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Assessment of Hope, Social Support and Quality of Life Among Patients with Chronic Kidney Disease Undergoing Hemodialysis in Teaching Hospitals in Ogun State

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Abstract:

Chronic kidney disease also known as End Stage Renal Disease Chronic Kidney Disease (CKD) also known as End Stage Renal Disease is an emergent worldwide public health problem. These patients experience diverse health challenges, necessitating life style changes and hemodialysis as a means of survival. Studies have shown that hope and social support in the face of a life threatening condition is paramount. Hence this study aims to assess the correlation between hope, social support and quality of life among patients with chronic kidney disease, undergoing hemodialysis. The study adopted a descriptive design. The participants comprised of 190 hemodialysis patients who attended the renal clinic or dialyzed at the dialysis unit of the teaching hospitals in Ogun State, Nigeria. Participants were selected using convenient sampling. A structured questionnaire which was validated was used for data collection. Data was analyzed using Statistical Package for Social Sciences (SPSS version 27). The result revealed that participants had high level of hope (52%) at a mean score of 3.1649 while most participants in this study were well supported with a frequency of 96% positive response at a mean score of 5.6654. Most participants have average quality of life, only 14% had high QOL at a mean score of 3.4769 and about 8 participants (4.2%) had low quality of life. The study showed no significant correlation between hope and quality of life (0.056) and

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no significant correlation between social support and quality of life (0.092). However, there is a significant correlation between level of hope and the level of social support. (r = 0.373, p= 0.000). In conclusion, the findings of this study revealed that most respondents have high hope, with a corresponding social support from significant others. They experienced an average quality of life. It was recommended among others that friends of patients with CKD should be more available and provide more support for them.

Keywords: Chronic Kidney Disease, Hemodialysis, Hope, Social Support, Quality of Life,

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Introduction

Globally, chronic kidney disease (CKD) also known as End Stage Renal Disease constitutes a significant public health problem, expanding at an alarming rate (Shahgholian & Yousefi, 2015). It is estimated that over 750 million people are affected by chronic kidney disease worldwide (Kassebaum, et al. 2016; Tao Li, et al. 2020). A diagnosis of end-stage renal disease changes an individual's life in permanent and profound ways, but the process of adjusting to these changes can also bring opportunities for personal growth. According to United States Renal Data System (USRDS) 2018 annual report, about 10 percent of the global population is suffering from chronic kidney disease (CKD) with over two million people undergoing dialysis, and the figure keeps increasing each year. In Nigeria, the numbers are just as disturbing as it is globally. A few years ago in 2013, there were only 10,000 Nigerians developing kidney problems annually, but it has since jumped to more than 14,000 at present (MIMS Today, 2017). The annual mortality rate per 100,000 people from chronic kidney disease in Nigeria has increased by 16.2% since 1990, with an average of 0.7% a year (Ministry of Health 2016). In the past, chronic glomerulonephritis was the most common cause of chronic renal failure. In recent times, diabetes mellitus and hypertension have taken center stage in the causation of ESRD which together account for almost 60% of dialysis patients (Liu et al. 2019; National Kidney and Transplant Institute, 2018).

People with kidney diseases face many challenges that have regularly been viewed as being more difficult than those faced by patients with other chronic illnesses, such as diabetes and rheumatoid arthritis. In most cases, kidney disease progresses to the point at which the kidneys fail, making renal replacement therapy or kidney transplantation necessary for survival (Shahgholian &Yousefi, 2015). Such challenges include the fact that dialysis treatment consumes much of the free time in a person's life; the average number of hours recommended for dialysis is about 3-5 hours, 2-3 times a week (Chan *et al*. 2019). Dialysis also has painful side effects and does not take away all of the symptoms of kidney disease (Polaschek, 2013).

Kidney disease is becoming increasingly common. According to Tao-Li et al. (2020) the costs of dialysis and transplantation consume 2%–3% of the annual health care budget in high income countries. With the number of people needing dialysis increasing so dramatically, it has been difficult for the medical system to meet the demand for increased dialysis. Many patients are left feeling that their physicians do not have enough time to address the psychological aspects of their situation (English, 2009). Other researchers have found, however, that dialysis patients report problems that are generally associated with poor quality of life and depression (Davison, et al., 2006), fatigue, joint pain, muscle cramps and difficulty with sleep (Wang, et al., 2017). Patients with end-stage renal disease often lose dignity when they are no longer able to care for themselves, interact with their families, or participate actively in their communities, thereby rendering them no sense of belonging. When people maintain health-related quality of life (HRQOL) and increased hope, they also maintain their dignity.

Therefore, hope is pertinent to giving meaning and value to life. Elevated levels of hope have also been shown to correlate with lower reported levels of pain and fatigue (Berendes et al., 2010). On the contrary, the loss of hope decreases the quality of life (Kimmel, 2012). A study

by Geo et al., (2016) reveals that negative hope causes mental distress and poor quality of life among patients undergoing hemodialysis. The concept of hope applies to all populations and all areas of life and it remains vital for those suffering from a debilitating chronic disease such as end-stage renal disease. Nurses have the moral obligation to help their patients nurture hope when faced with illness and disease (English, 2009). Hope is a positive, joyful expectation that something good is going to happen. In nursing, hope is essential to promoting health and healing. By better understanding the function of hope in healing, nurses can help restore their patients' health.

According to the World Health Organization (WHO), social support is considered as one of the determinants of health which means it has a significant impact on the health of an individual. The effect of social support on reducing an individual's distress during illness is well documented in the literature (Iverson et al., 2014; Morrison, et al, 2012). Additionally, social support has also been shown to improve mental and physical health outcomes (Barley & Lawson, 2016). Social support is also considered a significant resource that helps families to manage their stress and cope effectively (Iverson et al., 2014).

Social support plays an integral role in health outcomes for ESRD patients in general through its influence on access to health care, treatment compliance, and psychological health. Social support can be gotten from family members, friends, colleagues, community members, and medical personnel. Stronger social support is related to improved health outcomes and lower mortality for ESRD patients (Kimmel, 2012). Patients undergoing hemodialysis encounter several stressors that may deteriorate their physiological and psychosocial condition, resulting in mental stress and may even lead to depression. Some physical symptoms occur during or after HD treatment, such as fatigue, cold aversion, pruritus, lower torso weakness, muscle cramping, and difficulty sleeping (Sims et al., 2016).

Various factors caused by these physical symptoms are associated with depression, and a higher burden of these physical symptoms has been correlated with a poorer quality of life (Bossola et al., 2015). As patients' kidney disease worsens, their psychological condition becomes increasingly impaired, and depression is frequent. In order to confront the mental stress and depression during the treatment, internal adaptation for stress and external support from the society play essential roles for individuals to overcome their depression (Liu et al., 2018). It has been well known that the provision of effective social support to patients with ESRD helps them better understand their illness and adhere to their treatment and nutrition (Kimmel, 2012).

Social support from friends, family, or significant others may be important to a patient during the developmental progression of renal disease and may protect against some of the deleterious effects of stress caused by the illness. Psychologically, social support plays a protective role in alleviating depression and achieving a better quality of life (Plaisier et al., 2007). Social support and the use of coping strategies have been reported to be significant predictors in the process of adjusting to chronic illness. According to Mollaoglu (2006), the greater the perceived social support, the better the psychosocial adjustment among hemodialysis patients. It was reported that the significant sources of support for dialysis patients are significant others, and that family support, higher availability and involvement of the spouse were significantly associated with higher morale. Social support leads to overall

satisfaction with life; therefore, social support is helpful for these patients to confront their illness.

After a thorough literature search by the Researcher, there was paucity in data that have specifically examined the correlation between hope, social support and quality of life among patients with chronic kidney disease undergoing hemodialysis in Nigeria. Therefore, this study was conducted to assess the relationships that exist among hope, social support, and quality of life in patients with CKD undergoing hemodialysis in the teaching hospitals in Ogun State.

The study specifically:

1. assessed the level of hope among patients with chronic kidney disease, undergoing hemodialysis;
2. determined the level of social support of patients with chronic kidney disease, undergoing hemodialysis;
3. assessed the quality of life of patients with chronic kidney disease, undergoing hemodialysis; and
4. determined the relationship among hope, social support and quality of life among patients with chronic kidney disease undergoing hemodialysis.

Research Questions

1) What is the level of hope among patients living with chronic kidney disease, undergoing hemodialysis?
2) What is the level of social support of patients living with chronic kidney disease, undergoing hemodialysis?
3) What is the quality of life of patients living with chronic kidney disease undergoing hemodialysis?

Hypotheses

H_o1: There is no significant correlation between hope and social support among patients living with chronic kidney disease undergoing hemodialysis.

H_o2: There is no significant correlation between hope and quality of life among patients living with chronic kidney disease undergoing hemodialysis

H_o3: There is no significant relationship between social support and quality of life among patients living with chronic kidney disease undergoing hemodialysis.

Methodology

This study adopted a quantitative design using a descriptive cross sectional approach to assess hope, social support and quality of life among patient with chronic kidney disease undergoing hemodialysis. This study was conducted in the teaching hospitals in Ogun State which are - Babcock University Teaching Hospital (BUTH) and Olabisi Onabanjo University Teaching Hospital (OOUTH). The population was 250 patients with Chronic Kidney Disease undergoing hemodialysis that attended the renal clinics or dialyzed at the renal units of Olabisi Onabanjo University Teaching Hospital (OOUTH), Sagamu and Babcock University Teaching Hospital (BUTH) Ilishan-Remo, Ogun state in March to April 2021. Sample size of 190 patients was calculated using Slovin's (1977) formula. A structured questionnaire with the use of two standard tools was used to collect data. The questionnaire comprised of sections A, B, C and D.

Section A: This section deals with the demographic Survey of participants, which was designed by the researcher. This survey asked about the participant's age, gender, marital status, length of time on dialysis, source of funding for hemodialysis and family monthly income.

Section B: A standard tool known was Herth Hope index (HHI) scale developed by Kay Herth in 1991 was adopted. The objective of the adaptation captures the multidimensionality of hope reflecting clearly the unique dimensions of hope in the clinical populations, and to reduce the number and complexity of items and so render the tool more clinically useful. This scale was designed to measure one's sense of hope and is composed of 12 items, which was constructed on a four-point Likert scale in which four indicates "strongly agree," and one indicates "strongly disagree". Items 3 and 6 of the hope index were scored in a reverse pattern. The minimum and maximum scores obtainable are 12 and 48 points respectively and the higher the score, the higher one's sense of hope. Hope was categorized as Very low (12 – 19 points), Low (20 – 27 points), Average (28 – 37 points), High (36 – 43 points) and Very high (44 points and above). The reliability coefficient for this scale was an established Cronbach's value of 0.94.

Section C: A standard tool known as Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, et al, 1988) was adopted in this section, to assess the adequacy of social support from three specific sources: family, friends, and significant others. The MSPSS contains 12 items and participants will be made to indicate how he/she feels about each statement on the scale. The minimum and maximum scores obtainable are 12 and 84 points respectively and it was categorized as Not supported (12 – 26 points), Slightly supported (27 – 41points), Moderately supported (42 – 56 points), Well supported (57 – 71 points) and Very well supported (72 points and above). The reliability coefficient for this scale was an established Cronbach's value of 0.98.

Section D: This section was adopted from Kidney Disease Quality of Life Short Form (KDQOL-SF). It was designed to measure the quality of life among patients undergoing hemodialysis and was composed of 19 items. These items were constructed on a five-point Likert scale. In part I, 1 indicated "definitely true" and 5 indicated "definitely false". In parts II and III, 1 indicated "none of the time" and 5 indicated "all of the time". In part IV, 1 indicated "not at all bothered" and 5 indicated "extremely bothered". The minimum and maximum scores obtainable were 19 and 95 points respectively. Quality of life was categorized as Very low (1 – 1.79), Low (1.80 – 2.59), Normal (2.60 – 3.39), High (3.40 – 4.19) and Very high (4.20 – 4.99).

To ensure the reliability of this instrument, it was pre-tested among patients in another hospital who were not part of the research survey and a Cronbach values of 0.703, 0.776 and 0.865 were obtained for Herth Hope Index, Multidimensional scale of perceived social support and quality of life respectively.

Research assistants were oriented to the nature of the study and the use of the tool. This was to ensure common understanding and consistency in data collection. Questionnaires were given to participants on clinic visits or on the days of their dialysis appointment. Before the data collection, participants were informed on the purpose of the study, and consent obtained. With the help of two research assistants, the questionnaires were distributed to the

consenting participants, and same monitored to ensure completion of the questionnaires before retrieval.

All questionnaires were coded and analyzed using statistical package for social sciences (SPSS version 27). This software was used for both the descriptive and inferential data analysis. The descriptive analysis was used to present the collected data in tables of mean, frequency and percentages. Pearson's correlation was used to find the relationship between the variables at 0.05 level of significance.

Results

Table 1: Socio-demographic data of Respondents

Variable		Number of Participants = 190	
		Frequency (N)	**Percentage (%)**
Age (Years)	20 – 29	9	4.7
	30 - 39	18	9.5
	40 - 49	37	19.5
	50 - 59	43	22.6
	60 - 69	56	29.5
	70 - 79	24	12.6
	80 – 89	3	1.6
Gender	Male	97	51.1
	Female	93	48.9
Duration of Hemodialysis (Months)	Less than one month	3	1.6
	1 - 3	128	67.4
	4 – 6	47	24.7
	7 – 9	8	4.2
	10 – 12	2	1.1
	More than 1 year	2	1.1
Source of funding for Hemodialysis	Personal or family income	45	23.7
	Insurance	57	30
	Family Income and Insurance	75	39.5
	Others	13	6.5
Family Monthly Income (in Naira)	Less than 30,	7	3.68
	31,000- 50,000	30	15.79
	51,000 – 100,000	92	48.4
	101,000 – 150,000	19	10.0
	More than 150,000	42	22.1

Table 1 shows that 9 (4.7%) were between the ages of 20-29 years, 18 (9.5%) between 30 -39 years, 37 (19.5%) 40-49 Years, 43 (22.6%) 50-59 years, 56 (29.5%) 60 -69 years, 24 (12.6)

70-79 years, and 3 (1.6%) were above 80 years. The respondents who were males were 97 (51%) while females were 93 (48.9%). It could be reported that less than 3 (1.6%) of the respondents started dialysis in less than a month, 128 (67.4%) were between 1-3 months, 47 (24.7 %) between 4 -6 months, 8 (4.2%) between 7-9 months, 2 (1.1%) 10 -12 months and 2 (1.1) had dialyzed for more than one (1) year. The source of funding for dialysis were 45(23.7%) from personal or family income, insurance 57 (30 %), family and insurance 75 (39.5%) while other sources were 13(6.5%). From table 4.1, it could as well be reported that family income (Naira) were less than 30,000 in 7 (3.68%), 31-50,000 in 30 (15.79%), 51,000 – 100,000 in 92 (48.4%), 101,000-150,000 in 42 (10.0%) and above 150,000 in 42 (22.1%) respondents.

Research Question 1: What is the level of hope among patients living with chronic kidney disease, undergoing hemodialysis?

Table 2: The mean scores of Hope among patients with Chronic Kidney Disease Undergoing Hemodialysis

Statement	Response	
	Mean Score	**Description**
I have a positive outlook toward life.	3.2947	Strongly Agree
I have short and/or long range goals.	3.1368	Agree
I feel all alone.	2.9211	Agree
I can see possibilities in the midst of difficulties.	3.2632	Strongly Agree
I have a faith that gives me comfort.	3.3242	Strongly Agree
I feel scared about my future.	2.4947	Disagree
I can recall happy/joyful times	3.3368	Strongly Agree
I have deep inner strength.	3.1105	Agree
I am able to give and receive caring love.	3.2947	Strongly Agree
I have a sense of direction.	3.1947	Agree

I believe each day has potential	3.1927	Agree
I feel my life has value and worth	3.3526	Strongly Agree

Section B was designed to determine the level of Hope of patients with chronic kidney disease. From table 2 it could be reported that the mean score of respondents who strongly agree to have a positive outlook towards life was 3.2947, 3.1368 agree to have short and/or long range goals, 2.9211 agree to feel all alone, 3.2632 strongly agree to seeing possibilities in the midst of difficulties, 3.3242 strongly agree to have faith that gives me comfort, 2.4947 disagree to feeling scared about their future, 3.3368 strongly agree 'I can recall happy /joyful times, 3.1105 agree to have deep inner strength, 3.2947 strongly agree to be able to give and receive caring love, 3.1947 agree to have a sense of direction, 3.1927 agree to have believed that each day has potential. From the mean score of 3.3526, the respondents opine to strongly agree that 'I feel my life has value and worth'.

Table 3: The Level of Hope among patients with chronic kidney disease patients undergoing hemodialysis

Level	**Number of Respondents =190**		**Response**	
	Frequency	**Percentage**	**Mean Score**	**Description**
1.00-1.74 Very low hope	1	0.5	**3.1649**	**HIGH HOPE**
1.75-2.49 Low Hope	7	3.7		
2.50-3.24 High Hope	130	68.4		
3.25-3.99 Very high hope	52	27.4		

From the table 3, it can be seen that 1 (0.5%) had very low level of hope ranging from 1.00-1.74, 7 (3.7%) of the respondents have low hope on a scale of 1.75-2.49 whereas 130 (68.4%) respondents have high hope of 2.50-3.24 and 52 (27%) have very high hope ranging from 3.25 – 3.99. At a social support significant level of 3.1649, it could be reported that out of the 190 respondents in the study, only 52 (27.4%) had high hope.

Research Question 2: What is the level of social support among patients living with chronic kidney disease, undergoing hemodialysis?

Table 4: Mean Scores of Social Support among patients with chronic kidney disease undergoing hemodialysis

Statement	Response	
	Mean Score	Description
There is a special person who is around when I am in need.	5.7895	Agree
There is a special person with whom I can share my joys and sorrows.	5.9789	Strongly Agree
My family really tries to help me.	6.0368	Strongly Agree
I get the emotional help and support I need from my family.	5.9737	Strongly Agree
I have a special person who is a real source of comfort to me.	5.9384	Strongly Agree
My friends really try to help me.	5.1421	Agree
I can count on my friends when things go wrong.	4.8368	Agree
I can talk about my problems with my family.	5.8105	Strongly Agree
I have friends with whom I can share my joys and sorrows.	5.3000	Agree
There is a special person in my life who cares about my feelings	6.0158	Strongly Agree
My family is willing to help me make decisions.	6.0842	Strongly Agree
I can talk about my problems with my friends.	5.0789	Agree

From table 4, the mean score of 5.7895 respondents agree to having a special person who is around when they are in need, 5.9789 do strongly agree that there is a special person with whom they can share their joys and sorrows and those who strongly agree that their family really tries to help them have a mean score of 6.0368. It is the opinion of 5.9737 mean score of respondents to strongly agree that they get the emotional help and support they need from family, 5.9384 also strongly agree to have a special person who is a real source of comfort to them. It could be reported that those who agree to friends really trying to help them had a mean score of 5.1421, 4.8368 agree that they can count on friends when things go wrong. A mean value of 5.8105 respondents strongly agrees that they can talk about their problems

with their family and agree to have friends with whom they can share their joys and sorrows with having a mean value of 5.3000.

It could be reported from the table that those who strongly agree that there is a special person in their lives who cares about their feelings and that their families are willing to help make decisions have a mean value of 6.0158 and 6.0842 respectively while 5.0789 mean value agree that they can talk about their problems with their friends.

Table 5: The level of Social Support

Level	Number of Respondents 190		Response	
	Frequency	Percentage	Mean Score	Description
1.00-2.19 Not Supported	0	0	5.6654	WELL SUPPORTED
2.20-3.39 Slightly Supported	3	1.6		
3.40-4.59 Moderately Supported	19	10		
4.60-5.79 Well Supported	72	37.9		
5.00-6.99 Very Well Supported	96	50.5		

Table 5 indicates that none of the patients with chronic kidney disease undergoing hemodialysis in the teaching hospitals in Ogun State were not or lacked social support although 3 (1.6%) were slightly supported with a support level value 1.00 – 2.19 and 2.20 – 3.39 respectively. It is the opinion of 19 (10%) respondents that they were moderately supported at 3.40 – 4.59 level. Seventy two 72 (37.9%) reported to have been well supported and 96 (50 %) were very well supported with a support scores of 4.60 – 5.79 and 5.00 – 6.99 respectively. From the table, at a significant mean value of 5.6654, respondents who were well supported were ninety six 96 (50.5 %) of the respondents.

Research Question 3: What is the quality of life among patients living with chronic kidney disease undergoing hemodialysis?

Table 6: Mean Scores showing Quality of life among patients with chronic kidney disease undergoing hemodialysis

Statement	Response	
	Mean Score	Description
My hemodialysis interferes too much with my life.	2.0211	Mostly True

Too much of my time is spent undergoing hemodialysis.	2.2368	Mostly True
I feel frustrated dealing with hemodialysis.	2.8211	I don't know
I feel like a burden on my family.	2.5053	I don't know
I was irritated towards people around me.	4.4211	A little of the time
I did not get along well with other people.	4.1632	A little of the time
I had difficulty concentrating on daily activities.	3.7684	A little of the time
I isolated myself from people around me.	4.1474	A little of the time
Soreness in one's muscles and cramps.	3.7737	A little of the time
Dizziness or faintness.	4.0316	A little of the time
Nausea or stomach upset.	4.1316	A little of the time
Lack of Appetite.	3.9211	A little of the time
Fatigue	3.4737	Some of the time
Trouble sleeping	3.2789	Some of the time
Fluid restriction	3.4368	Moderately Bothered
Dietary restriction	3.5632	Somewhat Bothered
Being dependent on hemodialysis treatment	3.0453	Moderately Bothered
Stress or worries caused by hemodialysis	3.0453	Moderately Bothered
Swallowing so much pills	3.5421	Somewhat Bothered

Table 6 was designed to determine the quality of life of patients with chronic kidney disease undergoing hemodialysis. From table 4, 2.0211 and 2.2368 response were mostly true to have hemodialysis interfere too much with their lives and too much of their time was spent undergoing hemodialysis respectively. In the opinion of 2.8211 and 2.5053 mean score of

respondent do not know if they feel frustrated dealing hemodialysis and feel like a burden on family respectively.

A little of the time, 4.4211 mean value of respondent were irritated towards people around them, 4.1632 a little of time did not get along well with other people, 3.7684 a little of the time had difficulty concentrating on daily activities while 4.1474 had a little of the time isolated themselves from people around them. In the opinion of respondents, Soreness in one's muscles and cramps had mean value of 3.7737. a little of the time , a mean score of 4.0316 experienced dizziness or faintness, 4.1316 a little of the time had nausea or stomach upset while 3.9211 lacked appetite a little of the time. Some of the time 3.4737, 3.2789 were fatigued and had trouble sleeping respectively.

From their response, they were moderately bothered by fluid restrictions with a mean score of 3.4368, some what bothered by dietary restriction with a mean score of 3.5632. Also 3.0453, 3.0453 were moderately bothered by being dependent on hemodialysis treatment and stress or worries caused hemodialysis respectively. In their opinion, they were somewhat bothered with swallowing so many pills with 3.5421 mean score value.

Table 7: The level of Quality of life among patients with chronic kidney disease undergoing hemodialysis

Level		Number of Respondents = 190		Response	
		Frequency	Percentage	Mean Score	Description
1.00-1.79	Very Low	0	0	3.4769	HIGH
1.80-2.59	Low	8	4.2		
2.60-3.39	Average	102	53.7		
3.40-4.19	High	66	34.7		

From table 7, there were nil respondents having very low level of quality of life at a 1.00-1.79, 8 (4.2%) at level of 1.80 – 2.59 had a low level quality of life. In their opinion 102 (53.7%) at the level of 2.60 – 3.39 had an average quality of life whereas 66 (34%) had high quality of life scoring a level of 3.40 -4.19. There are 14 (7.4%) respondents at a level of 4.20 – 4.99 have a very high quality of life. High quality of life is considered at a value of 3.4769. It can be shown from the table that at a mean score value of 3.4769 where respondents have high quality of life, about 66 (34.7%) respondents have high quality of life, while 102 out of 190 have an average quality of life and 8 (4.2%) have low quality of life level.

Test of Hypotheses

H_o1: There is no significant correlation between hope and social support among patients living with chronic kidney disease undergoing hemodialysis.

Table 8: Relationship among the level of Hope, Social Support and Quality of life

Paired Variables	**Statistical Treatment**	**Interpretation at 0.05 level of Significance**
Level of **Hope** and Level of **Social Support**	$r_s = 0.373$ p-value= 0.000	Significant
Level of **Hope** and **Quality of Life**	$r_s = 0.056$ p-value= 0.443	Not Significant
Level of **Social Support** and **Quality of Life**	$r_s = 0.092$ p-value= 0.330	Not Significant

The result from table 8 shows that there is a significant relationship between the level of hope and the level of social support of patients with chronic kidney disease undergoing hemodialysis at $r_s = 0.373$ and p-value = 0.000. This was considered significant at a level of $p < 0.05$.

H_o2: There is no significant correlation between hope and quality of life among patients living with chronic kidney disease undergoing hemodialysis

The result from table 8 shows that the respondents' level of hope and quality of life was not significant at $r_s = 0.056$ and p-value = 0.4430 ($p > 0.05$). Therefore, the null hypothesis is not rejected. Hence, there was no significant relationship between hope and quality of life among patients living with chronic kidney disease undergoing hemodialysis.

H_o3: There is no significant relationship between social support and quality of life among patients living with chronic kidney disease undergoing hemodialysis

The result from table 8 shows that the respondents' level of social support and quality of life was not significant at $r_s = 0.092$ and p-value = 0.330 ($p > 0.05$). Therefore, the null hypothesis is not rejected. Hence, there was no significant relationship between social support and quality of life among patients living with chronic kidney disease undergoing hemodialysis

Discussion of Findings

Regarding the sense of hope of the individuals assessed by the HHI, as shown in table 2, the average score was 37.9167. It is worth noting that the possible scores for this scale range from 12 to 48; therefore, the greater the score, the higher the sense of hope of the individual under study. A similar result was obtained by Ottaviani et al. (2014) who reported an average score of 38.06 among 127 hemodialysis patients in Brazil. The two results were consistent despite variations in sample sizes. Another study conducted in Iran by Abdullah-Zadeh, et al (2011) exploring the sense of hope of patients and related factors reports an average score of 37.6 on the HHI.

In regard to the patients' perceived level of hope, among the HHI's assessed items in Table 2, the statement "I feel scared about my future." obtained the lowest average score (2.4947). Additionally, the statement "I feel my life has value and worth." obtained the highest average score (3.3526). This finding indicates that majority of the participants had a positive outlook about their lives and the future which also accounts for why they strongly agreed that they could recall happy or joyful times with a mean score of (3.3368) as shown in table 2

Generally, the majority of the participant had high hope (68.4%), while only 0.5% had very low hope. The report of Bernardo and Estrellado (2014) established that some patients undergoing hemodialysis have a cheerful approach to life, indomitable spirit, and belief in God, which may be the reason why illnesses such as End Stage Renal Disease and its associated hemodialysis neither weighs them down nor bring down their hope.

Evidence from literature suggests that Nigerians value and take good care of their family because a person's family is seen as the source of his/her identity, emotional and material support (Saito, et al, 2010). When these patients believe that come rain or shine, through whatever circumstance they face, they can always trust their family to be there for them. It may bring about a sense of optimism in them and thus, offer a possible explanation for the high level of hope among these patients.

Another factor that determines the level of hope of Nigerians may be spirituality, which is defined as the importance of faith. Nigerians are, by nature religious and they put their trust in God. The statement in the HHI, "I have a faith that gives me comfort" scored a mean of 3.3242, which shows that the majority of these patients believe in a higher power. This may give them a sense of comfort and confidence and thus, make them believe that God has a purpose for everything that happens, this assurance, may explain their high level of hope.

Regarding the patients' level of Social support, among the MSPSS's assessed items, the statement "*I can count on my friends when things go wrong.*" obtained the lowest average score (4.8668). Relatedly, the statement "*My family is willing to help me make decisions.*" obtained the highest average score (6.0842). Although participants agreed to rely on friends for support, the support from friends cannot be equated with the support obtained from family. The findings of the study also shows that majority of the participants scored above the midpoint for all three sources of social support, with social support from friends reported to be lower than either family or significant other. Social support 'from family was the highest score. This may be because Nigerians are known to have very strong family connectedness and support system. This result is parallel with previous studies conducted in Greece, which

demonstrated support provided by family as the highest one (Theodoritsi et al., 2016; Ahrari, et al. 2014).

Support from significant other also had an average score significantly higher than support from friends but not as high as support from family. When couples face a serious illness, it can be a life-changing event for them and may affect even the best relationships (Bruno, 2018). Studies also show that marriages in which one spouse has a chronic illness are more likely to fail if the spouses are young. Findings from this study reported that patients undergoing hemodialysis got high support from their significant other, Hence, the statement "*There is a special person in my life who cares about my feelings"* got a very high rating (6.0158).

Generally, the findings show that these patients undergoing hemodialysis were well supported. This is because majority (50.5%) was very well supported, and none of them (0) felt they were not supported. According to the report of Evason, (2016), Nigerians consider family to be the foundation of social life, and the presence of family is valued more than anything. This remarkable closeness and strong family ties justify why extended families live under the same roof. Interestingly, Galarpe, (2010) pointed out that family is the main source of happiness. More recently, the family was still ranked as the highest source of happiness by Osorio (2018) who stated that because of the tight family bond, family members are always happy to be together in all situations. This reason could explain the high level of social support among these participants. The finding of this study portrays the primary responsibility of the family as the principal source of support to persons who are undergoing dialysis.

Moreover, the participants in this study also reflected on the role of friends as another source of support. For example, the majority agreed that their friends try to help them with a mean score of 5.1421 and they also agreed that they could count on their friends during difficult times with a mean score of 4.8368. Additionally, the participants agreed that they have a special friend with whom they can share their joys and sorrows with a mean score of 5.3000.

Although the family has been established as a significant source of support for patients undergoing hemodialysis, the role of friends and friendships cannot be overemphasized. This corroborates the findings of Li, et al. (2014) that support from family and friends fosters positive coping among people with chronic illnesses. Li et al. (2014) concluded that support from family and friends were associated with the more positive effect and less negative effects and that social support generally has a beneficial effect on subjectivity well-being of persons with chronic illnesses. Futhermore, Bakalim and Tasdelen-Karckay (2016) clarified that the quality of friendship mediates the role of perceived social support among persons in difficult times. In general, family support was rated higher than support from friendship with some variations in mean scores.

Health is a multifactorial phenomenon**,** and according to the World Health Organization (WHO, 2019), social support is considered one of the determinants of health. Hemodialysis restricts daily routine of patients since it imposes limitations on individuals affecting the biological, psychological, and social aspects of their lives. This leads to a break in their lifestyle, causing the need to adapt to this new condition.

The findings of the result also show the mean scores of the questions used in assessing the first part of the QoL of the participants. The statement: "*My hemodialysis interferes too much*

with my life." obtained the lowest average score (2.0211). Also, the statement: "*Too much of my time is spent undergoing hemodialysis"* also had an average mean score of (2.2368). Although hemodialysis is a life-saving treatment, it can also be a life-changing experience for a lot of patients. A possible explanation for the low mean of the two items above may be because these patients have to come at least twice a week for their treatment irrespective of the distance, and spend an average of 5 hours at the HD clinic per session irrespective of the weather conditions. Another possible explanation for this is the fact that hemodialysis may limit their freedom of movement as family trips and vacation has to put their hemodialysis schedule into consideration.

The statement: '*I feel frustrated dealing with hemodialysis*" and the statement "*I feel like a burden on my family*" both had average means scores of (2.8211) and (2.5053) respectively, with the reported description of "I don't know". Evidence from literature suggests that feelings of fear, anger, frustration, anxiety, and depression are common among hemodialysis patients mainly because of the physical symptoms they experience (Flythe, et al, 2018). The overall hemodialysis experience and its associated financial burden may make some patients feel they are a burden to their family. However, finding from this study shows otherwise. Although, participants claimed that they did not know if they felt frustrated dealing with hemodialysis or if they felt like a burden on their family.

In general, participants of this study reported that a little of the time they were irritated toward people, they did not get along well with others, they had difficulty concentrating and they isolated themselves from people. All these aspects have been reported in literature as challenges associated with patients undergoing hemodialysis.

Mood swings are common among hemodialysis patients and could be as a result of Uremia which can be irritating to the nervous system and cause an increase in irritability mostly in the beginning stages, medications which may make one seem depressed or the stress caused by chronic illness which may account for a wide range of feelings and moods including general irritability, frustration and anger over the problems caused by the illness, and feelings of being helpless and hopeless when confronted with a life-threatening disease. Several studies have also reported similar findings, Flythe, et al. (2018) reported that irritability and isolation as a result of weakness and all of the physical symptoms were among the top prioritized symptoms in hemodialysis patients.

The findings further shows that the most reported symptoms before, during, and after hemodialysis among participants were trouble sleeping (3.2789), fatigue (3.4737) and soreness/muscle cramps (3.7737). Other reported symptoms that bothered them a little of the time were Nausea, Dizziness and lack of appetite. There is a controversy on the cause of high symptoms burden among Patients with ESRD on dialysis, Tannnor, et al. (2017) pointed out that this burden could be as a result of the physiological response to the disease, its treatment or comorbid conditions, thereby leading to an impaired quality of life, while Johansen, et al, (2015) reported that it could be as a result of other factors, such as the very low levels of physical activity that are characteristic of the dialysis population.

Findings of this study is similar to the findings of Joshwa, et al (2012) and Wang, et al., (2017), who reported that 68.1% of hemodialysis patients had trouble sleeping and 44.1% reported fatigue, although it was associated with lesser frequency of hemodialysis. Flythe, et al. (2018)

also reported that 94% of his respondents reported fatigue and 79% reported cramping as the most common physical symptoms. In addition, less common but also reported physical symptoms included body aches and joint pain and blurry vision (Flythe, et al., 2018).

The aspect of hemodialysis that bothered participants in this study was fluid restriction (3.4368), Stress or worries caused by hemodialysis (3.0453) and being dependent on hemodialysis treatment (3.0453). A possible explanation why fluid restriction bothered these patients could be because of the high temperature of the environment that predisposed them to increased thirst, as data were collected during the hot season. Other aspects that bothered them can be explained by the symptom burden of hemodialysis and also the fact that although dialysis saves lives and increases longevity, some aspects of this treatment can also be disturbing.

Findings of this study showed that the respondents had high quality of life. A significant factor contributing to rather good quality of life among these patients is their seemingly strong tendency to find meaning in their suffering. As a nation and also on individual basis, spiritual richness and patients' great faith and hope in God's plan and will have fostered a strong sense of hope. Coupled with this is their deep attachment towards family and friends who provide them with the love, concern and caring needed to meet the psychological requirements of everyday life despite uncertainties.

Unlike in many cultures, Nigerian families are supportive of one another in times of both greatness and doom. The family members are bound to help each other and protect members against all kinds of misfortunes. Two studies conducted in brazil among hemodialysis patients showed almost similar results to the findings of this study, the authors reported that the quality of life of these patients are between good and very good (Costa, et al., 2016; Terra & Costa, 2014). This finding is contrary to that of Bujang et al. (2015) and Kefale, et al. (2019) who reported low quality of life among patients in all stages of CKD and significantly impaired QoL among hemodialysis patients as compared with the general population.

In regard to the correlation between level of hope and the level of social support of hemodialysis patients, a significant positive relationship was found in this study ($r = 0.373$, $p= 0.000$). This means that a person with a very high level of hope would have a corresponding high level of social support from family members, significant other or friends. This pattern of finding could be linked to the fact that support from family and friends tends to reinforce a positive outlook about life. Previous studies on factors that affect hope have revealed that hope is correlated to demographic variables such as income, symptoms, social support and coping style (Gao et al., 2016). Evidence from literature further suggests that reduced feeling of hope in life is affected by many factors such as: family, friends (social support) and religious beliefs which all are important in giving the individual the feeling of hope (Zabora, et al., 2001).

The Level of hope has no relationship with the patient's quality of life. Vellone et al. (2006) however concluded that hope plays a significant role in improving patients' survival rate and quality of life, healing, disease prognosis, and coping with the new event. Baljani et al., (2014) also found a relationship between hope and QoL among patients with cancer. His results are in line with the results of Esbense et al., (2004); and Pipe et al., (2008).

The level of social support has no relationship with the patient's quality of life. Consequently, the import of this finding is that an average QoL does not determine one's level of Social Support. The absence of an association between social support and QoL observed in this study may be connected to the fact that the support received from the family and friends does not mediate or buffer the various items that measure QoL such as their symptom clusters, burdens imposed by the hemodialysis itself and various restrictions associated with the Patients on hemodialysis perceive various physical, psychological, and social stressors related to their treatments.

It has been widely agreed that social support plays a crucial role in improving psychological well-being and maintaining mental health. Strengthening social support from family and external interpersonal relationship is also deemed to be useful in improving quality of life, as well as in decreasing depressive symptom and raising self-esteem (Li et al., 2015). Sufficient support and good interpersonal relationship appear to be comfort in both physical and spiritual aspects for people in suffering and a vast number of studies have confirmed the interacting effect of social support on depression and quality of life (Chung et al., 2017).

As seen in this study, despite being bothered by some aspects of hemodialysis treatment, participants still had high quality of life and high social support with no mutual relationship between the two constructs. Findings from this study showed no significant relationship between social support and QoL. This result is not with agreement with the findings of the previously cited studies and that of Sun (2016) who found out that social support could predict the QoL of hemodialysis patients in Jordan. Another Study conducted among the elderly in China reported that elderly with low social support suffered worse QoL and that Social Support played a heavy role in enhancing the quality of life among those with low self-esteem and severe depressive symptoms.

Conclusion

The findings of this study revealed that most respondents have high hope, are well supported with and an average quality of life. However, despite high levels of hope and quality of life among the patients undergoing hemodialysis, there seems to be no mutuality in their relationship.

Recommendations

1. Friends of patients with CKD should be more available and provide more support for theses group of people.
2. There should be well structured education programs targeted at encouraging friends and relatives of CKD patients undergoing hemodialysis about the disease and need to support them.
3. There should be programs to improve the knowledge of health care givers on interventions that will prevent and manage symptoms experienced by this group of patients, subsequently leading to high quality of life.
4. The government should reduce the burden of finance on patients and family by making policies that will ensure affordable and accessible hemodialysis services in the country.

5. Domestic manufacturing of dialysis consumable goods should be encouraged in order to reduce the costs of renal therapy thereby increasing the number of dialysis sessions and subsequently improve the quality of life of patients.
6. There should be uniformed national guidelines that will direct the cost and funding of hemodialysis.

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