DOI: https://doi.org/10.66206/eduheart.ijnhha.115

Understanding the Challenges of Life – Sustaining Treatment Decisions among Patients with Chronic Kidney Disease in San Jose Del Monte, Bulacan

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ABSTRACT

This study explored how CKD patients decide on life-sustaining treatments like dialysis or conservative care. Choices were shaped by medical progression, emotional struggles, cultural values, family involvement, and autonomy. Symptoms such as weight loss, skin dryness, and reduced mobility, along with denial and anxiety, influenced decisions. Family support reassured but sometimes limited independence. Patients relied on resilience and acceptance to preserve dignity. The study recommends holistic, family-inclusive care with counseling, education, and support programs.

Keywords: *Life–sustaining treatments, patient autonomy, coping strategies, resilience, acceptance, quality of life, cultural values, shared decision-making, integrated care*

INTRODUCTION

Chronic Kidney Disease (CKD) is a long-term condition where kidney function slowly declines. As it worsens, patients may need dialysis or a kidney transplant to survive and manage symptoms. Medical progress has extended life expectancy, but these treatments carry risks and greatly affect quality of life. Deciding on dialysis, transplant, or palliative care is stressful and uncertain. Patients struggle with prognosis, risks, and healthcare systems. Limited education, communication barriers, and family opinions add complexity.

Statement of the Problem

This study sought to explore and understand the challenges that patients with chronic kidney disease (CKD) face when making life-sustaining treatment decisions. Specifically, the study aimed to answer the following questions:

1. How do CKD patients describe their background and treatment context, particularly in terms of: Age and type of treatment they are receiving

2. What challenges do CKD patients experience in relation to life-sustaining treatment decisions, particularly in terms of: Physiological concerns, Self-concept and personal

identity, Role function within family and society, Interdependence and relationships with others

3. How do patients and healthcare providers perceive the influence of personal and treatment-related factors on the challenges they face when making life-sustaining treatment decisions?

4. What recommendations can be drawn from the experiences and insights of participants to help improve support and decision-making processes for CKD patients?

Scope and Delimitations

This study examined the challenges of life-sustaining treatment decisions among CKD patients in San Jose Del Monte, Bulacan, during 2025. It explored physiological, self-concept, role function, and interdependence factors that influence choices such as dialysis, transplantation, or palliative care. Limited to patients in San Jose Del Monte, Bulacan, it relied on self-reported data from 2025, which may affect accuracy and exclude later policy or guideline changes.

Review of Related Literatures

Chronic kidney disease (CKD) affects 10–13% of the population and is progressive and irreversible, with symptoms often appearing only in advanced stages (San Martin, 2020). It influences choices about dialysis, transplantation, or conservative care, all of which impact quality of life through fatigue, pain, and emotional distress. Families face caregiving burdens and financial strain, especially with elderly patients who undergo hemodialysis, though survival may not always improve (Kidney International, 2021). Transplantation offers better survival and quality of life than dialysis (PJ O'Connell, 2020), but eligibility depends on age, comorbidities, and donor availability. Shared decision-making and palliative care emphasize dignity, values, and patient-centered approaches (Moss, 2023).

Theoretical Framework

Callista Roy's Adaptation Model explains how CKD patients cope with treatment decisions. They must adapt to maintain physical and psychological integrity when choosing dialysis, transplantation, or conservative care. Symptoms challenge the physiological mode; body image changes affect self-concept; family and work disruptions impact role functioning; and relationships shape interdependence. These four modes guide nurses in assessing coping and adjustment. The model shows that illness affects many aspects of life and stresses the need for adaptation to preserve dignity, offering a holistic lens for patient-centered CKD care.

METHODOLOGY

This qualitative research study elaborates on the research design, population and sampling, research instruments, instrument validation, data-gathering and analysis procedures, and the ethical considerations used to ensure precise analysis and interpretation of the data.

Research Design

This study used a phenomenological design to examine the lived experiences and challenges of CKD patients in San Jose Del Monte, Bulacan. Interviews and field notes captured ideas, emotions, and perspectives through non-numerical data. Analysis highlighted patient difficulties, coping strategies, and ethical concerns in life-sustaining treatment decisions.

Research Steps

After reviewing existing studies, the research design was carefully developed to align with the aim of understanding the challenges of life-sustaining treatment decisions among CKD patients. It used qualitative methods such as semi-structured interviews, focus group discussions, and direct observations. These approaches gathered detailed insights into patients' experiences, emotions, and perspectives, as well as the role of family involvement and cultural values. The goal was to capture the complex factors shaping CKD patients' treatment decisions.

Data Collection and Sample Selection

The researcher followed a structured narrative inquiry to gather data from CKD patients. Permission was obtained from San Jose Del Monte, Bulacan, and participants were informed about the study, confidentiality, and voluntary participation before giving consent. Semi-structured interviews with open-ended questions were conducted, allowing patients to share authentic experiences about life-sustaining treatment decisions.

Data Analysis Methods

Data were analyzed using narrative inquiry to understand how CKD patients make life-sustaining treatment decisions. Interviews were transcribed verbatim and supplemented with field notes to capture both verbal and nonverbal cues. Transcripts were reviewed, coded, and organized to identify themes while preserving patients' authentic voices.

Research Hypotheses and Validation

The semi-structured interview guide was validated by healthcare and qualitative research experts to ensure clarity, relevance, and ability to capture CKD patients' experiences

in making treatment decisions. A pilot test with a small group refined the questions. These steps confirmed the tool's appropriateness for gathering meaningful qualitative data.

Study Limitations and Ethical Considerations

This study was limited to CKD patients in San Jose Del Monte, Bulacan, and relied on self-reported data, which may affect accuracy. It focused only on 2025, excluding later changes in policies or preferences. Ethical principles guided the process, with consent, confidentiality, voluntary participation, and counseling support provided to protect dignity.

RESULTS AND DISCUSSION

SOP 1. Background & treatment Context

The findings show CKD was most often diagnosed in patients aged 40–50, though cases also appeared in younger and older groups. Most patients had long-term dialysis, while some delayed treatment with alternatives. Psychosocial issues included denial, depression, and compliance struggles, reflecting emotional and cultural influences. Family involvement offered support but sometimes limited autonomy. Overall, CKD management requires an integrated approach to medical, psychosocial, and cultural care, with counseling, education, and family-inclusive strategies to improve patient resilience, autonomy, and outcomes.

SOP 2. Challenges of CKD patients in relation to life-sustaining treatment decisions in terms of physiologic, self- concept and personal identity, role function within family and society, and interdependence and relationships with others.

Patients with CKD shared experiences showing how physical changes and emotional struggles shape treatment decisions. Weight loss, skin dryness, and reduced mobility affected self-image and daily life. Employment loss caused financial strain and dependency. Many faced denial, depression, and anxiety, complicating dialysis acceptance. Family support and cultural values influenced autonomy. Overall, findings highlight the need for holistic care that integrates medical, psychosocial, nutritional, and spiritual support to help patients adapt while preserving dignity and quality of life.

SOP 3. Understanding the influence of personal and treatment-related factors on the challenges when making life-sustaining treatment decisions among patients and healthcare providers.

Patients with CKD shared that medical realities and family involvement strongly shaped treatment decisions. Severe symptoms often required emergency dialysis, limiting autonomy and leaving choices driven by necessity. Families provided advice, emotional support, and reassurance, but sometimes complicated independence. This reflects the cultural importance of collective decision-making. Overall, CKD decisions are influenced by urgent medical needs and family-centered support, highlighting the need for healthcare providers to respect cultural values, engage families, and create frameworks that balance patient agency with family involvement.

SOP 4. Recommendations from the experiences and insights of participants.

Patients with CKD shared that resilience, autonomy, and acceptance guided their treatment decisions. Many were encouraged to be strong, accept their condition, and remain thankful for extended life through dialysis. They emphasized self-care and following medical advice as responsibilities. Resilience helped them endure challenges, acceptance reduced resistance, and autonomy supported independent choices. These findings highlight the need for psychosocial support and patient empowerment to ensure dignity and control in CKD care.

SUMMARY

CKD was most often diagnosed in patients aged 40–50, though some were younger or older. Most had long-term dialysis, while a few delayed treatments with alternatives. Psychosocial struggles included denial, depression, anxiety, and compliance issues, alongside physical changes like weight loss, skin dryness, and reduced mobility. Family support strengthened but sometimes limited autonomy, reflecting cultural values. Patients emphasized resilience, acceptance, and independence as coping strategies. Overall, holistic care that integrates medical, psychosocial, and spiritual support is essential for preserving dignity and improving quality of life.

CONCLUSIONS

This study explored how CKD patients in San Jose Del Monte, Bulacan make life-sustaining treatment decisions. Choices were shaped by physical changes, emotional burdens, cultural values, and family involvement, not just medical progression. Urgent circumstances often limited autonomy, while family support reassured but sometimes challenged independence. Patients relied on resilience, acceptance, and autonomy to cope. Findings highlight the need for holistic care that integrates medical, psychosocial, nutritional, and spiritual support, with culturally sensitive communication and family engagement to improve outcomes and preserve dignity.

RECOMMENDATIONS

The recommendations emphasize holistic, patient-centered CKD care that integrates medical, nutritional, psychosocial, and spiritual support while addressing lived experiences. Counseling, support groups, and education programs should strengthen resilience, autonomy, and adherence. Family engagement must balance patient independence with cultural values, supported by provider training in sensitive communication. Institutions and hospital administrators are urged to adopt flexible, ethical protocols aligned with DOH standards, while healthcare teams deliver clear, whole-person care. Future researchers should explore resilience, autonomy, and family-centered decision-making using larger, diverse samples and long-term studies.

ACKNOWLEDGMENTS

We would like to express our deepest gratitude to all who contributed to this study. We sincerely thank our adviser for guidance, the institution for support, mentors for encouragement, colleagues for collaboration, participants for sharing experiences, and our families and friends for their unwavering strength throughout this journey.

AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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