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LIFE SATISFACTION AND QUALITY OF LIFE AMONG HEMODIALYSIS PATIENTS OF TAN CHAY DUAN RENAL CENTER

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ABSTRACT

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Chronic Kidney Disease (CKD), particularly in its end stage, requires long-term hemodialysis, which significantly affects patients' physical, psychological, and social well-being. This study examined the level of life satisfaction and quality of life among 52 hemodialysis patients at Tan Chay Duan Renal Center in Tagbilaran City, Bohol, and explored their relationships with selected demographic variables. A descriptive correlational research design was employed. Data were collected using a modified questionnaire based on the Satisfaction with Life Scale (SWLS) and the Missoula–VITAS Quality of Life Index (MVQOLI). Ethical clearance was obtained, and data collection complied with the Data Privacy Act. Participants were selected through simple random sampling. Results showed that respondents were slightly satisfied with their lives.

Among the demographic variables examined, only the frequency of dialysis sessions demonstrated a significant relationship with life satisfaction. In terms of quality of life, patients reported good levels in the domains of symptoms, function, and interpersonal relationships, while moderate levels were noted in well-being and transcendence. The findings suggest that regular dialysis treatment and holistic care—particularly emotional and spiritual support—play an important role in enhancing the overall quality of life of hemodialysis patients. These results may guide healthcare providers in developing patient-centered interventions that address both physical and psychosocial needs.

INTRODUCTION

The condition known as chronic kidney disease (CKD) is a serious public health concern that affects millions of people all over the world and continues to impose significant burdens on health, society, and the economy. The International Society of Nephrology estimates that more than 850 million people around the world are living with some form of kidney disease. Chronic kidney disease (CKD) is one of the leading contributors to morbidity and premature mortality in both developed and developing countries (Jager et al., 2019). A significant number of people develop this condition throughout the progression of chronic kidney disease (CKD).

Hemodialysis continues to be the renal replacement therapy that is utilized the most frequently all over the world for individuals who have end-stage renal disease (ESRD). During hemodialysis, extracorporeal elimination of metabolic waste products and excess fluids is achieved using a dialysis machine. This process is often carried out two to three times per week over an extended period of medication. The patients are subjected to substantial obligations across all fronts, including the physical, psychological, social, and economic, despite the fact that this intervention significantly extends survival. According to Zainol et al. (2019), individuals who are undergoing long-term hemodialysis frequently experience chronic fatigue, dietary and fluid restrictions, dependence on machines, altered family and occupational roles, reduced work capacity, and emotional distress. All of these factors contribute to a decrease in life satisfaction and a compromise in quality of life.

International evidence consistently demonstrates that the impact of hemodialysis extends beyond physiological outcomes and profoundly affects patients' subjective well-being. The psychological well-being and strong family support of persons having maintenance hemodialysis were found to be significant determinants of both quality of life and life satisfaction, according to Kim and Son (2020), who conducted their research in East Asia. These findings shed light on the significant role that psychosocial and relational factors play in determining the overall well-being of individuals with end-stage renal disease (ESRD).

In addition, research conducted in Africa and the Middle East highlights

the significance of social ties and emotional support systems. Interpersonal relationships and social connectivity were identified as key drivers of patient satisfaction with dialysis care among hemodialysis patients in Egypt, according to Helmy et al. (2022). Based on this data, it appears that social support can serve as a buffer against the psychological stress that is associated with continuous treatment. Long-term dialysis has been associated with decreased functional independence, depressive symptoms, and limited participation in meaningful social and occupational activities. This has led to a lower quality of life despite advancements in dialysis technology (Tong et al., 2021; Hedayati et al., 2020). Although there have been advancements in dialysis technology, this remains the case. Similar concerns have been reported in Europe and North America, where it has been associated with these factors.

While chronic kidney disease (CKD) has emerged as a serious and growing public health burden in the Philippines, these global patterns are extremely relevant to the setting of the Philippines. The data that was obtained at the national level indicates that the number of Filipinos who require dialysis has been gradually increasing, with diabetes and hypertension being the key drivers to this trend. As a result of the limited availability of kidney transplantation and the high expense of long-term care, hemodialysis continues to be the primary treatment choice for the majority of patients in the Philippines, and it is frequently used for the rest of their lives. This is a reflection of national efforts to improve access to treatment and reduce financial hardship among patients with end-stage renal disease (ESRD) (PhilHealth, 2024).

In response, the Philippine Health Insurance Corporation expanded coverage through PhilHealth Circular No. 2024-0023, which provides benefits for up to 156 hemodialysis sessions annually. An increasing body of evidence from the Philippines and other countries highlights the significance of addressing larger aspects of well-being among hemodialysis patients. This evidence goes beyond access and survival considerations. The life satisfaction and quality of life of patients have been proven to be influenced by demographic variables, the length of time they have been receiving dialysis, their income, and the frequency of their treatments. According to Tong et al.'s research from 2021, good family relationships and efficient communication with healthcare providers are two factors that contribute to improved coping, treatment adherence, and psychological well-being. These findings highlight the importance of adopting patient-centered, holistic methods that go beyond the scope of biological therapy. It is difficult to find empirical research that investigates the level of life satisfaction and quality of life among hemodialysis patients in Bohol, particularly in private renal centers. This is the case despite the expanding body of literature that is both national and worldwide in scope. By gaining an understanding of these local elements, healthcare professionals and researchers can be motivated to produce individualized solutions that are able to effectively serve the requirements of patients within the context of the Philippines.Life Satisfaction among Hemodialysis Patients. Life satisfaction

refers to an individual's cognitive evaluation of overall life circumstances and is a key indicator of subjective well-being. Studies consistently report the psychosocial factors in dialysis (Cohen-Hagai et al, 2024).

Quality of Life among Hemodialysis Patients. Quality of life in hemodialysis patients is a multidimensional construct encompassing physical symptoms, functional status, psychological well-being, social relationships, and existential concerns. Research across diverse settings has demonstrated that fatigue, pain, sleep disturbances, and reduced physical functioning significantly impair quality of life among dialysis patients (Tong et al., 2021). Psychological distress, including depression and anxiety, further exacerbates poor quality of life and negatively influences treatment adherence and survival outcomes (Hedayati et al., 2020).

Demographic and Treatment-Related Factors. Age, sex, income, employment status, length of dialysis treatment, and frequency of sessions have been shown to influence both life satisfaction and quality of life among hemodialysis patients. Longer dialysis duration and lower socioeconomic status are consistently associated with poorer outcomes, while strong family support and positive patient–provider relationships mitigate adverse effects (Helmy et al., 2022; Kim & Son, 2020).

RESEARCH METHODOLOGY

Research Design. This study employed a quantitative, descriptive–correlational research design to determine the level of life satisfaction and quality of life among patients undergoing maintenance hemodialysis and to examine the relationships between selected demographic variables, life satisfaction, and quality of life. A descriptive–correlational design is appropriate when the objective is to describe existing conditions and to identify associations among variables without manipulating the study environment or introducing interventions (Creswell & Creswell, 2018). This approach is widely used in health and nursing research involving chronic illness populations, particularly when examining psychosocial outcomes such as life satisfaction and quality of life.

Environment. The study was conducted at Tan Chay Duan Renal Center, a private hemodialysis facility located at Basement 1 of the Lim Hong Khu Medical Arts and Wellness Center, Celestino Gallares Street, Tagbilaran City, Bohol. The center provides outpatient hemodialysis services using a systematic, cost-effective, holistic, and patient-centered model of care. At the time of the study, the dialysis unit was equipped with 15 hemodialysis stations, offering a controlled, safe, and confidential environment suitable for data collection among patients undergoing routine dialysis sessions.

Respondents. The study population consisted of all patients receiving maintenance hemodialysis at Tan Chay Duan Renal Center during the data-collection period. A total of 60 eligible patients were identified based

on the following inclusion criteria: (a) currently undergoing maintenance hemodialysis at the center, (b) aged 18 years and above, and (c) able to comprehend and respond to the research questionnaire. Patients who were medically unstable at the time of data collection or unwilling to participate were excluded.

Using simple random sampling, 52 patients were selected to participate in the study. Simple random sampling ensured that each eligible patient had an equal probability of inclusion, thereby minimizing selection bias and enhancing the sample's representativeness (Polit & Beck, 2021). The final sample size was deemed adequate for descriptive and correlational statistical analyses.

Research Instruments. Data were collected using a structured, self-administered questionnaire composed of three sections:

Life satisfaction was measured using the Satisfaction with Life Scale (SWLS) developed by Diener et al. (1985). The SWLS consists of five items designed to assess an individual's global cognitive judgment of life satisfaction. Responses are rated on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater life satisfaction. The SWLS has been widely validated across diverse populations, including individuals with chronic illnesses, and has demonstrated strong internal consistency, with reported Cronbach's alpha values typically exceeding 0.80 (Diener et al., 1985; Pavot & Diener, 2008).

Quality of life was assessed using a modified version of the Missoula–VITAS Quality of Life Index (MVQOLI) developed by Byock and Merriman (1998). The MVQOLI evaluates quality of life across five domains: symptoms, functional status, interpersonal relationships, well-being, and transcendence. The instrument comprises 25 items, rated on a five-point Likert scale, with higher scores reflecting better perceived quality of life. The MVQOLI has been widely used in clinical and chronic illness settings and has demonstrated acceptable psychometric properties, with reported Cronbach's alpha coefficients exceeding 0.70 across domains (Byock & Merriman, 1998).

The demographic section gathered data on respondents' age, sex, length of hemodialysis treatment, frequency of dialysis sessions per week, occupation, and monthly income.

Ethical Considerations. Prior to data collection, ethical clearance was obtained from the University of Bohol College of Nursing, and administrative approval was secured from the management of Tan Chay Duan Renal Center—ethical procedures adhered to the principles of respect for persons, beneficence, and justice. In compliance with Republic Act No. 10173 (Data Privacy Act of 2012) and Republic Act No. 11036 (Mental Health Act), written informed consent was obtained from all participants.

Participants were informed of the study's purpose, procedures, potential benefits, and possible risks. They were assured of confidentiality, anonymity, voluntary participation, and their right to withdraw from the study at any time without penalty. No personal identifiers were recorded on the questionnaires.

Data Gathering Procedures. Data collection was conducted personally by the researchers during the respondents' scheduled hemodialysis sessions. After obtaining informed consent, questionnaires were distributed and completed within approximately 10–20 minutes, depending on the respondent's pace and condition. When necessary, clarification was provided to respondents without influencing their responses. Completed questionnaires were collected immediately to ensure data completeness and accuracy.

Data Analysis. Collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS). Tests of normality, including the Kolmogorov–Smirnov and Shapiro–Wilk tests, were used to assess the distribution of the data. Based on the results of the normality tests, non-parametric statistical procedures were applied.

Descriptive statistics, including frequencies, percentages, means, and composite means, were used to describe respondents' demographic characteristics, levels of life satisfaction, and quality of life across the five domains. Spearman's rank-order correlation coefficient (ρ) was employed to examine the relationships between demographic variables and both life satisfaction and quality of life, as well as the relationship between life satisfaction and quality of life. The chi-square test of independence was used to identify significant associations between categorical variables. Statistical significance was set at $p < .05$.

All data were treated with strict confidentiality, anonymized during analysis, and used exclusively for academic and research purposes.

RESULTS AND DISCUSSION

Demographic Profile of Respondents. The respondents were mostly older persons, with the majority falling into the 60-64 age range, suggesting the age-related progression of chronic renal disease. Males made up the bulk of the sample, and most were unemployed and had low monthly incomes. The vast majority of them earned less than 10,000 Philippine Pesos per month. More than half of the respondents had three or more dialysis sessions per week, which indicates a long-term dependence on renal replacement therapy. The majority of the respondents had been on hemodialysis for more than six months.

It is consistent with the wider profile of hemodialysis populations described in the literature that chronic kidney disease (CKD) disproportionately affects older persons who have limited financial means. This demographic pattern is congruent with that profile. Prolonged treatment duration, unemployment, and low income are factors that lead to financial strain and psychological fragility, which can affect patients' subjective well-being and health-related quality of life. These findings shed insight into the additional stress that patients must bear when they are coping with both a chronic illness and socioeconomic adversity.

Life Satisfaction. In general, respondents said that they were somewhat content with their life, which indicates that they have a generally positive cognitive assessment despite the fact that they are dealing with chronic disease and socioeconomic restraints. There was greater agreement among respondents with statements reflecting overall life satisfaction, whereas agreement was lower with items assessing the quality of life.

Despite the fact that patients may continue to have a sense of acceptance and mental stability, this pattern indicates that they continue to be dissatisfied with the material conditions, physical limits, and dependency that are associated with long-term dialysis. The ability to sustain a moderate level of life satisfaction in the face of a chronic illness may be associated with the use of adaptive coping mechanisms, the formation of structured treatment routines, and reliance on family or friends for support. Lower evaluations of life situations, on the other hand, are indicative of unresolved issues that are associated with the individual's financial difficulties, reduced autonomy, and chronic health concerns.

Quality of Life. The quality of life was examined in five categories: symptoms, function, interpersonal relationships, well-being, and transcendence. The results of this examination revealed significant differences in the experiences that patients actually had.

Symptoms Domain. Regarding symptoms, the vast majority of respondents reported a satisfactory quality of life, and many acknowledged that physical discomfort is a natural and expected part of life. Accepting one's symptoms is an indication of psychological adjustment to chronic illness and may serve as a buffer against the emotional discomfort that is associated with the condition. However, several of the people who responded continued to endure physical discomfort, which highlights the persistent burden of symptoms connected to dialysis and the importance of ongoing symptom management.

Functional Domain. The functional domain was also rated as good, indicating that people had learned to cope with the limitations of physical exercise. Accepting that your physical abilities have decreased means that you have been able to adjust well over time. However, there were still problems with self-care and being independent. These limitations may make it harder to handle emotions and depend on family members as much, which highlights how important it is to have helpful caregiving settings and nursing interventions that focus on rehabilitation.

Interpersonal Domain. Interpersonal relationships ranked highest in satisfaction, indicating strong emotional connections and effective communication with significant others. People who answered said they felt comfortable talking about important issues with family or close friends. This suggests that social support is a key part of maintaining mental health. Strong connections with other people may lessen the psychological effects of a long-term illness and make it easier for patients to handle the demands of their treatment.

Well-being Domain. The well-being domain showed a moderate level of quality of life, which means that people had mixed feelings about their own worth and mental balance. Self-acceptance and mental peace were important to many of the respondents, but lower self-satisfaction was also evident. This finding shows that people who are limited by illness may be more likely to experience emotional distress, low self-esteem, or feelings of not being good enough. So, getting psychological help and counseling may be very important for dealing with internal problems that do not go away even after physical changes.

Transcendent Domain. The transcendent domain, which includes finding meaning, experiencing mental peace, and reflecting on one's own existence, received the lowest scores among the five domains. Some respondents said they had a strong sense of what their lives were all about, while others said they were experiencing existential pain and trouble finding purpose. This range of results shows how deeply personal spiritual and psychological health is. It shows how important it is to provide comprehensive care that includes spiritual support, therapy, and opportunities to reflect on what life is all about.

Overall Quality of Life. Overall, the people who answered had a good quality of life, with strengths in their social relationships and ability to adapt to new situations. Lower results in well-being and transcendence, on the other hand, indicate that needs are not being met, especially in the emotional and existential areas.

Based on these data, it appears that patients may be able to successfully adjust to long-term hemodialysis in terms of their physical and social well-being. However, the psychological and spiritual obstacles that they face are not adequately addressed.

Emotional resilience, social connectedness, and existential meaning also shape the quality of life among hemodialysis patients. Although symptom control and functional ability are essential criteria in determining quality of life among hemodialysis patients, these factors cannot be considered in isolation. The fact that quality of life is multifaceted and unequal is highlighted by the domain-specific differences identified.

It is possible that interventions that focus solely on patients' physical health will not, by themselves, be sufficient to improve their overall well-being.

According to the findings, hemodialysis patients share characteristics such as demographic vulnerability, moderate life satisfaction, and unequal quality-of-life domains. Even though respondents exhibit adaptation and resilience, notably through social support and acceptance, they continue to face chronic issues in emotional well-being, financial stability, and existential concerns. To improve both life satisfaction and quality of life among people undergoing long-term hemodialysis, our findings highlight the importance of providing holistic, patient-centered treatment that integrates physical management with psychosocial and spiritual support.

Relationship Between Demographic Profile and Life Satisfaction. The

findings shown in Table 1 indicate that, among the demographic variables investigated, only the number of times per week dialysis treatments were performed showed a statistically significant association with life satisfaction (p = 0.048). Patients who had hemodialysis more regularly reported higher levels of overall life satisfaction.

This suggests that treatment regularity and adequacy play a meaningful role in shaping patients' overall evaluation of their lives.

Table 1. *Relationship Between Demographic Profile and Life Satisfaction of Hemodialysis Patients (n = 52)*

Demographic Variable	Statistical Test	Test Statistic	p-value	Interpretation
Age	Spearman's *ρ*	-0.112	0.423	Not significant
Sex	Chi-square (*X*2)	1.284	0.257	Not significant
Occupation	Chi-square (*X*2)	2.031	0.566	Not significant
Monthly Income	Spearman's *ρ*	0.164	0.241	Not significant
Length of Hemodialysis	Spearman's *ρ*	-0.098	0.486	Not significant
Frequency of Dialysis Sessions	**Spearman's *ρ***	**0.284**	**0.048***	**Significant**

*Significant at p < .05

While there is a chance that increasing the frequency of dialysis sessions will result in stronger symptom control, enhanced physical stability, and a reduction in anxiety related to treatment shortage, there is also the possibility that this situation will not occur. Patients can also benefit from regular sessions because they help build a sense of predictability and routine, which can improve their emotional stability and their sense of control over their illness.

Patients on maintenance hemodialysis are associated with greater emotional well-being and greater happiness with life, according to previous research. These findings are consistent with earlier research, which indicated that appropriate and consistent dialysis schedules are connected with these outcomes.

On the other hand, there was no significant association found between life satisfaction and factors such as age, gender, occupation, income, or the amount of time spent undergoing hemodialysis therapy (p >.05). The fact that this is the case suggests that demographic characteristics on their own might not be sufficient predictors of how patients cognitively appraise their overall living circumstances. Because there were no significant associations found, it is possible that psychological factors, such as coping mechanisms, emotional support, perceived treatment adequacy, and personal meaning, have a greater impact on the level of life satisfaction experienced by hemodialysis patients than demographic characteristics do.

Research indicates that increasing dialysis frequency or effectiveness has

been associated with improved symptom control, fewer uremic complications, and greater physical stability. All of these factors contribute to a reduction in the individual's anxiety around treatment inadequacy and fear of the condition becoming worse. Cohen-Hagai et al. (2024), for example, demonstrated that emotional adjustment and patient-reported life satisfaction are directly connected to the adequacy of dialysis treatment. Tong et al. (2021) emphasized patient-reported outcomes, including emotional burden and participation in life, as central concerns among individuals receiving long-term hemodialysis.

Research has shown that standardized treatment plans are associated with increased psychological security. These findings are consistent with those studies. Patients can better organize their daily activities and adjust their expectations with the support of regular dialysis routines. This can help patients feel more emotionally stable and strengthen their feeling of agency, even while they are experiencing chronic illness. In line with past studies demonstrating that patients report higher levels of subjective well-being when they believe their treatment is adequate and reliable (Hedayati et al., 2020), this finding provides further evidence.

On the other hand, life happiness was not substantially correlated with age, sex, occupation, income, or length of hemodialysis. This conclusion is consistent with findings from worldwide research showing that demographic traits alone are not strong indicators of dialysis patients' life satisfaction. Kim and Son (2020) found that family support and psychological health were more important factors in determining life satisfaction than age or socioeconomic status.

When considered collectively, these results lend credence to the idea that psychological processes, rather than demographic characteristics, predominantly shape life satisfaction among hemodialysis patients. Patients' assessments of their lives seem to be more influenced by emotional support, coping strategies, perceived quality of care, and personal meaning than by fixed demographic traits.

Relationship Between Life Satisfaction and Quality of Life. Results presented in Table 2 show that although a positive correlation was observed between life satisfaction and quality of life, the relationship did not reach statistical significance ($p = 0.058$). This finding indicates that higher perceived quality of life was not necessarily accompanied by higher life satisfaction among the respondents.

Table 2. *Correlation Between Life Satisfaction and Quality of Life of emodialysis Patients (n = 52)*

Variables	Statistical Test	Correlation Coefficient (ρ)	p-value	Interpretation
Life Satisfaction × Quality of Life	Spearman's ρ	0.264	0.058	Not significant

The absence of a statistically significant correlation between life

satisfaction and quality of life demonstrates that these two concepts are related but distinct. Patients' evaluations of many aspects of their lives, such as physical functioning, symptom burden, and social ties, are the primary factors that determine their quality of life. On the other hand, life satisfaction is comprised of a more comprehensive cognitive evaluation of an individual's life as a whole. As a result, patients may report satisfactory quality of life in some areas, yet remain unhappy due to existential issues, emotional distress, or unfulfilled aspirations.

Usually domain-specific, quality of life includes psychological health, social relationships, functional ability, and physical symptoms. According to Pavot and Diener (2008), life satisfaction, on the other hand, is a comprehensive cognitive evaluation of one's life as a whole, impacted by expectations, values, and existential viewpoints. As a result, patients may express pleasure with their quality of life in some areas—like symptom management or interpersonal support—while still feeling unhappy about emotional distress, unfulfilled life goals, or existential uncertainty.

Research on dialysis has documented this distinction. According to Tong et al. (2021), patients may report stable functional outcomes and physically adjust to long-term dialysis. However, they nonetheless experience mental stress and a loss of purpose in life. Similarly, Hedayati et al. (2020) showed that patients with clinically stable disease might nevertheless experience existential discomfort and depressive symptoms, which weakens the link between life satisfaction and quality of life.

The current study's near-significant p-value points to a tendency toward association that could become statistically significant in research with larger sample sizes or longer study periods. The present results, however, support the idea that gains in functional or physical dimensions by themselves may not always result in increased life satisfaction. Existential and psychological aspects play a crucial mediating role.

CONCLUSION

Patients receiving maintenance hemodialysis at Tan Chay Duan Renal Center generally showed a good quality of life and moderate life satisfaction, with the strongest ratings concentrated in interpersonal/social support and the lowest ratings in psychological–existential dimensions (transcendence and well-being). These patterns imply that while many patients adjust to the physical demands of dialysis and gain from supportive connections, significant issues with emotional burden, self-worth, and meaning-making—domains that are not entirely addressed by symptom control alone—remain.

Dialysis frequency was the only demographic/treatment variable significantly correlated with life satisfaction in the correlational analyses. This suggests that a more positive overall life appraisal may be influenced by perceived treatment adequacy and the stability that a regular dialysis schedule

provides. The lack of a significant correlation between life satisfaction and quality of life, however, suggests that these concepts may function in somewhat different ways. While quality of life is frequently shaped by domain-specific experiences (symptoms, function, relationships), life satisfaction represents a more comprehensive cognitive assessment impacted by expectations, values, and existential concerns. When considered collectively, the results reinforce the necessity for patient-centered, comprehensive hemodialysis care that incorporates structured psychosocial and meaning-oriented supports with clinical management.

RECOMMENDATIONS

(Practice-, Education-, and Policy-oriented)

1. Nursing Practice

- **Integrate routine psychosocial screening** (emotional distress, coping, self-esteem) into dialysis care plans.
- **Provide brief supportive counseling and therapeutic communication** during dialysis sessions to address emotional and existential concerns.
- **Collaborate with families** by involving them in patient education and care planning to strengthen interpersonal support systems.

2. Nursing Education

- Incorporate **holistic care competencies**—including mental health first aid, spiritual sensitivity, and patient counseling—into continuing professional development for dialysis nurses.
- Train nurses in **meaning-centered and resilience-based care approaches** to help patients cope with long-term treatment demands.

3. Nursing Administration and Service Delivery

- Establish **structured psychosocial and spiritual support programs** within dialysis centers (e.g., peer-support groups, counseling referrals, reflective or mindfulness activities).
- Ensure **regular review and individualization of dialysis schedules**, balancing treatment adequacy with patient comfort and lifestyle considerations.

4. Health Policy and Systems

- Support policies that promote **integrated mental health and psychosocial services** in dialysis care settings.

Advocate for sustained financial protection and patient-centered care models that recognize emotional and spiritual well-being as essential components of quality care.

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