept Ho	Not Significant
		Nurses	0.713	Accept Ho	Not Significant
	Nurses	Significant others	0.115	Accept Ho	Not Significant
		Patients			
		Others			




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Significant	Nurses	0.21	Accept Ho	Not Significant
Others	Patients	0.115	Accept Ho	Not Significant

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\*Significant at 0.05

This is justified by the principle of statistics that a p-value of less than 0.05 indicates a statistically significant difference. It is evident in the table that the p value column does not reflect any value lesser than .05 thus accepting the null hypothesis. The results forward the thought that the three groups of respondents did not differ with their rating on the health status of ESRD clients, the level of adherence to their regimen of care and identified determinants affecting the health status of the said patients. It can be inferred that the three variables which were mentioned earlier are general thoughts that can be interpreted or explained by any group who has the idea of end stage renal diseases. This may also account to the fact that health education among health workers and massive information dissemination is strongly implemented.

This is strengthened by the study of Bakken, Holzemer and Brown ( 2009) where there was no significant difference on the perception of engagement with Health Care Provider to the health Status, and adherence to therapeutic regimen in persons with HIV/AIDS. This may likewise account to the fact that raters along this area are highly knowledgeable about ESRD. This further means that it is not only the nurses who may have an idea about the health status, regimen of care and determinants of health, but this may hold true to patients and significant others.





This is further substantiated by the study of McCarley (2009) where similarities in responses of various groups especially patients and significant others may be accounted to the desire of health care givers to empower their patients thus health educating them about their disease/s. This explains that across age groups of the respondents and despite educational orientation, their responses to health status of ESRD clients, adherence to regimen of care and determinants to health do not differ.

The table below clearly shows that there is no significant relationship between the Health status and level of adherence, as well as the level of adherence and the determinants of health and the determinants of health and the health status. With a p value of 0.184, 0.576 and 0.99 respectively, it has been decided to accept the null hypotheses that was stated. Statistics explains that a value less than zero indicated a negative correlation. This further means that health status may stand alone with or without adherence to regimen of care. In like manner, level of adherence may not be affected by the identified determinants of health as well as determinants to health status.

**Table 5. Significant Relationship Between and among Identified Variables**

<b>Respondents</b>	<b>p-value</b>	<b>Decision</b>	<b>Interpretation</b>
Health Status-Level of Adherence	0.184	Accept Ho	Not Significant
Level of Adherence-Determinants	0.576	Accept Ho	Not Significant
Determinants-Health Status	0.99	Accept Ho	Not Significant

These findings has been strengthened by the study of of Quinlan, P and Price, K, (2013) which revealed that health literacy was not a significant predictor to adherence. It may further mean that there are other possible factors that may affect the health status no matter how high the degree of compliance is.



It is worthy to note, however, that a contrary finding was presented by Nduagaba, Soremekun, R and Olubousola A, (2017) when they reported that 100% adherence to regimen of care was significantly correlated with the health status of patients undergoing retroviral therapy. This finding can be a big challenge to future researchers to dig deeper into possible relationships between adherence and health status and other related variables.

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**Community- Based Health Program  
for ESRD Diagnosed Clients**



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## **Rationale**

End-stage renal disease, also called end-stage kidney disease, occurs when chronic kidney disease the gradual loss of kidney function reaches an advanced state. In end-stage renal disease, your kidneys are no longer able to work as they should to meet your body's needs. It has an irreversible renal failure that requires dialysis . Dialysis is essential to survival for patients with ESRD, hemodialysis does not come without adverse effects of its own. The incidence of patients with end-stage renal disease (ESRD) requiring dialysis has been growing rapidly.

According to Landry (2019), renal disease can have varying lengths of impacts on an individual, including shortening life expectancy. End-stage renal diseases mean that the kidneys performance is deficient or not performing at all. One of the heaviest functional and financial burdens that affects the whole family as the afflicted individual often have to give up or lose their role as providers.

Having ESRD is not the end, individual can still live for a few more years with dialysis and by observing a right and healthy lifestyle.

This program for ESRD clients undergoing hemodialysis had been validated by experts with descriptive equivalent rating of Very Highly Valid.

## **Objectives**

1. To help ESRD diagnosed clients live a meaningful life
  2. To help in achieving a healthy lifestyle of ESRD clients
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3. To sustain support beyond initiation
4. To engage the community as partners
5. To empower ESRD clients through intensive health education
6. To optimize adherence to the regimen of care
7. To give access to structured education program

Based on the results of the study, the following are hereby presented as a framework to the Community based health guide.

**Introduction:** End Stage Renal Disease (ESRD) is a known increasing public health concern globally. The irreversible advanced CKD leads to End Stage Renal Disease (ESRD) where there is permanent loss of kidney function causing extreme mortality rates among this population. It is a growing public health problem, given the increasing prevalence worldwide. This study was conceptualized to help ESRD- clients undergoing dialysis to enjoy a longer quality of life with their love ones as well as to develop a community based health economic program to address the health needs and other concerns of these clients.

#### Community- Based Health Program for ESRD Undergoing Hemodialysis

Areas of Concern	Objectives	Strategies	Resources	Success Indicator
<b>1.Diet/Fluids</b> Diet and fluids are primary bodily requirements for survival.	1.To optimize adherence to the regimen of care. 2.To help in achieving a health lifestyle of	1.Regular Health Education on the importance of diet and nutrition not only to the patient but to the family members as well. 2. Provision of reading materials or other forms of mass media. 3. Preparation of an indigenous menu guide that suits the taste of the client	<b>Human:</b> Health Worker (Physician, Nurse, Dietician, Significant others <b>Facilities:</b> Dialysis Clinics	Patient states improved physical health and exhibits no apparent signs of malnutrition. Patient expresses absence of co-morbid conditions like increased blood



<p>Hence, it should not be ignored or underestimated.</p>	<p>ESRD clients. 3.To provide opportunities for ESR clients to consider diet/fluids as an important part of their activities of daily living (ADL). 4.Ensure that ESRD clients eat the right kind and amount of food and fluids</p>	<p>4. Plan a schedule of eating together with the client if he/she prefers. 5. Regularly seek advice/help from the medical nutritionist or its equivalent 6. Seek benefactors, government agencies, NGOs with similar provisions, that can help support the dietary needs of the client 7. Make a list of foods to avoid and emphasize information by posting it in strategic/conspicuous places 8. Know alternative and seasonal foods that are allowed as prescribed.</p> <p><b>Dietary Guideline for Clients on Hemodialysis</b> Your diet is an important part of your treatment. Your kidneys cannot get rid of enough waste products and fluids from your blood and your body now has special needs. Therefore, you will need to limit fluids and change your intake of certain foods in your diet. The kidney dietitian at your dialysis center will help you plan a diet for your special needs. Reminders: When in the community and there are no opportunities to see your dietitian or medical nutritionist or you seem to have misplaced the guide that he/she prepared, you can use this as your guide:</p> <ul style="list-style-type: none"> <li>• Eat more high protein foods.</li> <li>• Eat less high salt, high potassium, and high phosphorus foods.</li> <li>• Learn how much fluid you can safely drink (including coffee, tea, water, and any food that is liquid at room temperature).</li> </ul> <p><b>Salt &amp; Sodium</b>  Use less salt and eat fewer salty foods: This may help to control blood pressure. It may also help reduce fluid weight gains between dialysis sessions since salt increases thirst and causes the body to retain (or hold on to) fluid.</p>	<p>and related health facilities <b>Time:</b> Ongoing process <b>Equipment &amp; Records:</b> Health records <b>Financial:</b> GOs and NGOs, Private Benefactors</p>	<p>sugar, hypertension and other related conditions</p>
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		<ul style="list-style-type: none"> <li>• Use herbs, spices, and low-salt flavor enhancers in place of salt</li> <li>• Avoid salt substitutes made with potassium.</li> </ul> <p>Note: Sea fishes and other products should be eaten with care because these contains much sodium</p> <p><b>Meat/Protein</b> People on dialysis need to eat more protein. Protein can help keep healthy blood protein levels and improve health. Protein also helps keep your muscles strong, helps wounds heal faster, strengthens your immune system, and helps improve overall health. Eat a high protein food (meat, fish, poultry, fresh pork, or eggs) at every meal, or about <b>8-10 ounces of high protein foods every day</b>. <b>3 ounces</b> = the size of a deck of cards, a medium pork chop, a ¼ pound hamburger patty, ½ chicken breast, a medium fish fillet. <b>1 ounce</b> = 1 egg or ¼-cup egg substitute, ¼-cup tuna, ¼-cup ricotta cheese, 1 slice of low sodium lunchmeat, 1tablespoon peanut butter, ½ ounce of nuts or seeds <b>Note:</b> Even though peanut butter, nuts, seeds, dried beans, peas, and lentils have protein, these foods are generally limited because they are high in both potassium and phosphorus.</p> <p><b>Grains (Rice) /Cereals/Bread</b> Unless you need to limit your calorie intake for weight loss and/or manage carbohydrate intake for blood sugar control, you may eat, <i>as you desire</i> from this food group. Grains, cereals, and breads are a good source of calories. Most people need <b>6 -11 servings from this group each day</b>. Avoid “whole grain” and “high fiber” foods (like whole wheat bread, bran cereal and brown rice) to help you limit your intake of phosphorus. By limiting dairy-based foods you protect your bones and blood vessels.</p>		
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		<p><b>Milk/Yogurt/Cheese</b> Limit your intake of milk, yogurt, and cheese to <b>½-cup milk or ½-cup yogurt or 1-ounce cheese</b> per day. Most dairy foods are <i>very</i> high in phosphorus. The phosphorus content is the same for all types of milk – skim, low fat, and whole! If you do eat any high-phosphorus foods, take a phosphate binder with that meal.</p> <p><b>Dairy foods “low” in phosphorus:</b> (ask your dietitian about the serving size that is right for you)</p> <ul style="list-style-type: none"> <li>• Butter and tub margarine</li> <li>• Cream cheese</li> <li>• Heavy cream</li> <li>• Cheese</li> <li>• Cheese</li> <li>• Non-dairy whipped topping</li> <li>• Sherbet</li> </ul> <p>If you have or are at risk for heart disease, some of the high fat foods listed above may not be good choices for you. Certain brands of non-dairy creams and “milk” (such as rice milk) are low in phosphorus and potassium. <b>Ask your dietitian for details.</b></p> <p><b>Eat 2-3 servings of low potassium fruits each day.</b> <b>One serving = ½-cup or 1 small fruit or 4 ounces of juice</b></p> <ul style="list-style-type: none"> <li>• Apple (1)</li> <li>• Berries (½ cup)</li> <li>• Cherries (10)</li> <li>• Fruit cocktail, drained (½ cup)</li> <li>• Grapes (15)</li> <li>• Peach (1 small fresh or canned, drained)</li> <li>• Pear, fresh or canned, drained (1 h)</li> <li>• Pineapple (½ cup canned, drained)</li> <li>• Plums (1-2)</li> <li>• Tangerine (1)</li> <li>• Watermelon (1 small wedge)</li> </ul> <p><b>Vegetables/Salads</b></p>		
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		<p>All vegetables have <i>some</i> potassium, but certain vegetables have more than others and should be limited or totally avoided. Limiting potassium intake protects your heart.</p> <p><b>Eat 2-3 servings of low-potassium vegetables each day. One serving = 1/2-cup.</b></p> <p><b>Choose:</b></p> <ul style="list-style-type: none"> <li>• Broccoli (raw or cooked from frozen)</li> <li>• Cabbage</li> <li>• Carrots</li> <li>• Cauliflower</li> <li>• Celery</li> <li>• Cucumber</li> <li>• Eggplant</li> <li>• Garlic</li> <li>• Green and Wax beans ("string beans")</li> <li>• Lettuce-all types (1 cup)</li> <li>• Onion</li> <li>• Peppers-all types and colors</li> <li>• Radishes</li> <li>• Watercress</li> <li>• Zucchini and yellow squash</li> </ul> <p><b>Limit or avoid:</b></p> <ul style="list-style-type: none"> <li>• Potatoes (including French Fries, potato chips and sweet potatoes)</li> <li>• Tomatoes and tomato sauce</li> <li>• Winter squash</li> <li>• Pumpkin</li> <li>• Asparagus (cooked)</li> <li>• Avocado</li> <li>• Beets</li> <li>• Cooked spinach</li> </ul> <p><b>Dessert</b></p> <p>Depending on your calorie needs, your dietitian may recommend high-calorie deserts. Pies, cookies, sherbet, and cakes are good choices (but limit dairy-based desserts and those made with chocolate, nuts, and bananas). <b>If you have diabetes, discuss low carbohydrate dessert choices with your dietitian.</b></p> <p>Note: A sample menu will be prepared for you based on your current health status which also calls a baseline data of</p>		
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		<p>your weight and height. Please consult your medical nutritionist for this concern.</p> <p><b>FLUIDS</b></p> <p>Intake of the correct amount of fluids on a daily basis is crucial to stabilizing your kidney patient and reducing potential symptoms associated with fluid overload including shortness of breath, headaches, abdominal bloating, hypertension, heart failure, and edema.</p> <p>Limiting the amount of liquid you drink on a daily basis can be a difficult challenge but is important to prevent additional fluid accumulation.</p> <p><b>What is considered a fluid?</b></p> <p>Anything that is liquid at room temperature is considered a fluid. Some examples include the following:</p> <ul style="list-style-type: none"> <li>• Water, juice, milk</li> <li>• Coffee and tea</li> <li>• Soups and broths</li> <li>• Puddings, yogurt, gelatin desserts • Ice cubes, frozen desserts (ice cream, popsicles, etc.)</li> </ul> <p><b>Tips: Tracking Fluid Intake and Weight</b></p> <ul style="list-style-type: none"> <li>• Write down your fluid intake in a small notebook o Include liquids with meals, snacks and medications</li> <li>• Download an app to your phone that allows you to track fluids • Use a water bottle that is marked with your daily liquid goal in ounces or milliliters (mL)</li> <li>• Measure fluid amounts to ensure correct portion sizes</li> <li>• Talk to your doctor and dietitian about specific weight and fluid restriction goals for you</li> </ul> <p><b>Tips: Controlling Thirst</b></p>		
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		<ul style="list-style-type: none"> <li>• Avoid foods high in salt that cause increased thirst and blood pressure</li> <li>• Control your sugar intake as too much sugar and high blood sugars increase thirst</li> <li>• Suck on frozen fruits such as blueberries and grapes—limit to 1/2 cup servings</li> <li>• Chew gum or suck on hard candy</li> <li>• Spread out your fluids throughout the day</li> <li>• If you have a dry mouth, use a spray bottle or swish and spit to moisten your mouth Freezing juice or water in an ice cube tray and eating like a popsicle can feel more refreshing than sipping on small amounts of liquid. Be sure to count as part of your total fluids!</li> <li>• Standard trays produce 1 ounce ice cubes</li> </ul> <p><b>How can meeting with a Registered Dietitian help?</b> If you have trouble limiting fluids ask yourself, “Why am I drinking more fluids than I should?” There are many aspects of your lifestyle and dialysis with end stage renal disease which impact the level of care you need. A plan that works for someone else may not fit with your lifestyle. Working with someone who can individualize your nutrition plan and find solutions that work best for you can help ensure your success. If you are struggling to follow your daily fluid restriction, ask to meet with your dietitian for more education and diet ideas.</p>		
<b>2.Economics of hemodialysis</b> Benefit packages offered by	1.To engage the community as partners 2.To empower ESRD	1.Assist ESRD clients or families in seeking financial assistance by developing a comprehensive procedure from financial institution: a.National Health Insurance Program <ul style="list-style-type: none"> <li>• Ensure membership in the state insurer program</li> </ul>	<b>Human:</b> Health Worker (Physician, Nurse, Dietician, Significant others	Improved economic condition of the family as shown with the high level of compliance with their regimen of care



<p>private and public institutions may also be explored in order to help ease the burden of patients undergoing dialysis.</p> <p>Dialysis, have many health care expenses that are not covered by insurance such as cost of transportation to and from dialysis; over-the-counter medicines; co-payments; and other needs</p>	<p>clients through intensive health education</p>	<ul style="list-style-type: none"> <li>• Fill-up PhilHealth Membership Registration Form (PMRF)</li> <li>• Undergo assessment from a licensed social worker in the Local Government Unit or Licensed Medical Social Worker if direct contributor or indirect contributor</li> <li>• For assesses direct contributor or has the capability to pay, will pay the prescribed premium contribution; for indirect contributor or no capability to pay, will be enrolled as Indigent</li> <li>• Assist members by promptly issuing Member Data Record (MDR) and Certificate of Usage to be used in their dialysis and as a requirement in seeking financial assistance from other government or non-government agencies</li> </ul> <p>b. PCSO-Individual Medical Assistance Program</p> <p>General Requirements:</p> <ul style="list-style-type: none"> <li>• Duly accomplished <b>PCSO IMAP Application Form</b> (available for download at <a href="http://www.pcsso.gov.ph">www.pcsso.gov.ph</a>, or at the PCSO Lung Center of the Philippines Satellite Office, PCSO Branch Offices and ASAP Partner Hospitals)</li> <li>• Valid IDs (Patient and Representative), which are any Government Issued Identification cards such as Passport, Driver's License, GSIS UMID, SSS ID, PRC ID, NSO Authenticated Birth Certificate, NSO Authenticated Marriage Certificate, Digitized Voter's ID, Philippine Health Insurance (PHIC) ID, Senior Citizen's ID, Government Issued Office ID, DSWD – 4P's ID, and Student ID</li> </ul> <p>Dialysis Procedure – Under Enrolment</p>	<p><b>Facilities:</b> Dialysis Clinics and related health facilities</p> <p><b>Time:</b> Ongoing process</p> <p><b>Equipment &amp; Records:</b> Health records</p> <p><b>Financial:</b> GOs and NGOs, Private Benefactors</p>	
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		<p>System for Dialysis</p> <ol style="list-style-type: none"> <li>For Members of PhilHealth <ul style="list-style-type: none"> <li>Original Medical Abstract with printed name, signature and license number of the attending physician</li> <li>Official quotation from Dialysis Center/ Hospital accepting PCSO GL</li> <li>Certification of Exhaustion of PhilHealth benefit for Dialysis Center/ Hospital</li> <li>PCSO Index Card (if with previous assistance)</li> </ul> </li> <li>For Non-Members of PhilHealth <ul style="list-style-type: none"> <li>Original Medical Abstract with name, signature and license number of the attending physician/nephrologist</li> <li>Official quotation from Dialysis Center/ Hospital accepting PCSO GL</li> <li>Certification of Non-Philhealth Member from the Dialysis Center/ Hospital</li> <li>PCSO Index Card (if with previous assistance)</li> </ul> </li> </ol>		
<p><b>3.Prevention of ESRD through Health Education(Physical)</b> Successful behavior modification</p>	<p>1.To the public in general to give access to structured educated program 2. Health education</p>	<p>1.Health Guide for Prevention of ESRD <b>A. All About Kidneys- Basic</b></p> <p><b>How many kidneys do I have?</b> Most people have two kidneys. Kidneys are inside the body. They are about the size of your fist.</p> <p><b>Where are your kidneys?</b></p>	<p><b>Human:</b> Health Worker (Physician, Nurse, Physical Therapist, Significant others</p>	<p>1.Client states relief of physical problems 2.Significant others express relief of patients' physical problems.</p> <p>3.Number of clients educated</p>



<p>n is expected to have a positive influence on the disease.</p>	<p>can also boost a community's economy by reducing healthcare spending and lost productivity due to preventable illness.</p>	<p>Kidneys are in your lower back.</p> <p><b>What do kidneys do?</b> They are like washing machines for the blood in the body. The kidneys filter the blood and take out all the waste in the blood. The kidneys send the waste on to the bladder in the form of urine. Kidneys are part of team! Our bodies have important parts that work together just like a team. Some other members of the body's team are the heart, lungs, muscles, brain, and stomach.</p> <p><b>What makes people's kidney's not work well?</b> Making health choices can help keep our bodies from getting sick. But, sometimes even when people make healthy choices, their bodies still get sick. Sometimes accidents happen that can cause our bodies to be sick or hurt. Sometimes we have sickness that is passed to us by our parents. No matter what makes someone's kidneys, hurt it's not their fault. Taking care of our bodies today is always the best way to stay as healthy as possible, even if someone is sick.</p> <p><b>What does having kidney disease feel like?</b> When kidneys are sick we feel sometimes our eyes are puffy, and our feet and hands are swollen, we don't feel like eating, or food tastes funny to us. Sometimes we are very tired. Sometime we feel a burning feeling when we go to the bathroom. Sometimes we have blood in our pee. Sometimes we wake up many times during the night to go to the bathroom. Sometimes our lower</p>	<p><b>Facilities:</b> Dialysis Clinics and related health facilities <b>Time:</b> at least on a weekly basis (regular) <b>Equipment &amp; Records:</b> Health records, weighing scale, sphygmomanometer <b>Financial:</b> GOs and NGOs, Private Benefactors</p>	
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		<p>backs hurt near where our kidneys are.</p> <p><b>B.Better Kidney Health</b></p> <ol style="list-style-type: none"> <li><b>1. Get regular exercise/activity play:</b> Regular exercise and physical activity can help feel better, and improve and maintain health.</li> <li><b>2. Reduce sugar:</b> Too much sugar can raise the risk of diabetes . High blood sugar can also put a strain on the kidneys. Diabetes is the leading cause of kidney failure in adults. You can lower your sugar intake by cutting back on sugary drinks, such as sodas, juices and sports drinks. Sugary snacks and cereals should also be avoided as much as possible.</li> <li><b>3. Serve water:</b> Serving water instead of sugary drinks is a good way to cut down on sugar. Water is important for good kidney health and helps the kidneys remove wastes from the blood in the form of urine.</li> <li><b>4. Reduce salt:</b> Sodium is needed for the body to function, but too much sodium can be harmful. Sodium can make the body hold on to more water. This extra stored water can raise blood pressure and strain different parts of the body, including blood vessels and kidneys. High blood pressure can damage kidneys. High blood pressure is the second leading cause of kidney</li> </ol>		
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		<p>failure in adults</p> <p>5. <b>Maintain a healthy weight:</b> Having too much body fat and weight can lead to serious health problems.</p> <p>6. <b>Use medications properly:</b> Overuse of certain pain medicines can be harmful to the kidneys. Read medication labels, and make sure they do not take more than the amount stated on the label, or more than their healthcare provider recommends. Avoid prolonged use (longer than stated on the label or recommended by a healthcare provider). Drinking enough water with medication is also important.</p> <p>7. <b>Get regular checkups:</b> Make sure you get regular checkups.</p> <p><b>C. Lowering Your Risk for Kidney Disease</b></p> <p><b>Diabetes and the Kidney</b> Keeping in good blood glucose control is important for lowering your risk for health complications. Glucose, often described as sugar, is made by the body, usually after eating, and serves as the fuel for every body cell. Diabetes mellitus, either type 1 or type 2, is the leading cause of kidney disease. When blood glucose levels stay high and uncontrolled over a period of time, blood flow to the kidneys is impaired, resulting in damage to the kidneys and their important functions. In addition, high blood glucose levels will lower the ability of the nerves to empty the bladder. The urine that stays in the bladder may then cause added pressure to build up, and may</p>		
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		<p>injure the kidneys.</p> <p><b>What Are the Signs and Symptoms of Kidney Disease?</b> In order to prevent or delay kidney disease from developing, you must be aware of its early and late stage signs and symptoms. The presence of albumin (a type of body protein) in the urine is the first sign of kidney disease. Other early signs of potential problems with kidney function include frequent trips to the bathroom and high blood pressure. Treatment at these early stages may lower the likelihood that kidney disease will progress to kidney failure. Later symptoms of kidney disease include edema (swelling of legs and ankles) and leg cramps. Changes in blood are found at this time, such as high levels of blood urea nitrogen (BUN is a substance your body makes when it uses protein) and lowering of the glomerular filtration rate (GFR), which identifies your current level of kidney function. You may also feel tired and weak, which may be a sign of anemia (low red blood cell count). Other people may experience nausea and vomiting, or have itchy skin. Lastly, you may notice that you need less insulin or diabetes medication taken by mouth, since the diseased kidneys cannot break down or metabolize the insulin, and your body does not need as much.</p> <p><b>What Can You Do to Lower Your Risk?</b> Being involved in your treatment plan is essential! Checking your blood glucose levels at home and making sure that your hemoglobin A1C (a blood test that tells how well</p>		
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		<p>your blood glucose has been controlled over the last few months. Keeping in good glucose control is the best way to lower your risk of both kidney and heart disease. Follow-up with your primary care doctor or endocrinologist (a doctor specializing in diabetes) to make sure that you have your urine tested at least once a year to find any early changes in kidney function. You should also have your blood checked regularly for calcium, phosphorus and parathyroid hormone (bone hormone) to be sure that your bones are healthy. Other tests should include your total blood count (so that anemia can be treated early), as well as blood cholesterol type and level. Make sure you have your blood pressure checked often, and remember to take blood pressure medication if prescribed. Follow your diet for weight and blood glucose control, and get plenty of regular exercise. Avoid alcohol and cigarettes. If you have any of the symptoms identified above, you should see your doctor immediately.</p>		
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### **Validation of the Proposed Community-Based Health Program for ESRD Diagnosed Clients**

The proposed community-based health program for ESRD diagnosed clients was validated and computed using the weighted mean. There were three (3) experts and seven (7) end-users who evaluated the validity of the output with a General Weighted Mean of 4.70 and with a descriptive equivalent rating as Very Highly Valid. The findings show that the designed program for ESRD clients is suitable, acceptable, useful and implementable. The program is a tool to help, assist and in support for the ESRD clients who are undergoing hemodialysis.



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### **Conclusion and Recommendation**

It is concluded that the health status of ESRD clients was very high. Altered adherence to the regimen of care is still a big concern especially on diet and fluids tht is affecting negatively ESRD patients' treatment outcomes thus causes a big impact on the patient, family as well as on the health care institutions and to the country. Health care providers and particularly nurses who care for patients and stay with them for longer hours need to advocate for patients with ESRD in view of completing their sessions for compliance and adherence to their regimen of care. This study further concludes that the health status of ESRD clients is not significantly correlated by their level of adherence to the regimen of care nor to identified determinants of health. It can be inferred from these findings that the health status of the patient respondents may be affected by selected factors which may not have been identified. Continuous interventions to improve treatment adherence such as health education, counselling is advised to attain if not maintain the adherence of dialysis patients. As such, it is highly recommended that further studies be made and additional determinants be considered. It is likewise recommended that the Community health guide be adopted.



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**APPENDICES**



**Appendix A**  
**Categorization of Data**

Point Value	Range Value	Descriptive Equivalent Rates (DER) on Health Status of ESRD Diagnosed Clients
5	4.20 – 5.00	Excellent Health Status
4	3.40 – 4.19	Very Good Health Status
3	2.60 – 3.39	Good Health Status
2	1.80 – 2.59	Fair Health Status
1	1.00 – 1.79	Poor Health Status

Point Value	Range Value	Descriptive Equivalent Rates (DER) on Health Status of ESRD Diagnosed Clients
5	4.20 – 5.00	Very Highly Adherent
4	3.40 – 4.19	Highly Adherent
3	2.60 – 3.39	Moderately Adherent
2	1.80 – 2.59	Low Adherent
1	1.00 – 1.79	Non- Adherent

Point Value	Range Value	Descriptive Equivalent Rates (DER) on Health Status of ESRD Diagnosed Clients
5	4.20 – 5.00	Very High Effect
4	3.40 – 4.19	High Effect
3	2.60 – 3.39	Moderate Effect
2	1.80 – 2.59	Poor Effect
1	1.00 – 1.79	No Effect



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**Appendix B**  
**Letter Request for Validity of Questionnaire**

June 25, 2019

DR. MARICAR M. ARZADON, MPH, MDM  
Division Chief  
Health Care Delivery Management Division  
PhilHealth Regional Office I  
Dagupan City

Dear Dr. Arzadon:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

Related to this, may I earnestly request your assistance to this undertaking by validating my questionnaire.

Your positive response to this request is highly appreciated.

Attached is the research paradigm, statement of the problem and questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request for Validity of Questionnaire**

June 25, 2019

ANALITA G. GONZALES, RN,MPH, MAN,PhDNEd  
Supervisor, Female Section  
University of Tabuk  
Kingdom of Saudi Arabia

Dear Dr. Gonzales:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

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Your positive response to this request is highly appreciated.

Attached is the research paradigm, statement of the problem and questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request for Validity of Questionnaire**

June 25, 2019

SOCORRO F. RAMOS, RN,MPH, PhD  
Dean, College of Midwifery  
Virgen Milagrosa University Foundation  
San Carlos City, Pangasinan

Dear Dr. Ramos:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

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Your positive response to this request is highly appreciated.

Attached is the research paradigm, statement of the problem and questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request for Validity of Questionnaire**

June 25, 2019

Elizabeth Dator  
Hemodialysis Nurse  
United States of America

Dear Mam:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

Related to this, may I earnestly request your assistance to this undertaking by validating my questionnaire.

Your positive response to this request is highly appreciated.

Attached is the research paradigm, statement of the problem and questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request for Validity of Questionnaire**

June 25, 2019

KLINT JOSEPH DILIM, RN  
Hemodialysis Nurse  
Our Lady of Mt. Carmel Medical Center  
San Fernando, Pampanga

Dear Sir:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

Related to this, may I earnestly request your assistance to this undertaking by validating my questionnaire.

Your positive response to this request is highly appreciated.

Attached is the research paradigm, statement of the problem and questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School

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**Appendix C**

**Letter Request for Reliability Testing of Questionnaire**

August 5, 2019

DR. OLIVER MABANAG  
Medical Director  
HEMOTЕК RENAL CARE CENTER  
St.Martin de Porres Hospital Cmpd.  
Candon City,Ilocos Sur

Dear Dr.Mabanag:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

Related to this, may I earnestly request your permission and assistance to float my questionnaire in your hemodialysis clinic particularly to your nurses for the purpose of testing its reliability.

Your positive response to this request is highly appreciated.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request for Reliability Testing of Questionnaire**

August 5, 2019

**DR. VIRGINIA B. MANGATI**  
Medical Director  
Tagudin Medical Diagnostic & Hemodialysis Clinic  
Tagudin, Ilocos Sur

Dear Dr.Mangati:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

Related to this, may I earnestly request your permission and assistance to float my questionnaire in your hemodialysis clinic particularly to your nurses for the purpose of testing its reliability.

Your positive response to this request is highly appreciated.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request for Reliability Testing of Questionnaire**

August 5, 2019

**DR. MARY JUDITH RAGAZA JAVIER**  
Medical Director  
Lorma Lifecheck Clinic & Dialysis Center  
St.Martin de Porres Hospital Cmpd.  
JTC Mall, Tagudin, Ilocos Sur

Dear Dr. Javier:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

Related to this, may I earnestly request your permission and assistance to float my questionnaire in your hemodialysis clinic particularly to your nurses for the purpose of testing its reliability.

Your positive response to this request is highly appreciated.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School

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**Letter Request for Reliability Testing of Questionnaire**

August 5, 2019

DR. OFELIA DATU  
Medical Director  
Ilocos Sur CT Scan and Dialysis Center  
Bantay, Ilocos Sur

Dear Dr.Datu:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program.

Related to this, may I earnestly request your permission and assistance to float my questionnaire in your hemodialysis clinic particularly to your nurses for the purpose of testing its reliability.

Your positive response to this request is highly appreciated.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Appendix D**  
**Letter Request to Administer Questionnaire**

August 20, 2019

**DR. ANNE RHEA DACAYANAN**  
Medical Director  
Avitus La Union Kidney Care and Dialysis Center Corp.  
Rosario, La union

Dear Dr. Dacayanan:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program. Participants of the study will be based on the following inclusion criteria: First, clients under Free Standing Dialysis Clinics, Second, ages 21 years old and above, Third, undergoing hemodialysis for more than six (6) months and above, Fourth, both sexes, Fifth, working or non-working in status, Sixth, living in urban or rural areas, Seventh, single or married and lastly regardless of religion.

Related to this, may I earnestly request your permission and assistance to administer the research questionnaire in your hemodialysis clinic.

Your positive response to this request is highly appreciated.

Attached is the research questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request to Administer Questionnaire**

August 20, 2019

**DR RIA BABY M. REQUIERO**  
Medical Director  
Hemotek Renal Center, Inc.  
Bacnotan, La union

Dear Dr. Requero:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program. Participants of the study will be based on the following inclusion criteria: First, clients under Free Standing Dialysis Clinics, Second, ages 21 years old and above, Third, undergoing hemodialysis for more than six (6) months and above, Fourth, both sexes, Fifth, working or non-working in status, Sixth, living in urban or rural areas, Seventh, single or married and lastly regardless of religion.

Related to this, may I earnestly request your permission and assistance to administer the research questionnaire in your hemodialysis clinic.

Your positive response to this request is highly appreciated.

Attached is the research questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request to Administer Questionnaire**

August 20, 2019

DR CHARMAINE JOY MIQUE ALMOJUELA  
Medical Director  
FMC Renal Care Corporation – Bethany Hospital  
San Fernando City, La Union

Dear Dr. Almojuela:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program. Participants of the study will be based on the following inclusion criteria: First, clients under Free Standing Dialysis Clinics, Second, ages 21 years old and above, Third, undergoing hemodialysis for more than six (6) months and above, Fourth, both sexes, Fifth, working or non-working in status, Sixth, living in urban or rural areas, Seventh, single or married and lastly regardless of religion.

Related to this, may I earnestly request your permission and assistance to administer the research questionnaire in your hemodialysis clinic.

Your positive response to this request is highly appreciated.

Attached is the research questionnaire for your perusal.

Thank you very much.

**(SGD)MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request to Administer Questionnaire**

August 20, 2019

DR RIA BABY M. REQUIERO  
Medical Director  
Hemotek Renal Center, Inc.  
Bacnotan, La union

Dear Dr. Requero:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program. Participants of the study will be based on the following inclusion criteria: First, clients under Free Standing Dialysis Clinics, Second, ages 21 years old and above, Third, undergoing hemodialysis for more than six (6) months and above, Fourth, both sexes, Fifth, working or non-working in status, Sixth, living in urban or rural areas, Seventh, single or married and lastly regardless of religion.

Related to this, may I earnestly request your permission and assistance to administer the research questionnaire in your hemodialysis clinic.

Your positive response to this request is highly appreciated.

Attached is the research questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School





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**Letter Request to Administer Questionnaire**

November 6, 2019

DR JOSE E. ASPIRAS JR.  
Medical Director  
Agoo Family Hospital  
Agoo, La Union

Dear Dr. Aspiras:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program. Participants of the study will be based on the following inclusion criteria: First, clients under Free Standing Dialysis Clinics, Second, ages 21 years old and above, Third, undergoing hemodialysis for more than six (6) months and above, Fourth, both sexes, Fifth, working or non-working in status, Sixth, living in urban or rural areas, Seventh, single or married and lastly regardless of religion.

Related to this, may I earnestly request your permission and assistance to administer the research questionnaire in your hemodialysis clinic.

Your positive response to this request is highly appreciated.

Attached is the research questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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**Letter Request to Administer Questionnaire**

November 6, 2019

**DR. MARY JUDITH RAGAZA JAVIER**  
Head, Hemodialysis Unit  
Lorma Medical Center  
San Fernando City, La union

Dear Dr.Javier:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program. Participants of the study will be based on the following inclusion criteria: First, clients under Free Standing Dialysis Clinics, Second, ages 21 years old and above, Third, undergoing hemodialysis for more than six (6) months and above, Fourth, both sexes, Fifth, working or non-working in status, Sixth, living in urban or rural areas, Seventh, single or married and lastly regardless of religion.

Related to this, may I earnestly request your permission and assistance to administer the research questionnaire in your hemodialysis clinic.

Your positive response to this request is highly appreciated.

Attached is the research questionnaire for your perusal.

Thank you very much.

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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## Appendix E RESEARCH PROTOCOL

### I. RESEARCH TITLE

Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis

### II. RESEARCHER

Marissa D. Mapile, RN, RM  
Master of Arts in Nursing

Rose Merlyn M. Jubilo, RN, MAN, EdD  
Adviser

### III. BACKGROUND OF THE STUDY

End Stage Renal Disease (ESRD) is a growing public health concern, it is considered as one of the most common debilitating and unbearable conditions that greatly affect the health related quality of life. The Department of Health reports that one person dies every hour from kidney failure. More than 7,000 cases of kidney failure in the country are recorded every year. This puts kidney failure as the ninth-leading cause of death among Filipinos today (Tacio, 2018). Luyckx (2017) said ESRD is also associated with a tremendous economic burden.

The cost of medical treatment for kidney disease is really exorbitant, beyond the reach of ordinary patients. The best that can be done at present is to focus efforts on the prevention of progression of renal diseases. Adoption of healthy lifestyle play a major role in reducing if not totally controlling the epidemic of renal failure and this could be achieved through proper education (<http://www.nkti.gov.ph/index.php/patients-and-visitors/kidney-health-plus>).

Adherence and persistence to medical plans is recognized as an important problem in dialysis patients. The success of renal replacement therapy depends on patients' adherence and persistence to the different aspects of the therapeutic strategy, which includes a complex drug regimen, several prescribed dialysis sessions, dietetic recommendations and restriction of fluid intake (Poveda et. Al., 2016).

### IV. OBJECTIVES/HYPOTHESES

This study will attempt to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community-based health program.

Despite efforts of various sectors especially the government and private entities in the entire nation, conducting continuous information dissemination on awareness on the

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prevention of ESRD, number of cases is still rising. Hemodialysis is considered disease and requires strict treatment regimen in order for afflicted patients to live longer, thus this study was conceptualized to help ESRD clients undergoing hemodialysis, for them to enjoy a longer quality of life with their love ones as well as to develop a community based health program to address their health needs and other related concerns.

This study will probe that there is no significant difference in the health status, level of adherence to the regimen of care and determinants affecting the health status and there is no significant relationship between health status and level of adherence; determinants affecting health status to the regimen of care and relationship between health status to determinants affecting the health status of ESRD clients.

## **V. PARTICIPATING SITES**

Hemotek Renal Center, Inc. – Bacnotan, La Union  
Hemotek Renal Center, Inc. – San Fernando City, La Union  
Avitus La Union Kidney Care and Dialysis Center Corp. – Rosario, La Union  
FMC Renal Care Corp. – Bethany Hospital, San Fernando City, La Union  
FMC Renal Care Corp. – LUMC, Agoo, La Union

## **VI. METHODOLOGY**

This study will be using the quantitative method specifically the descriptive survey with developmental approach. The participants are patients undergoing hemodialysis during the period August – November 2019. This will cover adults receiving hemodialysis for at least six (6) months, both sexes, eighteen (18) years old and above, regardless of religion, education, marital status and income. Likewise, hemodialysis nurses and significant others (watchers) of said clients are included in this study

The main gathering tool of this study is a constructed questionnaire that will be validated using the Content validity Index and will be tested for its reliability using the Spearman Brown Formula.

Data that will be gathered will be treated using the weighted mean for subproblem number 1 and 2, frequency counts and percentages for subproblem number 3, T-test for subproblem number 4 and Pearson Product Moment Coefficient of Correlation for subproblem number 5.

## **VII. ETHICAL CONSIDERATIONS**

First and foremost, the researcher will seek approval of this study to the Ethics Review Board of her institution. Researcher will go to the participating sites to recruit



participants. Potential participants will be asked their willingness to participate in the study. Each participant will be asked to sign an informed consent form translated in local dialect after explaining the purpose of the study, procedures, possible risks that may occur, confidentiality and voluntary participation. The general information about the study will be discussed to them. Participants that will signify their willingness to participate will be given a consent form to sign and afterwards, the validated questionnaire that they can take it home and will be collected on their next hemodialysis session. For their queries that may arise when they answer the questionnaire, they can call or send messages anytime to the researcher's mobile number indicated in the informed consent form.

Participants will not be coerced to participate in this study and no monetary remuneration will be given. When participants will experience severe psychological or emotional distress while answering the questionnaire, they may choose to skip the question or withdraw from the study.

All documents will be stored in a secured place and five (5) years after the completion of this study, all documents will be destroyed.

#### **VIII. Separability Clause**

protocol has been prepared by the researcher as approved by the Dean of the Graduate School. This will only apply to the researcher and the study being undertaken entitled "Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis".

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**Approved by:**

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School



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## **IX. REFERENCES**

Luyckx, V. et al (2017). The Global Burden of Kidney Disease and the Sustainable Development Goals. Retrieved from <https://www.who.int/Bulletin/volumes/96/6/17-206441/en/> on April 5, 2019

Poveda, V. et al. (2016). End-stage renal Adherence Questionnaire: Translation and Validation to the Portuguese Language. Retrieved from <https://www.tandfonline.Com/doi/full/10.1080/0886022X.2016.1209063> on March 20, 2019

Tacio, H. (2018). Kidney problems on the Rise. Retrieved from <https://businessmirror.com.ph/2018/04/05/kidney-problem-on-the-rise> on February 20, 2019

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**Appendix F**

**CERTIFICATION OF ETHICS REVIEW**

This is to certify that the proposed study of **MS. MARISSA D. MAPILE**, titled **Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis** has been reviewed based on the Code of Responsible research Conduct of the College and it has found to be of in adherence to the College CRRC after the proponent has complied with all the needed requirements as requested thereat.

In view of this, the proponent is now granted the go-signal to proceed on the data gathering as the responsible conduct of research has been established.

Issued this **15<sup>th</sup> day** of **August**, **2019** for the authority to conduct the study.

**Ethics Reviewers**

**(SGD) DR. EDMUND CABUSORA, EdD/PhD, Chairman**

Position: Senior Education Program Specialist

Agency: Department of Education

City of San Fernando, La Union

**(SGD) DR. MANELYN I. CACHO, Member**

Degree: Doctor of Philosophy in Science Education

Position: Asst. Director, Center for research development, Extension,  
Productivity, and Service Learning

Agency Affiliation: Union Christian College

**(SGD) DR. CHARMAINE ABENES, RN, MAN, Member**

Position: RLE Focal Person

Agency Affiliation: Union Christian College

**(SGD) TEOFILO B. DAMOCO, LPT, MAEd, Member**

Position: Research Coordinator

Agency Affiliation: Union Christian College

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## Appendix G

### INFORMED CONSENT

#### TITLE OF THE STUDY

ADHERENCE TO THE REGIMEN OF CARE OF ESRD CLIENTS UNDERGOING  
HEMODIALYSIS

#### PRINCIPAL INVESTIGATOR

NAME : MARISSA D. MAPILE  
DEPARTMENT : UNION CHRISTIAN COLLEGE –GRADUATE SCHOOL  
ADVISER : ROSE MERLYN M. JUBILO, RN, MAN, EdD  
ADDRESS : SAN FERNANDO CITY, LA UNION  
PHONE : 09338607244  
EMAIL : [mapile\\_marisa67@yahoo.com.ph](mailto:mapile_marisa67@yahoo.com.ph)

**PURPOSE OF THE STUDY:** You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what will involve. Please ask the researcher if there is anything that is not clear or if you need more information. This study aims to determine the adherence of ESRD clients as to their regimen of care. I would like to invite you to participate in this study which will serve as a basis in developing or enhancing a community-based health program for ESRD clients.

**STUDY PROCEDURES:** As a participant or respondent, you will be asked to answer the research questionnaire. The questionnaire will ask you to indicate your level of health status on hygiene, nutrition and rest; level of adherence on treatment, medication, diet and fluids; and lastly, as to what extent the determinants affecting your health status.

**RISK:** The researcher foresees minimal risk for those who choose to participate in this study. You might experience discomfort and anxiety in responding to the questions asked, you may choose to skip the question or withdraw from the study. There is no planned use of deception involved in this study.

**BENEFITS:** There are no foreseen direct benefits to your participation in this study but you would be a great help in providing vital inputs in developing a community-based health program for hemodialysis clients that may have a quality of life that they deserve as human beings. Participants will assist the researcher in the partial fulfillment for her Master of Arts in Nursing. There is no compensation associated in this study.

**CONFIDENTIALITY:** Your participation in this study and your responses will be treated with utmost confidentiality. Codes will be assigned for participants and documents will be kept in a locked place that only the researcher has an access as measures to preserve your confidentiality. Five years after the completion of this study, all documents will be destroyed.





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**VOLUNTARY PARTICIPATION:** Your participation in this study is voluntary. It is up to you to decide whether or not to participate in this study. If you decide to participate in this study, you will be ask to sign a consent form. After signing the consent form, you are still free to withdraw at anytime and without giving a reason.

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## CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation in this study is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that i will be given a copy of this consent form if I require.

I voluntarily agree to take part or participate in this study.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher's Signature (SGD) MARISSA D. MAPILE, RN, RM Date \_\_\_\_\_  
CP # 09338607244 / 09175624072



## Appendix H

### QUESTIONNAIRE VALIDATION FORM

I. INSTRUCTIONS: Using a rating scale of 1-4, where 1 is the lowest and 4 is the highest kindly rate each item accordingly under the following criteria.

#### Where:

#### A. RELEVANCE

- 4 – very relevant
- 3 – relevant but need revision
- 2 – item need revision
- 1 – not relevant

#### B. CLARITY

- 4 – very clear
- 3 – clear but need minor revision
- 2 – item need some revision
- 1 – not clear

#### C. SIMPLICITY

- 4 – very simple
- 3 – simple but need minor revision
- 2 – item need some revision
- 1 – not simple

#### D. AMBIGUITY

- 4 – meaning is clear
- 3 – no doubt but need minor revision
- 2 – item need some revision
- 1 - doubtful

#### PART I. Health Status of ESRD Diagnosed Clients

#### A. Hygiene

Indicators	Relevance	Clarity	Simplicity	Ambiguity
1. Practices good oral hygiene such as brushing of teeth at least three (3) times a day				
2. Practices good body hygiene such as daily bathing				
3. Practices handwashing in all daily activities				
4. Can take a bath by himself/herself				
5. Practices good grooming everyday such as styling of hair, shaving, trimming of fingernails and others				
6. Observes female/male hygiene such as gently wash the vagina with clean water, avoid strong soap, wear loose fitting cotton underwear for women. For men, wash the penis with soap and keeps the genitals dry				



7. Can wash face				
8. Cover nose when sneezing				
9. Can wash clothes regularly				
10. Maintain a sanitary home environment by having a clean house inside and out, proper segregation and disposal of wastes and others				

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### B.Nutrition

Indicators	Relevance	Clarity	Simplicity	Ambiguity
1. Seeks consultation/counseling from a nutritionist or dietitian				
2. Avoids of salty and fatty foods				
3. Aware of foods that are rich in potassium (e.g. bananas, oranges, steamed vegetables), sodium (e.g. salted or canned meat, sardines), phosphorous (e.g. meat, nuts and beans)				
4. Includes more fruits and vegetables in the diet but soaked vegetables in water for 30 minutes before cooking and 30 minutes for fruits before eating them				
5. Limit processed foods, fast food and restaurant food				
6. Eat foods that are high in protein such as meat, poultry, fish and eggs				
7. Plan with doctor or dietitian for guidance on daily food choices				
8. Not skipping meals				
9. Consultation with doctor prior to intake of natural health products and other food supplements				
10. Food taken daily are home cooked				



Comments/Suggestions: \_\_\_\_\_

**C.Rest**

Indicators	Relevance	Clarity	Simplicity	Ambiguity
1. Sleeps at night for at least 6-8hours				
2.Gets tired easily after light household chores such as sweeping, washing the dishes etc.				
3.Meditates such as taking deep breath exercise, stretching exercise, listens to soft music and others at least once a day				
4. Makes time to find enjoyment such as watching TV, playing card games and others				
5. Exercises daily but avoid lifting heavy objects				
6. Limits duration and frequency of daytime naps				
7.Maintains a quiet and peaceful environment				
8. Get a massage or back rub				
9.No alcohol, caffeine and heavy meals two (2) hours before bedtime				
10.Regularly takes warm bath and aromatherapy such as using balm or scented oil that provides pleasant smell that can be applied topically or can be inhaled				

Comments/Suggestions: \_\_\_\_\_

**PART II. Level of Adherence**

**A.Treatment**

Indicators	Relevance	Clarity	Simplicity	Ambiguity
1. Follows a strict treatment schedule such as hemodialysis schedule, takes prescribed medications regularly and on time.				



2. Abide by the prescribed duration of treatment (hemodialysis)				
3. Monitors regularly and as needed: a. weight				
b. blood pressure				
c. pulse rate				
d. temperature prior to treatment				
4. Talks with dialysis nurse or staff on symptoms felt during HD session/s like dizziness, nausea, body weakness and others				
5. Arrives on time during schedule of treatment				
6. Wear comfortable clothes or loose clothing during treatment				
7. Exercises the access arm (it's where the fistula is in placed) at least three times a day				
8. Keep access arm clean and moist				
9. Checks the access site for signs of infection such as redness and warmth				
10. Avoids traumatizing the arm where the access is located such as scratching, too much use of plaster tapes and adhesives				

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### B. Medication

Indicators	Relevance	Clarity	Simplicity	Ambiguity
1. Regular intake of medications as prescribed				
2. Regular visits to the doctor for follow-up				
3. Reports any adverse effect of drugs such as skin rashes, headache and GIT disturbances like constipation or diarrhea				
4. Speaks with pharmacist or doctor for any questions relating to medication				



5. Complies with the medication plan				
6. Reads label of medications including expiry date				
7. Store different medication in a different container with label				
8. Does not miss any dose of prescribed medications				
9. Stores medications in proper places away from sunlight				
10. Consults with doctor for any herbal medication, vitamins or food supplements				

Comments/Suggestions: \_\_\_\_\_

### C. Diet

Indicators	Relevance	Clarity	Simplicity	Ambiguity
1. Carefully plan meals with the help of a nutritionist or dietitian				
2. Limits foods that are rich in potassium (e.g. banana, oranges), sodium (e.g. salted and canned meat) and phosphorus (e.g. beans and nuts)				
3. Consults with physician for herbal and other food supplement				
4. Eats high protein foods such as fresh and lean meat, fish, chicken and eggs				
5. Maintain a healthy body weight as provided in a standard chart				
6. Promote better immunity to prevent illness or infection by eating the right food, exercise, get adequate sleep and rest				
7. Strictly follows the diet plan recommended by physician or dietitian				
8. Monitor and reports nutrition problem such as lack of appetite, changes in weight and energy level				
9. Ability to control				
a. what to eat				
b. what not to eat				



10. Involves self in the preparation of planned meal				
--	--	--	--	--

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_

#### D. Fluids

Indicators	Relevance	Clarity	Simplicity	Ambiguity
1. Complies with health education on fluid restrictions such as record the exact amount of fluid intake and monitor weight				
2. Complies fluid restriction recommendation such as limitation on fluid intake recommendation				
3. Aware of hidden fluids in foods such as gelatin, ice chips, ice cream, milk				
4. Stays cool to reduce thirst such as avoid activities that increase thirst e.g. staying under the sun, engaging in strenuous activities				
5. Sips beverages to savor the liquid longer				
6. Measures fluid to ensure correct amount of intake from 800 milliliter (ml) to one (1) liter				
7. Talks to doctor/dietitian about specific weight and fluid restriction goals				
8. Uses water bottle that is marked with your daily liquid goal in ounces or milliliters				
9. Avoids foods high in salt that cause increase in thirst and BP				
10. Measures urine and record to prevent dehydration				

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_

#### PART IV. Determinants Affecting the Health Status of ESRD clients Instructions:

Instructions: Using the scale of 1-5, where 1 is the lowest and 5 is the highest, rate each item as to their extent.





1. To what extent do the following determinants affect your health status as ESRD clients as to:

Determinants	5	4	3	2	1
<b>A. Physical</b>					
1. Fatigue – feeling of tiredness/lack of energy					
2. Nausea – sensation of wanting to vomit					
3. Muscle pain					
4. Underweight/weight loss –has a low weight/decrease in body weight due to voluntary or involuntary circumstances					
5. Poor work capacity- lesser work that can be					
6. Dizziness					
7. Vomiting					
8. Lack of appetite					
9. Sexual problem					
10. Problem in the access site					
11. Dependency on others					
12. Inability to sleep					
13. Easy fatigability					
14. Others (please specify)					
<b>B. Social</b>					
1. Feeling isolated/alienated					
2. No time for family/friends					
3. No leisure time/pleasure due to illness and lack of money for leisure due to high cost of treatment					
4. Cannot associate with friend/s due to illness she/he has developed insecurity, self-pity and shyness					
5. Loss of freedom					
6. Others (please specify)					
<b>C. Economic</b>					
1. Difficulty in finances to meet the demands of hemodialysis treatment					
2. Inability to complete dialysis sessions					
3. Delay in intake of prescribed medications					
4. Unemployment					
5. Lack of financial support from family					
6. Lack of financial support from government					
7. Non-compliance with physician's order due to lack of money					





8. Non-regular attendance to dialysis sessions due to no fare, lack of money					
9. Others (please specify)					
<b>D.Emotional</b>					
1.Depressed					
2.Irritability/Hot-tempered					
3.Anxiety- lingering apprehension, chronic sense of worry or tension					
4.Low self-esteem					
5..Feeling useless					
6..Fear – a reaction to danger					
7.Frustration/sense of disappointment- is a type of anger/sadness					
8.Despair/hopelessness					
9.Suicidal tendency					
10.thers (please specify)					
<b>E.Spiritual</b>					
1. Anger towards God					
2. Lack of meaning/purpose in life					
3. Lack of spiritual assistance such as spiritual counseling					
4. Non-attendance to church services					
5. Loss of faith					
6. Change in belief					
7. Sense of hopelessness					
8. Others (please specify)					

CRITERIA	4	3	2	1
Relevance				
Clarity				
Simplicity				
Ambiguity				

Comments/Suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



2. Do you have comments, recommendations to improve the processes, prevention and improvement of dialysis program for better health? (Please specify).

CRITERIA	4	3	2	1
Relevance				
Clarity				
Simplicity				
Ambiguity				

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_

**II.COMMENTS/SUGGESTIONS ON THIS QUESTIONNAIRE VALIDATION FORM**

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## Appendix I

### Validation Result

PART I.		VALIDATOR	VALIDATOR	VALIDATOR	VALIDATOR	VALIDATOR	
HEALTH							
STATUS	CRITERIA	1	2	3	4	5	WM
A. HYGIENE	RELEVANCE	3.90	4.00	4.00	4.00	4.00	3.98
	CLARITY	3.90	3.60	4.00	4.00	4.00	3.90
	SIMPLICITY	3.80	4.00	4.00	4.00	4.00	3.96
	AMBIGUITY	3.90	3.70	4.00	4.00	4.00	3.92
B. NUTRITION	RELEVANCE	4.00	4.00	4.00	4.00	4.00	4.00
	CLARITY	4.00	3.70	4.00	4.00	4.00	3.94
	SIMPLICITY	4.00	3.80	4.00	4.00	4.00	3.96
	AMBIGUITY	4.00	3.80	4.00	4.00	4.00	3.96
C. REST	RELEVANCE	4.00	4.00	3.70	4.00	4.00	3.94
	CLARITY	4.00	3.80	3.50	4.00	4.00	3.86
	SIMPLICITY	4.00	3.90	3.70	4.00	4.00	3.92
	AMBIGUITY	4.00	3.70	3.50	4.00	4.00	3.84
PART II.LEVEL OF ADHERENCE							
A. TREATMENT	RELEVANCE	4.00	4.00	3.90	4.00	4.00	3.98
	CLARITY	4.00	3.80	3.90	4.00	4.00	3.94
	SIMPLICITY	4.00	4.00	3.90	4.00	4.00	3.98
	AMBIGUITY	4.00	3.80	3.90	4.00	4.00	3.94
B. MEDICATION	RELEVANCE	4.00	4.00	4.00	4.00	4.00	4.00
	CLARITY	4.00	3.80	4.00	4.00	4.00	3.96
	SIMPLICITY	4.00	3.90	4.00	4.00	4.00	3.98
	AMBIGUITY	4.00	3.70	4.00	4.00	4.00	3.94
C. DIET	RELEVANCE	4.00	4.00	4.00	4.00	4.00	4.00
	CLARITY	4.00	4.00	4.00	4.00	4.00	4.00
	SIMPLICITY	4.00	4.00	4.00	4.00	4.00	4.00
	AMBIGUITY	4.00	3.90	4.00	4.00	4.00	3.98
D. FLUIDS	RELEVANCE	4.00	4.00	4.00	4.00	4.00	4.00
	CLARITY	4.00	3.50	4.00	4.00	4.00	3.90
	SIMPLICITY	4.00	3.50	4.00	4.00	4.00	3.90



AMBIGUITY	4.00	3.60	4.00	4.00	4.00	3.92
-----------	------	------	------	------	------	------

PART III.Determinants Affecting the Health status of ESRD

Clients

1.To what  
extent o the  
following  
determinants  
affect your  
health status  
as ESRD  
clients?

RELEVANCE	4.00	4.00	4.00	4.00	4.00	4.00
CLARITY	4.00	4.00	4.00	4.00	4.00	4.00
SIMPLICITY	4.00	4.00	4.00	4.00	4.00	4.00
AMBIGUITY	4.00	4.00	4.00	4.00	4.00	4.00

2.Do you have  
comments,  
recommenda-  
tions to  
improve the  
processes,  
prevention  
and  
improvement  
of dialysis  
programfor  
better health?  
(Please  
specify)

RELEVANCE	4.00	4.00	4.00	4.00	4.00	4.00
CLARITY	4.00	4.00	4.00	4.00	4.00	4.00
SIMPLICITY	4.00	4.00	4.00	4.00	4.00	4.00
AMBIGUITY	4.00	4.00	4.00	4.00	4.00	4.00

GWM 3.85

FINAL RESULT

	RELEVANCE	CLARITY	SIMPLICITY	AMBIGUITY
Question#1	3.98	3.90	3.96	3.92
Question#2	4.00	3.94	3.96	3.96
Question#3	3.94	3.86	3.92	3.84
Question#4	3.98	3.94	3.98	3.94
Question#5	4.00	3.96	3.98	3.94



## REGIMEN OF CARE OF ESRD CLIENTS

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Question#6	4.00	4.00	4.00	3.98
Question#7	4.00	3.90	3.90	3.92
Question#8	4.00	4.00	4.00	4.00
Question#9	4.00	4.00	4.00	4.00
<u>TOTAL</u>	35.9	35.50	35.70	35.50
<u>AVM</u>	3.98	3.94	3.96	3.94
Very				
DER	Relevant	Very Clear	Very Simple	Meaning is Clear

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**Appendix J**  
**Validation Value**

Numerical Rating	Scale of Values	Descriptive Equivalent Rating				Descriptive Interpretation
		Relevance	Clarity	Simplicity	Ambiguity	
4	3.50 - 4.00	Very Relevant	Very Clear	Very Simple	Meaning is Clear	Very Highly Valid
3	3.00 - 3.49	Relevant but need revision/s	Clear but need minor revision/s	Simple but need minor revision/s	No doubt but need minor revision/s	Highly Valid
2	1.50 - 2.99	Item need revision/s	Item need some revision/s	Item need some revision/s	Item need some revision/s	Valid
1	1.00 - 1.49	Not Relevant	Not Clear	Not Simple	Doubtful	Not Valid

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## Appendix K

### Test for Reliability Result

#### Reliability

#### Scale: ALL VARIABLES

**Case Processing Summary**

		N	%
Cases	Valid	121	100.0
	Excluded <sup>a</sup>	0	.0
	Total	121	100.0

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.892	.890	25



Item Statistics

	Mean	Std. Deviation	N
1	3.55	.645	121
2	3.45	.645	121
3	3.63	.634	121
4	3.31	.719	121
5	3.28	.829	121
6	3.72	.721	121
7	3.67	.757	121
8	2.85	1.256	121
9	4.36	.632	121
10	3.97	.930	121
11	3.94	.809	121
12	3.97	.730	121
13	3.52	.905	121
14	3.57	.947	121
15	3.40	1.295	121
16	3.74	1.076	121
17	3.84	.975	121
18	2.69	.794	121
19	3.74	1.015	121
20	2.98	.861	121
21	3.45	1.218	121
22	4.57	.603	121
23	4.54	.684	121
24	3.31	1.161	121
25	3.69	.904	121





## Appendix L Questionnaire

### Adherence to the Regimen of care of ESRD Clients Undergoing Hemodialysis Questionnaire English-Iloko Version

*Dagiti saludsod maipanggep iti Panangtaripato ti Kabuoan iti Hemodialysis*

#### PART I. Health status of ESRD diagnosed clients (*Estado ti Salun-at ti ESRD nga Kliyente*)

Direction: Please indicate your level of health status with each statement. Place a check “√” on the corresponding box where:

*Direksyon: Kur-itan ti tsek “√” diay pakaibatugan ti salun-at. Ikabil idia umno nga kahon a pakaibatugan ti sungbat.*

- 5 – Excellent (*Kanayon nga ar-aramiden*)
- 4 – Very Good (
- 3 – Good (*ar-aramiden*)
- 2 – Fair (*Sagpaminsan nga ar-aramiden*)
- 1 – Poor (*Haan nga ar-aramiden*)

#### A. Hygiene (*Panaglinis ti bagi*)

Indicators	5	4	3	2	1
1. Practices good oral hygiene such as brushing of teeth at least three (3) times a day <i>Ar-aramiden amin nga annungen a pagsayaatan ti kinadalus ti amin a parte ti ngiwat as kas panagtoothbrush ti ngipin iti mamitlo maysa nga aldaw</i>					
2. Practices good body hygiene such as daily bathing <i>Agdigdigus a binigat</i>					
3. Practices handwashing in all daily activities <i>Agbugbuggo ti ima kalpasan iti aniaman nga aramiden a trabaho</i>					
4. Can take a bath by himself/herself <i>Makadigos nga maymaysa</i>					
5. Practicess good grooming everyday such as styling or combing hair, trimming of fingernails and other <i>Ar-aramiden amin nga annungen tapno nasayaat ti postura na nga inaldawa kas panagsagaysay ti bouk, panagputed ti kuko no atiddog ken daduma pay</i>					



6.Observes female/male hygiene such as gently wash the vagina with water, avoid strong soap, wear loose fitting cotton underwear for women.For men, wash the penis daily with soap and keep the genitals dry <i>Paspasayaaten na ti kina dalos iti kinatatao na a kas panag ugas nga naannad ti pribado nga parte iti nalinis nga danum, haan nga agusar iti napigsa nga sabon para iti babae. Para iti lalaki,panag ugas ti pribado nga parte iti sabon ken kanayaon nga namaga</i>					
7.Can wash face <i>Masango na nga ugasan ti rupa na</i>					
8.Covers nose when sneezing <i>Agkalub ti agong no agbaen</i>					
9.Can wash clothes regularly <i>Makalaba ti bado na a kanayon</i>					
10.Maintains a sanitary home environment by having a clean house inside and out, proper segregation and disposal of waste and others <i>Kanayon a nalinis ti aglawlaw ti pagtaengan uneg ken rua, husto nga pagsina ken panagibelleng iti basura</i>					

B.Nutrition (*Nutrisyon*)

Indicators	5	4	3	2	1
1.Seeks consultation/counseling from a nutritionist or dietitian <i>Mangonsulta iti nutritionist o dietitian</i>					
2.Avoids of salty and fatty foods <i>Haan nga mangmangan ti naapgad ken namantika nga makmakan</i>					
3.Aware of foods that are rich in potassium (e.g. banana, oranges, steamed vegetables), sodium (e.g. salted and canned meats, sardines) and phosphorus (e.g. potatoes,nuts, beans) <i>Ammo na ti makmakan nga nangato ti potassium (a kas iti saba, kahel,inlambong nga natnateng) sodium ( a kas iti naapgad ken de lata nga karne, sardinas) ken phosphorous ( a kas iti patatas, bukbukel)</i>					
4.Includes more fruits and vegetables in the diet but soaked vegetables in water for 30 minutes before cooking and 30 minutes for fruits before eating <i>Kanayon nga mangmangan ti prutas ken natnateng ngem iuper iti danum iti trenta minutosbago iluto ken trenta minutes para iti prutas bago kanen</i>					



5.Limits processed foods, fast food and restaurant food <i>Limitado ti kankanen nga naproseso, fast food ken restaurant nga panganan</i>					
6.Eat foods that are high in protein such as meat, poultry, fish and eggs <i>Mangmangan i ti naprotina nga taraon as kas iti karne, manok, sida ken itlog</i>					
7.Plans with doctor or dietitian for guidance on daily food choices <i>Kaduana nga agplano ti doctor na wenno dietitian no ania ti nasken nga kanen na iti inaldaw-aldaw</i>					
8.Not skipping meals <i>Haan nga aglabso iti pinnangan</i>					
9.Consults with doctor prior to intake of natural health products and other food supplements <i>Kumunsulta nga umuna ti doctor sakbay nga agaramat kadagiti herbal ken dadduma nga agas</i>					
10.Food taken daily are home cooked <i>Luto laeng ti balay ti kankanen na nga inaldaw</i>					

C.Rest (Panaginana)

Indicators	5	4	3	2	1
1.Sleeps at night for at least 6-8hours <i>Makaturrog iti 6-8 nga oras kada rabii</i>					
2.Gets tired easily after light household chores suchs as sweeping, washing the dishes and others <i>Mabannog a dagus malpas nga agwalis, aginnaw iti plato</i>					
3.Meditates such as taking deep breath exercise, stretching exercise, listens to soft music and others at least once a day <i>Adda panawen na nga agrellax maminsan iti maysa nga aldaw a kas iti nauneg nga panag anges,panag unnat nga ehersisyo, panagdenggeg iti nainayad nga tugtog</i>					
4.Makes time to find enjoyment such as watching TV, playing cards and light games and others <i>Agaramid iti wagas nga makapabang-ar a kas iti panagbuya iti TV, panag ay ayam iti baraha ken nalalag an ng ay ayam ken daduma pay</i>					
5.Exercises daily but avoid lifting heavy objects <i>Agwatwatwat nga inalda, saan nga agawit iti nadadagsen nga bagay</i>					



6.Limits duration and frequency of daytime naps <i>Limitado ti kinaattiddog ken kanayon nga pinagturog na ti aldaw</i>					
7.Maintains a quiet and peaceful environment <i>Naulimek ti aglawlaw na</i>					
8.Get a massage or back rub <i>Agpapamasahe wenno agpapailot iti likod na</i>					
9.No alcohol, caffeine and heavy meals two (2) hours before bedtime <i>Haan nga umininom iti arak, kape ken mangmangan ti adu duwa nga oras sakbay a maturog</i>					
10.Regularly takes warm bath and aromatherapy such as using balm or scented oil that provides pleasant smell that can be applied topically or can be inhaled <i>Regular nga agdigdigus iti napudot ken nabanglo a kas iti aprus ken nabanglo a lana nga mabalin nga iaprus wenno anguten</i>					

## PART II. Level of Adherence ( *Pigsa ti pang umanamong* )

Direction: Please indicate your level of adherence with each statement. Place a check “√” on the corresponding box where:

*Direksyon: Kur-itan ti tsek “√” diay pakaibatugan ti salun-at. Ikabil idia y umno nga kahon*

5 – Very high (*Kangatuan nga pang umanamong*)

4 – High (*Nangatngato nga pang umanamong*)

3 – Moderate (*Nangato nga pang umanamong*)

2 – Low (*Nababa nga pang umanamong*)

1 – Non-adherent (*Haan nga umanamong*)

## A.Treatment (*Panag-agas*)

Indicators	5	4	3	2	1
1.Follows a strict treatment schedule such as hemodialysis schedule, takes prescribed medications regularly and on time <i>Sursuruten na a kanayon iti naitadya nga oras iti pinag agas na a kas iti oras iti panag dialysis, regular ken husto nga oras nga panag inom iti nareseta nga agas</i>					
2.Abide by the prescribed duration of treatment (hemodialysis) <i>Ar-aramiden na iti naitadya nga panaoen iti panag agas na (hemdialysis)</i>					
3.Monitors regularly and as needed the : <i>Kanayon nga al-alaen na ti:</i>					



a. weight ( <i>timbang</i> )					
b. blood pressure ( <i>presyon ti dara</i> )					
c. pulse rate ( <i>kinapartak ti pulso</i> )					
d. temperature prior to treatment ( <i>bara iti bagi</i> )					
4.Talks with dialysis nurse or staff on symptoms felt during HD session/s like dizziness, nausea, body weakness and others <i>Ibagbagana amin nga marikna na kadagiti dialysis nars/staff kada maaramid iti hemodialysis a kas iti panag ulaw,makasarsarwa, panagkapsot ti bagi ken daduma pay</i>					
5.Arrives on time during schedule of treatment <i>Nasapa ken eksakto nga dumteng kada oras iti panag-agas na</i>					
6.Wears comfortable clean/fresh clothes or loose clothing during treatment <i>Agbado ti comfortable, nalinis/napresko nga bado kada oras ti panag –agas</i>					
7.Exercises the access arm (it is where the fistula is in placed) at least three times a day <i>Watwatiwatan na ti imana nga ususaren kadda dialysis mamitlo kada aldaw</i>					
8.Keep access arm clean and moist <i>Aramiden na nga nalinis a kanayon ti ayan ti ususaren nga ima ti panag-agas</i>					
9.Checks the access site for signs of infection such as redness and warmth <i>Kitaen na ti ima nga ususaren ti panag-agas iti sintomas ti impeksyon a kas panaglabbaga ken napudot</i>					
10.Avoids traumatizing the arm where the access is located such as scratching, too much use of plaster tapes and adhesives <i>Annadan na ti ima na nga ususaren nga panag-agas a kas iti saan nga pangkudkud, panag usar ti adu nga plaster</i>					

#### B.Medication (Agas)

Indicators	5	4	3	2	1
1.Regular intake of medications as prescribed <i>Kanayon mga uminom dagiti naireseta nga agas</i>					
2.Regular visits at doctor for follow-up <i>Regular nga apan agpacheck up ti doctor na</i>					



3.Reports any adverse effect of drugs such as skin rashes, nausea, dizziness, headache and GIT disturbances like constipation or diarrhea <i>Ibagbagana dagiti madi nga epekto dagiti agas nga in-inumen na a kas iti gatgatel iti kudil, panag ulaw, makasarsarwa, sakit ti ulo ken panagtakki ken narigat nga panagtakki</i>					
4.Speaks with pharmacist or doctor for any questions relating to medication <i>Agsalsaludsud iti aniaman mainaig iti ag-agas na kadagiti pharmacist o doctor</i>					
5.Complies with the medication plan <i>Sursuruten na ti naaramid nga oras ti panag inom ti agas na</i>					
6.Reads label of medications including expiry date <i>Basbasaen na dagiti nagnagan ti ag agas na ken ti petsa nga ag expire ti agas</i>					
7.Stores different medication in a different container with label <i>Ikabil na iti ag agas na ti pagikkan nga adda nagan na</i>					
8.Does not miss any dose of prescribed medications <i>Haan nga aglabso ti panag inom na ti naireseta nga agas</i>					
9.Stores medications in proper places away from sunlight <i>Idulin na ti ag agas ti husto nga lugar nga adayo ti init</i>					
10.Consults with doctor for any herbal medication, vitamins or food supplements <i>Kumunsulta iti doctor bago uminom ti hebal nga agas o bitamina ken food supplements</i>					

C.Diet (*Makan*)

Indicators	5	4	3	2	1
1.Carefully plan meals with the help of a nutritionist or dietitian <i>Agplano ti makan na babaen ti tulong ti nutritionist o dietitian</i>					
2.Limit foods that are rich in potassium (e.g. banana, oranges), sodium (e.g.salted and canned meat, sardines) and phosphorus (e.g. beans, nuts) <i>Limitasyon ti panag kaan ti kankanen nga adu ti potassium( a kas iti saba, kahel), sodium ( naapggad ken de lata nga karne, sardinas) ken phosphorous ( a kas iti bukbukel, mani)</i>					
3.Consults with physician for herbal and other food supplement <i>Kumunsulta nga umuna iti doctor para iti panag kaan ti hebal wenno food supplement</i>					



4.Eats high protein foods such as fresh and lean meat, fish, chicken and eggs <i>Mangmangan ti makmakan nga nangato ti protina na a kas sida, karne, manok ken itlog</i>					
5.Maintains a healthy body weight as provided in a standard chart <i>Sursuruten na ti husto nga timbang babaeniti naited nga husto nga panagrukod</i>					
6.Promotes better immunity to prevent sickness or infection by eating the right food, exercise, get adequate sleep and rest <i>Itandudo na ti nasayaat nga panag adayo ti saksakit babaen iti panag kaan iti husto nga taraon, ehersisyo, husto nga panagturog ken panaginana</i>					
7.Strictly follow the diet plan recommended by physician or dietitian <i>Sursuruten na ti naitadya nga makmakan a kas rekomendasyon ti doctor wenno dietitian</i>					
8.Monitor and reports nutrition problem such as lack of appetite, changes in weight and energy level <i>Bantayan ken ipadamag na no ania man ti dumteng nga problema na maepanggep ti kaan a kas awan ti ganas na nga mangan, panagsabi ti timbang ken panagkapsot na</i>					
9.Ability to control ( <i>Abilidad nga mangtengngel ti</i> ) a. what to eat ( <i>husto nga kanen</i> )					
b. what not to eat ( <i>haan nga husto nga kanen</i> )					
10.Involves self in the preparation of planned meal <i>Makibiang iti panagsagana iti naitadya nga makan na</i>					

D.Fluids ( Panag-inom)

Indicators	5	4	3	2	1
1.Complies with health education on fluid restrictions such as record the exact amount of fluid intake and monitor weight <i>Sursureten na ti panag sursuro ti naimbag nga salun-at maipanggep ti limitasyon ti paag inom ti danum babaen iti panagsurat o record ti husto nga sukat ti danum nga inumen ken panagmonitor ti timbang</i>					
2.Complies with fluid restriction such as limitation on fluid intake recommendation <i>Sursuruten na ti rekomendasyon iti limitado nga pag inom ti danum</i>					





3.Aware of hidden fluids in foods such as gelatin, ice chips, ice cream, milk <i>Ammo na dyay nakadulin nga danum iti dadduma nga makmakan a kas iti gelatin, ice, ice cream, gatas</i>					
4.Stays cool to reduce thirst such as avoid activities that increases thirst e.g. staying under the sun, engaging in strenuous activities <i>Agpapresko tapno haan mawaw a kas saan nga agaramid ti aktibidad nga makapawaw kasla ti saan nga agpinit ken saan nga agtrabaho iti makabannog la unay nga aktibidad</i>					
5.Sips beverages to savor the liquid longer <i>Uminom nga naanayad ken nabayag</i>					
6.Measures fluid to ensure correct amount of intake from 800 milliliter (ml) to one (1)liter <i>Sukaten na ti inomen na nga danumtapno husto ti sukat nga 800 ml agingana maysa nga litro</i>					
7.Talks to doctor/dietitian about specific weight and fluid restriction goals <i>Katongtongen na ti doctor o dietitian maipanggep ti husto nga timbang ken limitasyon ti pag inom ti danum</i>					
8.Uses water bottle with calibrations in ounces or milliliters to indicate liquid goals/requirement <i>Agusar to bote nga ada marka na tapno husto ti sukat nga mainom</i>					
9.Avoids food high in salt that cause increase in thirst and BP <i>Haan nga mangan ti naapgad nga makan tapno malimitaan ti panna ka waw ken panagnato ti presyon</i>					
10.Measures urine and record to prevent dehydration <i>Panagsukat iti isbu ken panagsurat o record tapno malappedan ti panag awan ti danum ti bagi</i>					

### PART III. Determinants Affecting the Health Status of ESRD clients

#### *Sumagannad nga Makaapekto ti Estado ti Salun-at dagiti ESRD clients*

Instructions: Using the scale of 1-5, where 1 is the lowest and 5 is the hisgest, rate each item as to their extent.

*Pakipatgan ti sumaganad manipud 1-5, 1 iti pinnakababa nga grado ken 5ti pinakangato nga grado.*

1. To what extent do you think do these determinants affecting your health status as ESRD clients?

*Kasatno ti kalawa o kadakkel a pagarup yo ket makasagannad nga makaapekto ti estado ti salun-at yo a kas ESRD nga kliyente?*





Determinants	5	4	3	2	1
<b>B. Physical (<i>Maipapan ti Bagi</i>)</b>					
1.Fatigue-feeling of tiredness/lack of energy ( <i>Rikna nga nabannog o awan pigsá</i> )					
2.Nausea-sensation of wanting to vomit ( <i>Makasarsarwa</i> )					
3.Muscle pain ( <i>nasakit ti pispiskel</i> )					
4.Underweight/weight loss- has a low weight/decrease in body weight due to voluntary or involuntary circumstances ( <i>Nababa nga timbang/panagbaba ti timbang gapu iti boluntaryo, pagayatan o haan nga pagayatan nga pasamak</i> )					
5.Poor work capacity- lesser work that can be perform ( <i>Bassit ti matrabahuan</i> )					
6.Dizziness ( <i>pannakaulaw</i> )					
7.Vomiting ( <i>Agsarwa</i> )					
8.Lack of appetite ( <i>Awan ganas nga mangan</i> )					
9.Sexual problem ( <i>Problema a sekswal</i> )					
10.Problem in the access site ( <i>Problema dyay parte nga ususaren para dialysis</i> )					
11.Dependency on others ( <i>Pannakadependente ti sabali</i> )					
12.Inability to sleep ( <i>Haan makaturturog</i> )					
13.Easy fatigability ( <i>Mabaiit nga mabannog</i> )					
14.Others (please specify) ( <i>Daduma pay, pakibaga</i> )					
<b>C. Social (<i>Maipapan ti Panagkakadua</i>)</b>					
1.Feeling isolated/alienated ( <i>Rikna nga maisinsina</i> )					
2.No time for family/friends ( <i>Awan oras na iti pamilya/gayyem</i> )					
3.No leisure time/pleasure due to illness and no money for leisure due to high cost of treatment ( <i>Awan panawen na nga agraksak gapu ti kinaawan ti kwarta ken nangina nga panag agas</i> )					
4.Cannot associate with friend/s due to illness he/she has developed insecurity, self-pity and shyness ( <i>Haan makikadua ti gagayyem na gapu iti sakit na ket naaddaan iti saan nga natalged,ayayayenna ti bagina ken panagbabain</i> )					
5.Loss of freedom ( <i>Rikna nga awanan wayawaya</i> )					
6.Others (please specify) ( <i>Daduma pay, pakibaga</i> )					
<b>D. Economic ( <i>Pangsalimetmet ti Kayamanan o Sanikua</i>)</b>					



1.Difficulty in finances to meet the demands of hemodialysis treatment ( <i>Awan ti kuarta para iti pangkasapulan na iti pang hemodialysis</i> )					
2.Inability to complete dialysis sessions ( <i>Haan na makompleto ti dialysis nga sesyon</i> )					
3.Delay in intake of prescribed medications ( <i>Matantantan ti panga inom na iti nareseta nga agas</i> )					
4.Unemployment ( <i>Awan ti trabaho</i> )					
5.Lack of financial support from family ( <i>Kurang suporta ti pamilya</i> )					
6.Lack of financial support from government ( <i>Kurang o awan suporta ti goyrerno</i> )					
7.Non-compliance with physician's order due to lack of money ( <i>Haan nga makatulnog iti ibilin ti doctor gapu iti kina awan ti kwarta</i> )					
8.Non-regular attendance to dialysis sessions due to no fare, lack of money ( <i>Haan nga regular iti itataripnong ti dialysis sesyons gapu ti kinaawan ti pang plete ken kinaawan ti kwarta</i> )					
9.Others (please specify) ( <i>Daduma pay, pakibaga</i> )( <i>pangarigan ket health insurance</i> )					
<b>E. Emotional (<i>Managrikna</i>)</b>					
1.Depressed ( <i>Managladladingit</i> )					
2.Irritability/Hot-tempered ( <i>Managungunget/Napudot ti ulo</i> )					
3.Anxiety – lining apprehension, chronic sense of worry or tension ( <i>Mariribukan</i> )					
4.Low self-esteem ( <i>Nababa ti kita na ti bagi na</i> )					
5.Feeing useless ( <i>Rikna nga awan serserbi na</i> )					
6.Fear- a reaction to a danger ( <i>Mabuteng</i> )					
7.Frustration/ sense of disappointment – is a type of anger ( <i>Napaay</i> )					
8.Despair ( <i>Naliday</i> )					
9.Suicidal tendency ( <i>Gagangay nga agpakamatay</i> )					
10.Others (please specify) ( <i>Daduma pay, pakibaga</i> )					
<b>F. Spiritual (<i>Nasantuan</i>)</b>					
1.Anger towards God ( <i>Unget ti Diyos</i> )					
2.Lack of meaning/purpose in life ( <i>Awan kaipapanan/ tarigagay ti biag</i> )					
3.Lack of spiritual assistance such as spiritual counseling ( <i>Awan ti nasantuan nga tulong as kas nasantuan nga panagbagbaga</i> )					



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4.Non-attendance to church services ( <i>Haan nga tumaripnong iti serbisyo ti simbaan</i> )					
5.Loss of faith ( <i>Naawan ti pammati</i> )					
6.Change in belief ( <i>Panagsabali iti pammati</i> )					
7.Sense of hopelessness ( <i>Kaawanan iti namnama</i> )					
8.Others (please specify) ( <i>Daduma pay, pakibaga</i> )					

PART IV. Do you have comments, recommendations to improve the processes, prevention and improvement of dialysis program for better health? (Please specify).

*(Adda kadi komento, rekomendasyon tapno mapasayaat ti proseso, maprebentaran ken mapasayaat ti programa ti dialysis?)*

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**Appendix M**  
**Supplemental Data**

**PART I. Health Status of ESRD Diagnosed Clients**

**A. HYGIENE**

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
		5			4			3			2			1	
1. Practices good oral hygiene such as brushing of teeth at least three (3) times a day	13	118	107	5	51	67	2	13	18	0	1	1	0	0	1
2. Practices good body hygiene such as daily bathing	12	117	102	5	53	62	3	9	26	0	4	2	0	0	2
3. Practices handwashing in all daily activities	12	128	108	4	40	48	3	15	34	1	0	3	0	0	1
4. Can take a bath by himself/herself	12	128	102	5	40	50	3	9	34	0	2	3	0	4	5
5. Practices good grooming everyday such as styling or combing hair, trimming of fingernails and others	12	113	98	6	47	60	2	20	28	0	2	6	0	1	2
6. Observe female/male hygiene such as gently wash the vagina with clean water avoid strong soap, wear loose fitting cotton underwear for women. For men, wash the penis daily with soap and keep the genitals dry	12	120	97	5	51	65	3	9	25	0	2	5	0	1	2
7. Can wash face	14	114	95	4	47	65	2	17	27	0	3	3	0	2	4
8. Covers nose when sneezing	11	94	82	4	65	66	4	20	42	1	3	2	0	1	2
9. Can wash clothes regularly	0	72	67	6	50	61	3	24	41	1	19	11	3	18	14
10. Maintains a sanitary home environment by having a clean house inside and out, proper segregation and disposal of waste	12	98	81	2	56	68	5	20	38	1	6	6	0	3	1
<b>Total</b>	<b>110</b>	<b>1102</b>	<b>939</b>	<b>46</b>	<b>500</b>	<b>612</b>	<b>30</b>	<b>156</b>	<b>313</b>	<b>4</b>	<b>42</b>	<b>42</b>	<b>3</b>	<b>30</b>	<b>34</b>



B.NUTRITION

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5			4			3			2			1		
1. Seeks consultation/counseling from a nutritionist or dietitian	3	47	45	8	73	97	5	43	41	3	15	8	1	5	3
2. Avoids of salty and fatty foods	7	71	68	7	79	81	4	26	36	2	5	6	0	2	3
3.Aware of foods that are rich in potassium (e.g.bananas, oranges, steamed vegetables). Sodium (e.g. salted or canned meat, sardines), phosphorous (e.g.nuts, beans)	7	69	54	10	79	86	3	29	43	0	4	8	0	2	3
4. Includes more fruits and vegetables in the diet but soaked vegetables in water for 30 minutes before cooking and 30 minutes for fruits before eating them	4	57	38	8	59	73	6	46	60	2	16	19	0	5	4
5. Limit processed foods, fast food and restaurant food	4	56	57	8	72	74	8	41	45	0	10	14	0	4	4
6. Eat foods that are high on protein intake such as meat, poultry, fish and eggs	7	69	64	8	81	69	5	26	51	0	6	9	0	1	1
7.Plans with doctor or dietitian for guidance on daily food choices	4	51	37	9	75	80	7	39	55	0	16	18	0	2	4
8. Not skipping meals	5	75	65	7	76	69	5	28	51	2	2	9	1	2	0
9. Consults with doctor prior to intake of natural health products and other food supplements	3	79	60	13	68	75	2	29	50	2	4	7	0	3	2
10. Food taken daily are home cooked	5	74	57	9	74	72	5	31	50	1	2	13	0	2	2
Total	49	648	545	87	736	776	50	338	482	12	80	111	2	28	26



C.REST

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5	4	3	2	1										
1. Sleeps at night for at least 6-8hours	4	77	70	10	62	60	5	26	37	1	13	25	0	5	2
2. Gets tired easily after light household chores such as sweeping, washing the dishes and others	4	54	32	10	68	66	5	41	63	1	9	22	0	11	11
3. Meditates such as taking deep breaths exercise, stretching exercise, listens to soft music and others at least once a day	2	50	52	7	72	56	11	40	64	0	18	19	0	3	3
4. Makes time to find enjoyment such as watching TV, playing card games and others	7	72	52	5	63	73	8	32	51	0	10	13	0	6	5
5. Exercises daily but avoid lifting heavy objects	5	61	45	11	54	57	3	55	69	1	8	16	0	5	7
6. Limits duration and frequency of daytime naps	2	44	37	9	76	74	8	48	67	1	11	15	0	4	1
7. Maintains a quiet and peaceful environment	9	56	56	6	75	75	4	38	46	1	11	15	0	3	2
8. Get a massage or back rub	3	41	35	5	56	45	11	45	66	1	25	37	0	16	11
9. No alcohol, caffeine and heavy meals two (2) hours before bedtime	7	79	67	7	61	80	3	14	27	2	11	10	1	18	10
10. Takes warm bath and aromatherapy such as using balm or scented oil that provides pleasant smell that can be applied topically or can be inhaled	4	61	47	4	50	69	8	30	51	3	21	17	1	21	10
Total	47	595	493	74	637	655	66	369	541	11	137	189	2	92	62



## PART II. Level of Adherence

### A. TREATMENT

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
		5			4			3			2			1	
1.Follows a strict treatment schedule such as hemodialysis schedule, takes prescribed medications regularly and on time	10	97	78	8	67	82	1	17	32	1	1	0	0	1	2
2.Abide by the prescribed duration of treatment (hemodialysis)	13	96	73	5	66	74	2	16	34		4	11	0	1	2
3. Monitors regularly and as needed:															
a. weight	14	99	73	4	50	56	2	28	55	0	4	8	0	2	2
b. blood pressure	13	108	79	6	42	61	1	28	40	0	5	12	0	0	2
c. pulse rate	13	95	66	6	45	62	1	34	51	0	7	13	0	2	2
d. temperature prior to treatment	13	87	57	4	47	63	2	38	54	1	7	17	0	4	3
4.Talks with dialysis nurse or staff on symptoms felt during hemodialysis sessions session/s like dizziness, nausea, body weakness and others	13	100	76	6	57	68	1	23	42	0	2	7	0	1	1
5. Arrives on time during schedule of treatment	8	86	68	8	66	70	4	27	43	0	2	12	0	2	1
6.Wears comfortable clean/fresh clothes or loose clothing during treatment	15	113	81	3	50	60	1	19	44	1	0	6	0	1	3
7.Exercises the access arm (it is where the fistula is in placed) at least three times a day	10	69	65	7	78	69	2	30	43	1	3	14	0	3	3
8. Keep access arm clean and moist	10	97	77	6	53	56	4	30	54	0	1	4	0	2	3
9.Checks the access site for signs of infection such as redness and warmth	13	97	70	5	55	60	2	28	49	0	1	12	0	2	3



10. Avoids traumatizing the arm where the access is located such as scratching, too much use of plaster tapes and adhesives

	12	102	75	6	59	76	2	19	38	0	1	1	0	2	4
Total	157	1246	938	74	735	857	25	337	579	4	38	117	0	23	31

## B. MEDICATION

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5			4			3			2			1		
1. Regular intake of medications as prescribed	10	95	71	7	63	64	3	22	53	0	2	5	0	1	1
2. Regular visits to the doctor for follow-up	7	67	49	9	82	81	3	28	45	1	2	17	0	4	2
3. Reports any adverse effect of drugs such as skin rashes, nausea, dizziness, headache and GIT disturbances like constipation or diarrhea	14	79	63	3	73	75	3	24	43	0	5	10	0	2	3
4. Speaks with pharmacist or doctor for any questions relating to medication	7	71	61	9	66	67	3	37	51	1	7	11	0	2	4
5. Complies with the medication plan	9	87	69	8	66	65	3	26	46	0	4	11	0		3
6. Reads label of medications including expiry date	11	80	64	6	55	70	3	35	51	0	8	8	0	5	1
7. Stores different medication in a different container with label	9	71	64	6	54	52	5	42	64	0	11	13	0	5	1
8. Does not miss any dose of prescribed medications	4	76	67	12	68	56	4	34	57	0	3	12	0	2	2
9. Stores medications in proper places away from sunlight	6	83	61	10	52	70	4	35	51	0	10	11	0	3	1
10. Consults with doctor for any herbal medication, vitamins or food supplements	8	73	72	7	63	57	5	39	48	0	5	14	0	3	3
Total	85	782	641	77	642	657	36	322	509	2	57	112	0	27	21





C. DIET

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5	4	3	2	1										
1.Carefully plan meals with the help of a nutritionist or dietitian	7	47	51	6	64	65	7	55	60	0	10	14	0	7	4
2.Limit foods that are rich in potassium (e.g. banana, oranges), sodium (e.g.salted or canned meat, sardines) and phosphorus (e.g.beans, nuts)	6	52	54	9	78	75	4	45	50	1	4	11	0	4	4
3.Consults with physician for herbal and other food supplement	3	59	60	11	67	66	5	48	50	1	4	14	0	5	4
4.Eats high protein foods such as fresh and lean meat, fish, chicken and eggs	5	78	52	10	71	65	4	25	62	1	4	12	0	5	3
5. Maintains a healthy body weight as provided in a standard chart	7	52	54	7	85	87	5	40	48	1	4	1	0	2	4
6. Promotes better immunity to prevent illness or infection by eating the right food, exercise, get adequate sleep and rest	6	66	58	9	59	79	4	41	50	1	14	6	0	3	1
7. Strictly follow the diet plan recommended by physician or dietitian	5	51	45	8	83	83	6	46	60	1	2	5	0	1	1
8. Monitor and reports nutrition problem such as lack of appetite, changes in weight and energy level	6	68	63	11	77	73	2	33	48	1	3	9	0	2	1
9. Ability to control															
a. what to eat	4	64	59	11	73	68	3	44	58	2	2	8	0	0	1
b. what not to eat	3	51	49	11	79	76	5	47	53	1	4	13	0	2	3
10. Involves self in the preparation of planned meal	6	48	46	9	73	58	4	56	69	1	3	18	0	3	3
Total	58	636	591	102	809	795	49	480	608	11	54	111	0	34	29



D. FLUIDS

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
		5			4			3			2			1	
1. Complies with health instructions on fluid restrictions such as record the exact amount of fluid intake and monitor weight	5	69	70	9	68	75	5	38	41	1	8	6	0	0	2
2. Complies with fluid restriction such as limitation on fluid recommendation	8	69	62	6	71	68	5	38	52	1	5	10	0	0	2
3. Aware of hidden fluids in foods such as gelatin, ice chips, ice cream, milk	8	57	53	5	56	57	7	54	60	0	13	18	0	3	6
4. Stays cool to reduce thirst such as avoid activities that increases thirst e.g. staying under the sun, engaging in strenuous activities	7	48	53	7	76	65	6	49	57	0	8	15	0	2	4
5. Sips beverages to savor the liquid longer	5	50	44	7	50	59	7	64	75	1	12	10	0	7	6
6. Measures fluid to ensure correct amount of intake from 800 milliliter (ml) to one (1) liter	8	60	55	5	75	65	6	38	54	1	9	16	0	1	4
7. Talks to doctor/dietitian about specific weight and fluid restriction goals	9	53	53	5	71	78	6	48	47	0	8	13	0	3	3
8. Uses water bottle with calibrations in ounces (oz) or milliliters (ml) to indicate liquid goals/requirements	6	69	48	8	71	67	5	37	68	1	4	9	0	2	2
9. Avoids foods high in salt that cause increase in thirst and BP	6	68	63	7	72	58	6	32	54	1	7	15	0	4	4
10. Measures urine and record to prevent dehydration	4	46	59	7	84	55	7	41	64	2	9	13	0	3	3
Total	66	589	560	66	694	647	60	439	572	8	83	125	0	25	36



PART III. Determinants Affecting the Health Status of ESRD Diagnosed Clients

**A. PHYSICAL**

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5			4			3			2			1		
1.Fatigue- feeling of tiredness/lack of energy	7	58	33	9	55	61	3	44	77	1	14	18	0	12	5
2.Nausea – sensation of wanting to vomit	2	37	20	10	53	49	4	53	69	3	23	42	1	17	14
3.Muscle pain	1	26	20	9	51	41	7	65	83	2	30	44	1	11	6
4.Underweight/weight loss – has a low weight/decrease in body weight due to voluntary or involuntary circumstances	3	43	35	6	59	56	8	51	57	2	19	36	1	11	10
5.Poor work capacity – lesser work that can be perform	2	40	34	10	68	53	5	48	57	3	17	39	0	10	11
6.Dizziness	1	24	18	9	63	53	5	56	61	4	24	48	1	16	14
7.Vomiting	0	23	19	7	65	36	5	45	67	5	29	50	3	21	22
8.Lack of appetite	3	40	23	8	53	49	6	47	63	2	28	40	1	15	19
9.Sexual problem	1	35	27	7	44	41	6	45	49	4	35	48	2	24	29
10.Problem in the access site	4	50	27	6	44	37	4	39	70	3	31	40	3	19	20
11.Dependency on others	5	46	33	5	54	37	4	49	67	3	21	47	3	13	10
12.Inability to sleep	4	39	30	7	61	39	3	42	64	5	28	50	1	13	11
13.Easy fatigability	4	40	25	9	57	45	4	50	70	3	27	42	0	9	12
14.Others (please specify)	2	28	14	5	43	5	0	37	48	4	25	33	0	14	17
Total	44	529	358	107	770	602	64	671	902	44	351	577	17	205	200

**B. SOCIAL**

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5			4			3			2			1		
1.Feeling isolated/alienated	4	35	28	6	53	35	3	47	73	3	27	41	4	21	17
2.No time for family/friends	3	30	19	5	58	36	7	53	74	2	21	48	3	21	17



3.No leisure time/pleasure due to illness and no money for leisure due to high cost of treatment	4	45	30	8	61	44	5	41	65	1	25	41	2	11	14
4.Cannot associate with friend/s due to illness she/he has developed insecurity, self-pity and shyness	2	42	26	7	49	39	7	48	74	2	23	43	2	21	12
5.Loss of freedom	6	39	29	6	53	46	5	55	70	1	21	30	2	15	19
6.Others (please specify)	2	27	10	4	30	30	3	38	54	3	27	40	1	13	22
Total	21	218	142	36	304	230	30	282	410	12	144	243	14	102	101

### C.ECONOMIC

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5			4			3			2			1		
1.Difficulty in finances to meet the demands of hemodialysis treatment	9	64	35	6	48	42	2	37	83	2	25	23	1	9	11
2.Inability to complete dialysis sessions due to lack of money	4	46	32	9	54	44	5	41	56	1	26	47	1	16	15
3.Delay in intake of prescribed medications due to lack of money to buy medicines	7	44	26	7	46	46	3	41	65	1	31	42	2	21	15
4.Unemployment	10	78	49	4	30	44	2	35	56	3	17	24	1	23	21
5.Lack of financial support from family	7	51	29	3	45	51	5	35	65	4	32	35	1	20	14
6.Lack of financial support from government	6	60	38	4	49	49	7	39	61	3	24	35	0	11	11
7.Non-compliance with physician's order due to lack of money	4	50	27	8	56	46	5	40	80	3	25	36	0	12	5
8.Non-regular attendance to dialysis sessions due to lack of	3	49	34	4	51	33	8	39	68	3	25	40	2	19	19



money

9.Others (please  
specify) e. g. health  
insurance

	2	30	16	2	22	30	3	38	42	2	19	30	0	6	15
Total	52	472	286	47	401	385	40	345	576	22	224	312	8	137	126

#### D.EMOTIONAL

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5			4			3			2			1		
1.Depressed	3	34	28	7	49	41	6	43	57	2	35	51	2	22	17
2.Irritability/hot tempered	4	37	26	5	48	41	8	47	56	3	32	53	0	19	18
3.Anxiety – lingering apprehension, chronic sense of worry or tension	6	35	22	4	49	41	5	49	59	5	35	52	0	15	20
4.Low self-esteem	6	35	25	4	48	36	4	45	76	5	36	37	1	19	20
5.Feeing useless	4	46	25	6	45	29	4	40	65	5	33	53	1	19	22
6.Fear – reaction to a danger	6	41	20	4	48	42	5	41	60	4	34	50	1	19	22
7.Frustration/ sense of disappointment – is a type of anger/sadness	5	33	26	5	49	35	5	48	52	4	30	51	1	23	20
8.Despair/hopeless	7	34	12	3	51	39	5	44	63	4	35	55	1	19	25
9.Suicidal tendency	3	26	11	2	35	31	4	43	52	4	38	49	7	41	51
10.Others (please specify)	2	19	9	2	28	24	3	40	50	3	18	28	1	16	25
Total	46	340	204	42	450	359	49	440	590	39	326	479	15	212	240

#### E.SPIRITUAL

INDICATOR	N	P	SO	N	P	SO	N	P	SO	N	P	SO	N	P	SO
	5			4			3			2			1		
1.Anger towards God	2	17	15	2	32	24	4	50	66	6	43	41	6	41	48
2.Lack of meaning/purpose in life	4	30	20	3	45	28	4	40	64	4	40	51	5	28	31




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3.Lack of spiritual assistance such as spiritual counseling	1	21	13	4	38	36	5	49	72	6	43	47	4	32	26
4.Non-attendance to church services	2	29	18	3	43	32	3	46	64	6	38	51	6	27	29
5.Loss of faith	2	21	10	1	49	30	5	48	59	5	34	59	7	31	36
6.Change in religious belief	1	21	16	3	42	23	7	46	62	4	38	62	5	36	31
7.Sense of hopelessness	2	30	18	3	57	47	7	36	56	4	24	47	4	36	26
8.Others (please specify)	1	21	9	1	25	28	5	36	50	3	21	29	2	20	25
Total	15	190	119	20	331	248	40	351	493	38	281	387	39	251	252

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Appendix N

**Significant Difference between health status, adherence to regimen of care and determinants of health status**

Dependent Variable	(i) Respondents	(j) Respondents	p-value	Decision	Interpretation
Health Status	Nurses	Patients	.568	Accept Ho	Not Significant
		Significant Others	.864	Accept Ho	Not Significant
		Nurses	.568	Accept Ho	Not Significant
	Patients	Significant other	.463	Accept Ho	Not Significant
		Nurses	.864	Accept Ho	Not Significant
		Patients	.463	Accept Ho	Not Significant
	Significant other	Patients	.869	Accept Ho	Not Significant
		Significant other	.270	Accept Ho	Not Significant
		Nurses	.341	Accept Ho	Not Significant
				Accept Ho	Not Significant
Level of Adherence	Nurses	Nurses	.270	Accept Ho	Not Significant
		Significant others	.713	Accept Ho	Not Significant
		Nurses	.210	Accept Ho	Not Significant
		Patients	.713	Accept Ho	Not Significant
	Patients	Patients	.115	Accept Ho	Not Significant
		Significant Others	.210	Accept Ho	Not Significant
		Nurses	.713	Accept Ho	Not Significant
	Significant Other	Patients	.115	Accept ho	Not Significant
		Significant others			
		Nurses	.210	Accept Ho	Not Significant
DetermHealth Status	Patients	Significant others	.115	Accept Ho	Not Significant
		Nurses	.210	Accept Ho	Not Significant
	Significant Others	Patients	.115	Accept Ho	Not Significant

Significant at .05



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**Appendix O**  
**Letter for Validation on Healthcare Program**

December 23, 2019

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

The undersigned is presently conducting a study on “Adherence to the Regimen of Care of ESRD Clients Undergoing Hemodialysis” in partial fulfillment of her requirements for the degree Master of Arts in Nursing.

This study aims to determine the adherence of ESRD clients as to their regimen of care as a basis in proposing a community- based health program

Knowing of your in this concern, may I earnestly request your assistance to this undertaking by validating my output.

Your positive response to this request is highly appreciated.

Attached is the Proposed Community based Health-Economic Program for your perusal.

Thank you very much.

Very truly yours

**(SGD) MARISSA D. MAPILE, RN, RM**  
Researcher

Noted:

**(SGD) ROSE MERLYN M. JUBILO, RN, MAN, EdD**  
Adviser

**(SGD) MARILOU L. AGUSTIN, PhD**  
Dean, Graduate School





### Appendix P Validation Form for Community Based Health-Economic Program

Direction: This is to evaluate the Health Care Program for ESRD Clients Undergoing hemodialysis which serves as an output of the study. Please rate according to its validity.

- 5 - Very Highly Valid
- 4 - Highly Valid
- 3 - Moderately Valid
- 2 - Low Valid
- 1 - Not Valid

Indicators	5	4	3	2	1
1.The Healthcare program is suitable to the level of the concerned individual					
2.The program contributes to the achievement of specific objectives for which it is intended					
3.The activities and programs provide development of knowledge, skills and values for the concerned individuals and stakeholders					
4.The activities and topics are free of ideological, cultural, religious, racial and gender biases and prejudices					
5.The program enhances the development of the stakeholders in the acquisition of knowledge, skills and development of values					
6.The program arouses the interest of target stakeholders					



## Appendix Q Validity of the Program

### A. INTERNAL STRUCTURE OF THE PROGRAM

CRITERIA	V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	Total	Weighted Mean
CLARITY	5	5	5	5	5	5	4	4	5	5	48	4.8
CONSISTENCY	4	5	4	5	5	4	4	5	5	5	46	4.6
ADEQUACY	4	5	4	5	5	5	4	4	5	5	46	4.6
LOGICAL DEVELOPMENT	4	5	4	5	5	4	5	5	5	5	47	4.7
LEVEL OF DEVELOPMENT	4	5	4	5	5	4	4	5	5	5	46	4.6

### B. EXTERNAL VALIDITY OF THE PROGRAM

CRITERIA	V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	Total	Weighted Mean
REALITY CONVERGENCE	5	5	5	5	5	5	4	4	5	5	48	4.8
USEFULNESS	5	5	4	5	5	4	4	5	5	5	47	4.7
SIGNIFICANCE	5	5	4	5	5	5	4	4	5	5	47	4.7
SCOPE	4	5	5	5	4	4	4	4	5	5	45	4.7
COMPLEXITY	4	5	4	5	4	4	4	4	5	5	44	4.4

Legend: V- Validator

### VALIDITY OF THE PROGRAM

A. INTERNAL STRUCTURE OF THE MODEL	Average Weighted Mean	Descriptive Equivalent Rating
CLARITY	4.8	Very Highly Valid
CONSISTENCY	4.6	Very Highly Valid
ADEQUACY	4.6	Very Highly Valid
LOGICAL DEVELOPMENT	4.7	Very Highly Valid
LEVEL OF DEVELOPMENT	4.6	Very Highly Valid
<b>GWM</b>	<b>4.7</b>	<b>Very Highly Valid</b>
<b>B. EXTERNAL VALIDITY OF THE MODEL</b>		
REALITY CONVERGENCE	4.8	Very Highly Valid
USEFULNESS	4.7	Very Highly Valid



## REGIMEN OF CARE OF ESRD CLIENTS

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SIGNIFICANCE	4.7	Very Highly Valid
SCOPE	4.7	Very Highly Valid
COMPLEXITY	4.4	Very Highly Valid
<b>GWM</b>	4.7	Very Highly Valid

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**Appendix R**  
**Vaditation Value**

Numerical Rating	Scale of Values	Descriptive Interpretation
5	4.00-5.00	Very Highly Valid
4	3.50 - 3.99	Highly Valid
3	3.00 - 3.49	Moderately Valid
2	1.50 - 2.99	Low Valid
1	1.00 - 1.49	Not Valid

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**Appendix S**  
**Tamang Sagot on Hemodialysis Package of Philhealth**  
**And PCSO- IMAP Program as attached**

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## CURRICULUM VITAE

### **MARISSA DOCTOLERO MAPILE**

Home Address: Sto. Rosario West, Aringay, La Union  
Mobile Phone: 09175624072

#### **PERSONAL INFORMATION**

Date of Birth	:	December 13, 1967
Age	:	50
Place of Birth	:	Cainta, Rizal
Nationality	:	Filipino
Language Spoken	:	Tagalog, English, Iloco, Pangasinan
Civil Status	:	Married
Name of Spouse	:	Ferdinand M. Mapile
Children	:	Preciuos Faye D. Mapile Von Oliver D. Mapile
Height	:	5'3"
Gender	:	Female
Religion	:	Roman Catholic

#### **EDUCATIONAL BACKGROUND**

August 2017 – to present	Union Christian College San Fernando City, La Union Master of Arts in Nursing
June 1990 – June 1998	Virgen Milagrosa University Foundation San Carlos City, Pangasinan Master in Public Health (33units)
June 1985 – March 1989	Virgen Milagrosa University Foundation Bachelor of Science in Nursing
June 1981 – March 1985	Notre Dame Institute Aringay, La Union Secondary Education
June 1975 – March 1981	Sto. Rosario Elementary School Aringay, La Union Primary Education

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**ELIGIBILITY**

June 10 – 11, 1989	Nurse Licensure Examination Manila 82.5%
November 9 & 16, 1997	Midwife Licensure Examination Manila 78.8%

**WORK EXPERIENCE**

July 2008 – to present	Public Relations Officer I Philippine Health Insurance Corporation
Sept. 2005 – July 2008	Member Services officer IV Philippine Health Insurance Corporation
July 2003 – Sept. 2005	Member Services Officer III Philippine Health Insurance Corporation
March 2002 – June 2003	Accreditation officer I Philippine Health Insurance Corporation
June 2003 – Oct. 2003	Instructor VI (Part-time) Union Christian College College of Nursing
Sept. 2000 – March 2002	Member Services Officer I Philippine Health Insurance Corporation
Sept. 1989 – Sept. 2000	Clinical Instructor Virgen Milagrosa University Foundation College of Nursing/Midwifery

**SEMINARS ATTENDED**

November 22-24, 2019	Benefits Development and Research Forum Novotel Hotel, Quezon City
August 1-2, 2019	Transformational Leadership Lenox Hotel, Dagupan City
January 16-17, 2019	Organizational Effectiveness Leisure Coast Resort, Dagupan City

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January 25-26, 2018	Completed Staff Work Lenox Hotel, Dagupan City
December 13, 2017	Orientation on Benchbook 2 <sup>nd</sup> Edition for Hospitals CSI Stadia, Dagupan City
November 16-17, 2017	Capacity Building on Anti-Fraud Star Plaza Hotel, Dagupan City
November 8-9, 2017	Interpersonal & Client Effectiveness Training Lenox Hotel, Dagupan City
September 7-8, 2017	Personal Mastery: The Road to Commitment, Integrity and Accountability Dagupan Village Hotel, Dagupan City
December 7-8, 2016	Gender and Development Star Plaza Hotel, Dagupan City

**CAPABILITIES**

- Friendly and hardworking
- Dedicated and committed to work
- Know how to maintain cleanliness and orderliness of assigned area
- Have a knowledge in cooking
- Can work under pressure

**SPECIAL SKILLS**

Computer Literate

**PERSONAL DESCRIPTION**

My experienced shape my view in working and develop good working relationship with different kinds of people. I am very dedicated and committed for every task given to me. I am God fearing and have a positive attitude that helps me cope up with stress and pressure of work and life. I am also friendly and can work well with others.

**MARISSA D. MAPILE, RN, RM**  
MAN - II