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Illness Perceptions, Perceived Social Support and Quality of Life in Patients of End Stage Renal Disease

Running Head: Illness Perceptions, Perceived Social Support, Quality of Life

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Abstract

Objective. *The purposive of the current research was to assess the relationship between illness perceptions, perceived social support and quality of life in patients with end stage of renal disease.*

Design. *Co-relational research design was used.*

Place and Duration of Study. *This study was conducted at Allied Hospital Lahore and was completed within six months.*

Methods. *The data was collected via survey method using purposive sampling. Illness perceptions, perceived social support and quality of life were assessed using relevant standardized tools.*

Result. *The results postulated that there is a strong relationship between illness perceptions, perceived social support and quality of life. Moreover, illness perceptions and perceived social support significantly positively predicted quality of life in patients with end stage renal disease.*

Conclusions. *The results from this empirical research highlighted that quality of life is predicted by illness perceptions and perceived social support in patients with end stage renal disease.*

Key words: Illness Perceptions, Perceived Social Support and Quality of Life, Renal Disease

Introduction

Patients with renal failure prefer kidney transplantation due to its effectiveness and positive results. Apart from adding life span of patients and healthy life, transplantation is referred as causing patients with fear of rejection, negativity and complex medication with several side effects (1). There are numerous factors that are relevant to post-transplantation encompassing different psychological and social stressors. It is still unclear and unclaimed that if stress level were changeable depending on the time period. Research on End Stage Renal Diseases (ESRD) tries to investigate the fundamental elements including environmental, psychological, social and subjective quality of life (2). The survival rates or recovery chances after renal transplantation are linked with different chronic physical conditions. With the advancement of health care services, the survival rate is linked with quality of life and decreased rate of fear of rejection and day to day stressors. Moreover, it was also investigated that subjective prayers and objective attitude for a problem were mainly employed as coping with problems and highly linked with problem solving. ESRD is also known as chronic kidney disease (CKD). ESRD is thought-provoking and dangerous for life state that risks one's life towards defected kidneys with different health threatening conditions (3). The patients with ERSD are

dependent on different managerial measures i.e. renal transplantation and dialysis linking with the matching of donor's sample tissues. Several health practitioners extended limited choices to ESRD patients as management plans would not be feasible for them. Moreover, ESRD comes under a long spectrum of complication diseases that leads to different risk factors for psychological health and functioning. Empirically, it has enormously been claimed that the health conditions of patients with ESRD are worse than that of general public. The primary cause behind this phenomenon is that these kind of patients have low quality of life (4).

Illness perception is associated with belief and conviction with one's perceptions of basic awareness about illness or disease. Self-regulatory model is excessively used and studies to understand the correlation of different emotional and behavioral responses for illness perception. (5) It also explains that patients responses to an internal or external stimuli relevant to psychological and emotional representation of one's sense towards his or her illness. Different coping strategies are encouraged and eventually based on health related positive outcome. Moreover, these representations are connected to different psycho-social benefits including QoL. One of the health related concept is life orientations. Life orientation, in an all holistic approach, reviews the relationship of oneself with others and the community. (6) Life orientations cause balanced improvement of the individual and have an imperative role in the change of the QoL (7).

Social support or perceived social support is widely considered as a fundamental cause for better quality of life of patients with ESRD. It has been claimed that there is a strong relationship between perceived social support and quality of life in ESRD's patients (8). Social support goes with two parallel but somehow different directions claiming that patients comprehend the presence of any prominent figure that provoke better quality of life in them and eventually leads to subjective wellness. Secondly, it has been explained that there are influencing channels for one to whom there are a lot of activities for these kinds of patients. These kinds of channels increase one's quality of life (9). Another study investigated the correlation on thirty two patients with end stage renal disease and postulated that social support is widely associated with enormous perception levels. These findings are varied with different cultures and social groups. It also highlighted that ESRD's patients went through different psycho-social problems including social isolation and stress linking with decreased quality of life. The attendants and caregivers of the patients also stated that these patients caused depression among them on a large level (9). In general, different health care settings are on the view that psychological problems of attendants properly managed guarantees increased optimism and lower illness poor perceptions. Social support is synonymous to coping as there are different views on coping reactions of patients and social support is thought to be an important factor in it. Social support by others increases coping and leads to better results linking with optimism (10).

Quality of life in patients with ESRD has been empirically studied at wider level. It has been empirically proved that one's orientation towards life including optimism and self-satisfaction are strong predictors of quality of life (11). Optimism towards life decreases different health related

problems as optimistic individuals improve quickly having any disease especially renal disease. Optimistic people have higher level of expectations and satisfaction in life that is eventually influential to their physical and psychological well-being. There are many individual differences in life orientation and other health risk factors and conditions (12). Clinicians are of the view that levels of expectations vary in predicting different behavioral and health related results. Therefore, the of the current research was to investigate relationship between illness perceptions, perceived social support and quality of life in patients with end stage of renal disease (13). It was hypothesized that there is likely to be relationship between illness perceptions, perceived social support and quality of life in patients with ESRD. It was also hypothesized that illness perceptions and perceived social support are predictors of quality of life.

Method

Research design

Co-relational research design was employed in current research.

Sample and Sampling Strategy

The sample consisting of (*N=100)* patients with end stage renal disease collected from different hospitals of Lahore. Purposive sampling was used for data collection.

Measures

Following questionnaire were used to operationalize the construct of current study:

Brief Illness Perception Questionnaire (B-IPQ): The Brief Illness Perception Questionnaire (B-IPQ) was developed by Moss-Morris, Weinman, Petrie, Horne, Cameron and Buick (2002). (12) The B-IPQ comprises of eight items (14).

Life Orientation Test-Revised (LOT-R): It was first designed by Scheier and Carver (1985) but was revised again. (15) Life orientation test was standardized in Iran in 2004. Optimism scale factor analysis showed that this scale is formed by two factors: hope for the future and a positive attitude towards events. It has 10 items made based on 5-to point Likert Scale. As indicated, the range of changes varied from 0 to 24. Coefficient was calculated 0.67 for the LOT.

WHOQOL-BREF (World Health Organization Quality of Life-BREF): Investigates four areas of physical health, psychological health, social relationship and environmental health through 24 questions (with 3, 6, 7 and 8 questions, individually); the first question belongs none of the domains and assesses health and QoL in general. (15) The reliability of this tool in every four spaces was 0. 70. (16)

Procedure

After permission process, the instruments were taken to the participants for administration purposes. The researcher briefly introduced nature of the study before taking the written consent from those who met the inclusion criteria and were willing to participate. The questionnaires administered on sample personally and would be

ask to fill up the questionnaires. They were assured about the confidentiality of their responses. The questionnaires were completed within the presence of the researcher. The participants were instructed to fill all the items of the questionnaires and if they do not do as instructed their responses were not considered for results and questionnaire will become discarded. The average time to fill the questionnaires will take around 20 minutes.

Ethical Considerations during Study

First of all, tools wording appropriateness was check by expert to adopt or remove the socially or emotionally loaded items. No item found which seemed to be problematic for patients. Before data collection, permission of data collection was being taken from the concerned authority of hospitals where the data was collected. The dignity and wellbeing of patients were under-consideration during data collection. The research data remained confidential throughout the study.

Results

The collected data were entered in SPSS, to assess the hypothesis. First, normality of data were checked through descriptive statistics i.e. skewness, kurtosis, *P*-*P*-plots, *Q*-*Q*-plots. Through this we assured that there were no outliers. Then the reliability of assessment measures was checked through Cronbach alpha. All scales were satisfactory reliable. Next, we were move to assess the hypothesis of the present study through correlation and regression. Detailed result of the current study is given below:

Table 1

Descriptive statistic and Psychometric Properties of Illness Perceptions, Perceived Social Support and Quality of Life in Patients with End Stage Renal Disease (N=100)

Variables	*M*	*SD*	*α*	*Sk*[a]
Illness Perceptions	29.46	18.86	.81	.22
Perceived Social Support	9.22	35.58	.78	.34
Quality of Life	38.23	24.68	.84	.21

[a] Standard error of skewness = .13 0336 4194569 maria, 0334 7103166 mansoora

Table 1 shows mean and standard deviations for illness perceptions, perceived social support and quality of life. The internal consistency index (alpha coefficients) for all above mentioned scales is adequate as all scales were internally consistent.

Table 2

Pearson Correlation among Life Orientation, Illness Perceptions, Quality of Life in Patients with Coronary Heart Disease (N = 100)

Variables	1	2	3	4	5	6	7

1. Cure Control	-	.32***	.28***	.34***	.19***	.51***	.56***
2.Consequence	-	-	.57***	.44***	47***	.34***	.76***
3.Timeline	-	-	-	.36***	.43***	.72***	.71***
4.Belief	-	-	-	-	.36***	.41***	.60***
5. Identity	-	-	-	-	-	.38***	.57***
6. Perceived Social Support	-	-	-	-	-	-	.41***
7. Quality of Life	-	-	-	-	-	-	-

***$p < .001$.

Table 2 showed that cure control is significantly positively correlated with consequence, timeline, belief, identity, perceived social support and quality of life. Consequence is significantly positively correlated with timeline, belief, identity, perceived social support and quality of life. Timeline is significantly positively linked with belief, identity, perceived social support and quality of life. Identity is significantly positively correlated with perceived social support and quality of life. Moreover, perceived social support significantly positively linked with quality of life.

Table 3

Regression Analyses for Illness Perceptions, Perceived Social Support and Quality of Life in Patients with Coronary Heart Disease (N = 100)

Variables	Quality of Life	
	β	R^2
1. Illness Perceptions	.36***	
2. Perceived Social Support	.41***	.35
3. Quality of Life	.40***	

***$p < .001$.

Table 3 shows that the overall model explained thirty five percent variances and it was revealed that that illness perception and perceived social support were a significant positive predictor for quality of life. Illness perceptions components: cure control and belief and perceived social support were significant positive predictors of quality of life.

Discussion

The current research is an empirical exploration of the relationship of illness perceptions, perceived social support and quality of life in patients with end stage of renal disease. There have been a number of studies exploring different phenomenon of ESRD but these variables have always been unexplored especially in relationship with quality

of life. Therefore, the present study has marked different elements that can be a fundamental contributor in different dimension including quality of life relevant to health and especially patients with ESRD.

Firstly, it was hypothesized that there is likely to be relationship between illness perceptions, perceived social support and quality of life. This hypothesis was supported as there was a significant positive correlation between illness perceptions, perceived social support and quality of life in patients with ESRD. Literature has been widely postulated that adjusting to chronic conditions varies from individual to individual (17). These findings are consistent with previous literature that the patients with end stage renal disease tend to have better quality of life. The only condition is linked to social support and psycho-education. There are different studies providing support for these results contextual to different chronic diseases i.e. cancer. These results are contributory to relevant literature on ESRD as it has been reflected that positivity and social support enhances different physical elements and psychological factors of quality of life (18).

Secondly, quality of life was thought to be predicted by illness perceptions and perceived social support. This hypothesis was also proved and it has been supported by diverse studies claiming that there is a strong link between perceived social support and quality of life. Health related quality of life malfunction the severity of illness perceptions and hinder several series of complications (19). There have been many incidents that highlighted malfunctioning of chronic kidney diseases linking different complications. Moreover, it was also stated that health related quality of life is affected by awareness of having disease or being stigmatized as having disease. In current study, perceived social support is regarded as a personality component. Quality of life can be regarded as linking with optimism and healthy outcome of previous life events. Actually, previous life experiences have the fundamental determining potential and future aspirations. Different factors including optimism, wellbeing and humor are significant predictor of quality of life and widely linked with ESRD and its management. The patients during end stage of renal disease are linked with different coping strategies and strongly linked with proper functioning of physical and psychological functioning. Chronic diseases are referenced with wellbeing and different demographic qualities of the recipients contributing effectively in one's life with increased health status and QoL (20).

Conclusions, Limitations and Future Suggestions

The current study emphasized the relationship between illness perceptions, perceived social support and quality of life in patients with end stage renal disease. As Pakistan is a developing country, people with end stage of renal disease have limited resources to cure this disease and lower health benefits by any government or non-government organizations. The relationship and prediction determined by this study will eventually focused on current level of functioning of QoL by ultimately changing lives of patients in context with perceived social support. The positivity towards ESRD with social support can guarantee better health related quality of life. These results postulated meaningful knowledge about the illness

perceptions and perceived social support. Moreover, the kidney transplant team must ponder upon personality characteristics of recipients, their beliefs and emotional issues including psychological and emotional health (21). Unfortunately, previous researches on end stage renal disease have not much focused and explored these sensitive issues that have always been a main intimidating element for post-transplant life. Eventually, quality of life is indomitable by life experiences, health status and personal beliefs.

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