

**PSYCHOSOCIAL CHALLENGES AND COPING STRATEGIES AMONG
PATIENTS UNDERGOING DIALYSIS IN THE UNIVERSITY OF BENIN
TEACHING HOSPITALS (UBTH)**

BY

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OCTOBER, 2025

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**IN PARTIAL FULFILLMENT OF THE AWARD OF BACHELOR OF
NURSING SCIENCE (BSC), COLLEGE OF MEDICAL SCIENCE,
UNIVERSITY OF BENIN, BENIN CITY**

OCTOBER, 2025

DECLARATION

This is to declare that this research project “PSYCHOSOCIAL CHALLENGES AND COPING STRATEGIES AMONG PATIENTS UNDERGOING DIALYSIS IN THE UNIVERSITY OF BENIN TEACHING HOSPITALS (UBTH) “ was carried out by IDEMUDIA VICTORIOUS AIMIOSE. It is solely the result of my work except where acknowledged as being derived from friends , other persons or resources .

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CERTIFICATION

This is to certify that this research project by IDEMUDIA VICTORIOUS AIMIOSE
With MATRICULATION NUMBER _____ has been examined and
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ABSTRACT

Chronic kidney disease poses a significant psychosocial burden, particularly among patients undergoing long-term dialysis in low-resource settings. This study assessed the psychosocial challenges and coping strategies among patients receiving dialysis treatment in a tertiary institution in Benin City. A descriptive cross-sectional design was employed, and data were collected using a structured questionnaire from 100 respondents, selected through a purposive sampling technique. Data were analyzed using descriptive statistics (mean, frequency tables) and inferential analysis, with significance established at $p < 0.05$. Findings revealed that a substantial proportion of patients experienced high levels of psychological distress, including anxiety (72.0%) and depressive symptoms (65.3%), largely attributed to prolonged treatment duration and uncertainty about prognosis. Financial strain was reported by 81.4% of respondents, with many struggling to consistently afford dialysis sessions, medications, and transportation. Social challenges included withdrawal from social activities (58.7%) and feelings of dependency (62.5%). Despite these challenges, the majority of respondents adopted spiritual coping strategies (78.9%), followed by reliance on family support (69.4%) and acceptance of illness (54.2%). However, professional psychological support services were poorly utilized (18.0%) due to stigma and limited availability within dialysis units. A statistically significant association was found between financial burden and psychological stress levels ($p = 0.002$), as well as between coping strategy adoption and overall emotional adjustment ($p = 0.004$). The study concludes that dialysis patients face complex psychosocial challenges that extend beyond clinical care. It recommends integration of mental health services, social support systems, and financial subsidy programs into dialysis care to enhance patient well-being and treatment adherence.

Keywords: Dialysis, Psychosocial Challenges, Coping Strategies, Chronic Kidney Disease, Financial Burden, Psychological Distress, Benin City

DEDICATION

This work is wholeheartedly dedicated to God Almighty, my ever-present help and unfailing source of strength. Thank You for the grace, wisdom, and perseverance that brought me this far. All glory and honor belong to You.

To my dear family, your love, sacrifices, and endless support have been the pillars that held me through every challenge. Thank you for believing in me and standing by me. This milestone is dedicated to you all, with love and gratitude

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CHAPTER ONE

1.0 Background to the study

Chronic kidney disease (CKD) is a major global public health issue, affecting millions of individuals worldwide. It is characterized by a progressive loss of kidney function, often leading to end-stage renal disease (ESRD), which requires renal replacement therapy, such as dialysis or kidney transplantation (Tanriover et al., 2022). Among these treatment options, dialysis remains the most common and accessible intervention for patients who do not have immediate access to transplantation (Chaudhry et al., 2022). However, undergoing dialysis is not only a physically demanding process but also presents significant psychosocial challenges, which can impact the overall well-being and quality of life of patients (Lateef, 2022). Dialysis patients experience a range of psychological and social challenges, including depression, anxiety, social isolation, financial burden, and role limitations within their families and communities (Hansen et al., 2021). Studies have shown that the prevalence of depression among patients undergoing dialysis is significantly higher than in the general population (Alshelleh et al., 2022). The chronic nature of the disease, coupled with the stringent treatment regimen and dietary restrictions, often leads to emotional distress, which may further complicate adherence to treatment and overall prognosis (Fraile-Martinez et al., 2022). Socially, dialysis patients may struggle with maintaining employment, family roles, and social relationships. The time-consuming nature of dialysis sessions, which typically occur multiple times a week, often limits the ability of patients to work or engage in social activities (Whitman et al., 2021). This, in turn, can lead to financial difficulties and a reduced sense of independence, exacerbating feelings of helplessness and dependence on caregivers (Cormican et al., 2021). Furthermore, societal stigma surrounding chronic

illness and physical dependence may contribute to social withdrawal and feelings of alienation among dialysis patients (Tadesse et al., 2021). The coping strategies adopted by dialysis patients vary widely and significantly influence their ability to manage the psychosocial burden of the disease. Coping mechanisms may be categorized as problem-focused, emotion-focused, or maladaptive (Çapkin & Vatansever, 2023). Problem-focused coping strategies, such as seeking information, adhering to medical advice, and engaging in self-care activities, have been found to improve psychological resilience and treatment outcomes (Jiakponna et al., 2024). Emotion-focused coping, including seeking social support, practicing relaxation techniques, and engaging in religious or spiritual activities, also plays a critical role in helping patients manage stress and maintain a positive outlook (McDowell, 2023). However, some patients resort to maladaptive coping mechanisms, such as avoidance, denial, or substance abuse, which can further compromise their mental health and overall well-being (Almeida et al., 2021).

In the Nigerian context, the burden of CKD and its management through dialysis presents unique challenges. Limited access to healthcare facilities, high treatment costs, and inadequate health insurance coverage not only affect the physical well-being of patients but also contribute to significant psychosocial distress (Alzahrani, 2021). Many patients experience anxiety, depression, and social isolation due to the financial burden of treatment and uncertainty about their health outcomes (Gagliardi et al., 2021). Many patients rely on out-of-pocket payments for dialysis, making it financially unsustainable for long-term management (Reddy et al., 2024). The resulting financial strain often leads to heightened stress, anxiety, and even depression, as patients struggle with the uncertainty of affording continuous treatment (Romo et al., 2021). Additionally, cultural beliefs and misconceptions about kidney disease and

dialysis can contribute to stigma and social isolation, further exacerbating the psychosocial burden on patients (Li & Luo, 2023).

Despite these challenges, some coping strategies have proven effective among Nigerian dialysis patients. Family support, religious beliefs, and active participation in the community have been recognized as key factors in strengthening the psychological resilience of patients (Supriati et al., 2024). Furthermore, health education and psychological counseling have been shown to improve patients' understanding of their condition, thereby reducing anxiety and improving adherence to treatment (Shi et al., 2022). Given the significant psychosocial impact of dialysis on patients, it is imperative to explore their experiences, challenges, and coping strategies in greater detail. This study aims to examine the psychosocial challenges faced by patients undergoing dialysis in a tertiary institution in Benin, Nigeria, and to identify the coping strategies they employ to navigate these challenges. By understanding these issues, healthcare providers can develop targeted interventions to support dialysis patients in managing their psychosocial well-being, ultimately improving their overall quality of life.

1.1 Statement of the Problem

Chronic kidney disease (CKD) remains a serious public health concern, and its end-stage form necessitates dialysis for survival. While dialysis is a life-sustaining intervention, it imposes immense physical, psychological, social, and financial burdens on patients (Adams, 2023). Patients undergoing dialysis face numerous psychosocial challenges, including depression, anxiety, stress, social isolation, financial hardship, and stigma, which significantly impact their quality of life (Elias et al., 2025). These issues are particularly pronounced in Nigeria, where healthcare resources are limited, and patients often struggle to afford long-term dialysis

treatment (Ogieuhi et al., 2024).

The psychological impact of dialysis is profound, with studies reporting high levels of depression and anxiety among patients undergoing treatment (Nataatmadja et al., 2020). The chronic nature of CKD, coupled with the repetitive and demanding nature of dialysis sessions, often results in emotional distress and reduced self-esteem. Many patients experience feelings of helplessness, hopelessness, and frustration, which may contribute to poor adherence to treatment and lifestyle modifications (Xie et al., 2023). Additionally, social isolation is common among dialysis patients, as the demanding treatment schedule disrupts work, family roles, and social interactions (Rajkumar et al., 2021). Financially, dialysis poses a substantial burden, particularly in Nigeria, where healthcare costs are predominantly out-of-pocket (Arodiwe et al., 2023). Many patients struggle to afford dialysis sessions, medications, and associated costs, leading to inconsistent treatment and poor health outcomes. The financial strain also affects families and caregivers, further exacerbating stress and emotional distress within households (Lee & Cagle, 2020). Furthermore, societal stigma surrounding CKD and dialysis contributes to the challenges faced by patients. Misconceptions and cultural beliefs about kidney disease often lead to discrimination and alienation from social circles (El-Dassouki et al., 2021). This stigma discourages patients from seeking timely medical attention and adhering to treatment, thereby worsening disease progression and prognosis (Ahad et al., 2023).

Despite the significant burden associated with dialysis, little research has been conducted on the psychosocial challenges and coping strategies of dialysis patients in Nigeria. Understanding these challenges is critical for developing effective interventions to support patients in managing the emotional, social, and financial impacts of dialysis. This study seeks to fill this gap by exploring the psychosocial

challenges faced by patients undergoing dialysis in a tertiary institution in Benin and identifying the coping strategies they employ to navigate these difficulties. The findings of this research will contribute to the existing body of knowledge and provide insights for healthcare professionals, policymakers, and stakeholders to improve the well-being and quality of life of dialysis patients.

1.2 Objectives of the Study

The main objectives of this study are to:

1. Assess the psychosocial challenges faced by patients undergoing dialysis in a tertiary institution in Benin.
2. Assess the psychological well-being of dialysis patients, including their levels of stress, anxiety, and depression.
3. Assess the social and financial difficulties experienced by dialysis patients and their families in accessing and sustaining treatment.
4. Identify the coping strategies adopted by dialysis patients to manage their psychosocial challenges effectively.

1.3 Research Questions

The study seeks to answer the following research questions:

1. What are the psychosocial challenges faced by patients undergoing dialysis in a tertiary institution in Benin?
2. How does dialysis affect the psychological well-being of patients, including their levels of stress, anxiety, and depression?
3. What social and financial difficulties do dialysis patients and their families experience in accessing and sustaining treatment?
4. What coping strategies do dialysis patients adopt to manage their psychosocial

challenges effectively?

1.4 Hypothesis of the Study

1. H₁: Dialysis has a significant effect on patients' psychological well-being, including stress, anxiety, and depression.
2. H₁: Coping strategies significantly influence the psychosocial well-being of dialysis patients.

1.5 Significance of the Study

Understanding the psychosocial challenges and coping strategies of patients undergoing dialysis is crucial for improving patient care and overall well-being. The findings of this study will provide valuable insights for healthcare professionals, policymakers, and caregivers on how best to support dialysis patients in managing their psychological, social, and financial burdens. This, in turn, could lead to the implementation of targeted interventions that enhance patient care, improve coping mechanisms, and ultimately contribute to better health outcomes.

1.6 Scope of the Study

This study focuses on the psychosocial challenges and coping strategies among patients undergoing dialysis in a tertiary institution in Benin. It examines the psychological, social, and financial burdens faced by these patients and explores the strategies they adopt to manage these challenges. The study will be limited to dialysis patients receiving treatment at the selected tertiary healthcare facility, ensuring that findings are specific to this population. Additionally, the study will collect data from patients through structured questionnaires and interviews, allowing for an in-depth understanding of their experiences. It will not extend to other chronic illness patients

or those who have undergone kidney transplantation. Furthermore, the study will be conducted within a specific timeframe and will not assess long-term psychosocial outcomes beyond the data collection period. By maintaining this focus, the research aims to provide targeted insights that can contribute to improving psychosocial support systems for dialysis patients within the Nigerian healthcare context.

1.7 OPERATIONAL DEFINITION OF TERMS

- **Psychosocial Challenges** – The psychological, emotional, and social difficulties faced by dialysis patients, including stress, anxiety, depression, social isolation, stigma, and financial burdens that impact their overall well-being.
- **Psychological Well-being** – A state of mental and emotional stability in dialysis patients, encompassing levels of stress, anxiety, depression, and coping abilities in response to their condition.
- **Social Burden** – The impact of dialysis on a patient's social life, including disruptions in relationships, reduced social participation, and experiences of stigma or discrimination.
- **Financial Burden** – The economic strain experienced by dialysis patients and their families due to the high cost of treatment, medications, transportation, and healthcare services.
- **Coping Strategies** – The behavioral, emotional, and psychological methods dialysis patients use to manage stress and adapt to their condition, such as seeking social support, adopting lifestyle modifications, engaging in religious practices, or using problem-solving techniques.
- **Dialysis** – A life-sustaining medical procedure that removes waste, excess fluids, and toxins from the blood in individuals with kidney failure, performed through

hemodialysis or peritoneal dialysis.

- **Patient Undergoing Dialysis** – An individual diagnosed with chronic kidney disease who receives regular hemodialysis treatment at the University of Benin Teaching Hospital (UBTH) to manage end-stage renal disease and maintain physiological stability.

CHAPTER TWO

LITERATURE REVIEW

This chapter presents a comprehensive review of relevant literature on psychosocial challenges and coping strategies among patients undergoing dialysis. It is organized under the following subheadings: conceptual review, theoretical review, empirical review, and summary of reviewed literature. The review draws from both local and international studies to provide a balanced perspective that informs the current study.

2.1 CONCEPTUAL Review

2.1.1 Chronic Kidney Disease and Dialysis

Chronic Kidney Disease (CKD) is a long-term condition marked by the gradual and irreversible loss of kidney function, which significantly impacts patients' physical and emotional health (Lateef, 2022). The disease progresses through five stages, with the fifth stage—also known as end-stage renal disease (ESRD)—requiring renal replacement therapies such as dialysis or kidney transplantation to sustain life (Thurlow et al., 2021). Dialysis, while life-saving, imposes extensive physiological, psychological, and social burdens on patients. There are two main types of dialysis: hemodialysis (HD) and peritoneal dialysis (PD). Hemodialysis involves filtering the blood through a machine, usually in a hospital or dialysis center, while peritoneal dialysis uses the patient's abdominal lining to remove waste products (Ozsahin et al., 2024). Both methods require strict treatment schedules, significant lifestyle adjustments, and consistent medical supervision, making daily living more complex for patients (Ozkaynak et al., 2021). The global burden of CKD is on the rise, particularly in low- and middle-income countries where access to dialysis is limited (Ke et al., 2022).

In Nigeria and other sub-Saharan African countries, challenges such as limited dialysis machines, high treatment costs, and poor healthcare infrastructure make it difficult for many patients to access consistent (Okoye & Mamven, 2022). Furthermore, dialysis is not curative, and many patients remain on treatment for years while managing numerous comorbidities like hypertension, diabetes, and anemia (Bello et al., 2022). Thus, while dialysis prolongs life, it also introduces a set of clinical, emotional, and social complexities that significantly shape the experiences of patients with CKD.

2.1.2 Psychosocial Challenges of Dialysis Patients

Undergoing dialysis is not only a physically demanding process but also one that presents numerous psychosocial challenges. These challenges encompass a wide range of psychological and social stressors that can significantly diminish patients' quality of life (Doan et al., 2024). Many individuals on dialysis experience heightened levels of stress, anxiety, and depression, often triggered by the chronic nature of the illness and the demanding treatment regimen (Kalantar-Zadeh et al., 2022).

The persistent uncertainty regarding their prognosis, the side effects of treatment, and feelings of dependence on machines contribute to emotional distress. Psychologically, dialysis patients may struggle with a loss of autonomy, low self-esteem, and fear of death, which can exacerbate mental health conditions if not adequately addressed (Nataatmadja et al., 2020).

The frequency and duration of dialysis sessions may interfere with their ability to maintain employment or social commitments, leading to isolation and social withdrawal (Cai et al., 2024). In cultures where chronic illness is stigmatized, such patients may also face social discrimination, further compounding their psychological burden. Moreover, family dynamics can be strained as caregivers may experience

burnout or financial pressure, especially in low-resource settings where the cost of dialysis is largely borne by the patient (Ulasi et al., 2022). In this regard, the psychosocial impact of dialysis is a critical concern that healthcare providers must recognize and address through comprehensive psychosocial support.

2.1.3 Coping Strategies among Dialysis Patients

Coping strategies refer to the behavioral and psychological efforts individuals use to manage the internal and external demands of stressful situations, such as chronic illness. For patients undergoing dialysis, coping mechanisms are essential in mitigating the adverse psychosocial effects of their condition (Lateef, 2022).

These strategies encompass a wide range of responses, from adaptive methods—like seeking social support and engaging in religious practices—to maladaptive ones, such as denial or social withdrawal. One of the most commonly reported coping mechanisms among dialysis patients is religious faith or spiritual practices, which often provide emotional comfort and a sense of hope (Ling et al., 2021). In many African societies, spiritual beliefs play a central role in dealing with illness, and patients often attribute their survival and resilience to divine intervention. This spiritual framework also fosters acceptance of the disease, thereby reducing psychological distress.

Social support is another significant coping resource. Emotional and practical assistance from family, friends, and caregivers helps reduce feelings of isolation and anxiety (L'Heureux et al., 2022). Peer support from fellow dialysis patients can also be empowering, allowing individuals to share experiences and foster a sense of community.

In addition, problem-focused strategies—such as adherence to treatment, maintaining dietary regulations, and acquiring knowledge about the disease—help patients feel more in control and actively involved in their care (Jiakponna et al., 2024). Some individuals also engage in distraction techniques, such as listening to music, reading, or pursuing hobbies, to shift attention away from their health challenges (Chan et al., 2025). Conversely, those who adopt avoidant coping styles may experience poorer psychological outcomes due to unresolved stress and emotional burden.

Healthcare providers play a crucial role in supporting patients' coping processes. By offering counseling, psychosocial education, and access to support groups, they can enhance patients' resilience and promote better psychosocial outcomes (Harmanci & Budak, 2021).

2.1.4 Financial Burden of Dialysis

The financial burden associated with dialysis treatment is one of the most critical challenges faced by patients with chronic kidney disease, particularly in low- and middle-income countries. Dialysis requires regular sessions—typically two to three times per week—alongside medications, diagnostic tests, transportation, and dietary adjustments, all of which accumulate substantial costs over time (Flythe & Watnick, 2024). In Nigeria and similar contexts, the lack of comprehensive health insurance coverage means that most patients pay out-of-pocket, making long-term dialysis financially unsustainable for many families (Agada-Amade et al., 2024).

According to Agada-Amade et al. (2024), the average monthly cost of hemodialysis in a Nigerian public hospital ranges between ₦120,000 to ₦150,000 (approximately \$100–\$150), excluding medication and transport. This cost is prohibitive for a majority of the population, especially when considering that many patients are unable to maintain employment due to the time-intensive nature of treatment. As a result,

families may deplete their savings, sell property, or rely on community support and donations to continue care (Shaabna et al., 2025).

The financial implications also extend to indirect costs, such as job loss, caregiver burden, and increased dependency on relatives (Ng et al., 2021). For female patients or primary breadwinners, this can disrupt household dynamics and deepen poverty cycles. Furthermore, inadequate funding and limited government subsidy programs have led to a situation where many patients skip dialysis sessions or stop treatment altogether due to financial constraints (Avanasigan, 2023).

Studies show that this economic strain contributes significantly to the psychosocial stress experienced by dialysis patients, leading to anxiety, depression, and a diminished sense of well-being (Ng et al., 2021b). Addressing the financial burden through policy reforms, improved insurance schemes, and subsidized treatment is vital to ensuring equitable access to dialysis services.

2.1.5 Impact of Dialysis on Quality of Life

The quality of life (QoL) of patients undergoing dialysis is significantly compromised due to the multifaceted demands of the treatment and the chronic nature of kidney disease. Quality of life encompasses physical health, psychological state, social relationships, level of independence, and personal beliefs (Cai et al., 2021).

For dialysis patients, these domains are often adversely affected, leading to a diminished sense of well-being and satisfaction with life. Physically, dialysis is an exhausting process that can lead to fatigue, muscle cramps, hypotension, and other complications that interfere with daily functioning (Ahmed et al., 2025).

Frequent hospital visits and prolonged sessions can leave patients with limited energy for work, social activities, or personal goals. This ongoing disruption can contribute to a feeling of helplessness or dependency. Psychologically, the constant awareness of

being chronically ill, along with the strict lifestyle modifications required, can foster anxiety, depression, and hopelessness (Zafer & Baloch, 2023).

These psychological issues, if not properly addressed, can result in poor treatment adherence and worsen clinical outcomes. Socially, dialysis often affects personal relationships and limits participation in community or religious activities. Patients may feel like a burden to their families or experience social stigma, especially in cultures where chronic illness is misunderstood (Nair et al., 2020).

The time-consuming nature of treatment also limits opportunities for socialization, leading to isolation and loneliness. Financially, the cost of dialysis can exacerbate stress and negatively influence life satisfaction. As patients struggle to pay for treatments and associated expenses, their emotional and mental states are affected (Iqbal et al., 2021). The cumulative effect of these challenges results in a lower QoL compared to the general population and even patients with other chronic illnesses (Van Wilder et al., 2021). Improving the QoL of dialysis patients requires a holistic approach that incorporates medical, psychological, and social support. Interventions such as counseling, peer support groups, financial assistance programs, and personalized care plans are essential in promoting better health outcomes and restoring a sense of normalcy in their lives.

2.2 Theoretical Review

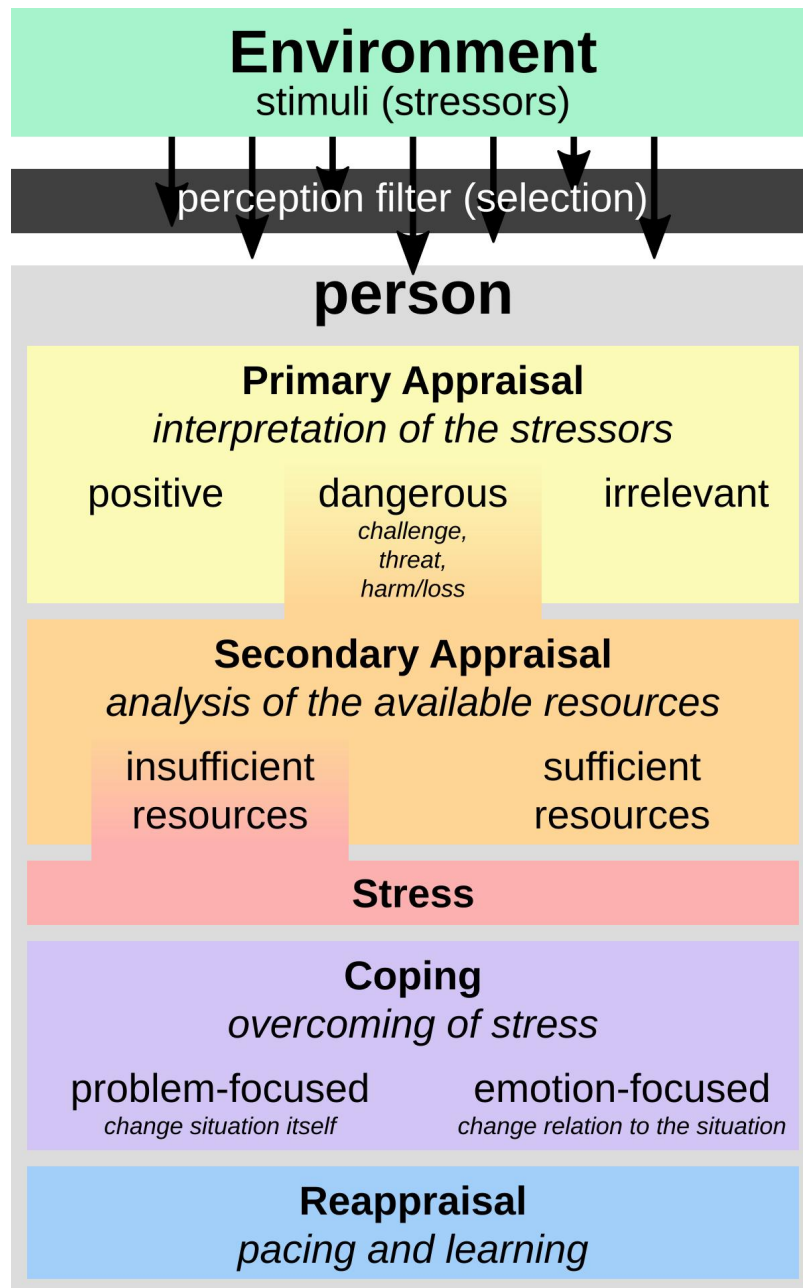


Fig 2.1 Lazarus and Folkman's Stress and Coping Theory (1984)

Lazarus and Folkman's Stress and Coping Theory

Lazarus and Folkman's Stress and Coping Theory (1984) offers a foundational framework for understanding how individuals perceive and manage stress, particularly in the context of chronic illness such as end-stage renal disease (ESRD). The theory posits that stress is a result of an individual's cognitive appraisal of a situation as threatening or exceeding their coping resources. This makes the theory highly relevant to dialysis patients, who often face a combination of physical, emotional, social, and financial stressors. The theory distinguishes between primary appraisal (evaluating the threat level of a situation) and secondary appraisal (evaluating available coping resources). It also identifies two primary types of coping: problem-focused coping, which involves tackling the issue directly (Example: seeking treatment, financial planning), and emotion-focused coping, which aims to regulate the emotional response to stress (Example;prayer, social support, acceptance) (Hussain & Ishaq, 2022).

Research applying this theory to dialysis patients has shown that those who engage in adaptive coping strategies—such as seeking social support, maintaining a positive outlook, and engaging in religious or spiritual practices—tend to report better psychological and emotional well-being (Saud et al., 2021). In contrast, maladaptive strategies such as denial, withdrawal, or substance use can worsen stress levels and affect treatment adherence (Volkow & Blanco, 2023). By focusing on individual perceptions and coping responses, this theory provides a valuable lens for understanding the psychosocial challenges that dialysis patients face and the mechanisms they employ to adjust. It also supports the development of targeted interventions aimed at improving coping skills and reducing stress-related health consequences.

2.3 Empirical Review

The empirical review discusses research studies that examine the psychosocial challenges faced by dialysis patients and the coping strategies they employ to manage their condition. Studies have consistently shown that dialysis significantly impacts the physical, emotional, and social well-being of patients, influencing their overall quality of life.

2.3.1 Psychosocial Challenges of Dialysis Patients

Dialysis is a life-sustaining treatment for patients with end-stage renal disease (ESRD), but it brings numerous psychosocial challenges. A descriptive cross-sectional study conducted by Wu et al. (2023) in a tertiary hospital in Beijing, China, involving 200 hemodialysis patients aged 25–70 years, found that 62% of participants reported moderate to severe levels of anxiety, while 47% showed symptoms of depression based on the Hospital Anxiety and Depression Scale (HADS). The study adopted a quantitative survey design, and the data were analyzed using descriptive and inferential statistics. The findings highlighted that these psychological symptoms were partly due to the invasive nature of the treatment, long-term dependence on dialysis, and uncertainty regarding health outcomes. These patients also faced emotional distress related to their perceived loss of autonomy, as they were required to strictly adhere to a rigid regimen of treatment and lifestyle modifications (Pruette & Amaral, 2020).

Another study by Hussain and Ishaq (2022) employed a mixed-method approach in a renal care unit in Lahore, Pakistan, involving 120 dialysis patients. Quantitative data collected via structured questionnaires showed that 58% of respondents reported a

decline in social interaction, while qualitative interviews revealed themes of loneliness, withdrawal, and stigma. The study concluded that the demanding schedule of dialysis treatments, coupled with physical limitations imposed by the disease, significantly reduces patients' ability to engage in social or recreational activities, contributing to social isolation and emotional withdrawal.

Additionally, a survey-based study conducted by Ong et al. (2020) in Kuala Lumpur, Malaysia, with a sample size of 150 dialysis patients, found that 65% of the respondents experienced moderate to high levels of financial stress. The study used a structured questionnaire to assess financial burden, showing that treatment-related expenses, transportation, and medication costs strained family relationships and contributed to emotional distress. Many patients reported relying on external financial support, which in turn created a sense of dependency and helplessness.

These findings collectively underscore the multifaceted psychosocial challenges faced by patients undergoing dialysis. The emotional burden, loss of social connection, and financial hardship not only impact their quality of life but may also affect treatment adherence and long-term outcomes.

2.3.2 Psychological Impact of Dialysis

The psychological impact of dialysis is substantial, affecting various aspects of patients' mental health. According to Alshelleh et al. (2022), in a cross-sectional study conducted in a renal center in Amman, Jordan, involving 180 patients undergoing maintenance hemodialysis, depression and anxiety were found to be highly prevalent. Using the Beck Depression Inventory (BDI) and Generalized Anxiety Disorder Scale (GAD-7), the study reported that over 55% of participants experienced moderate to

severe depression, while nearly 40% had clinically significant anxiety. The researchers concluded that the prevalence of these psychological conditions among dialysis patients was significantly higher than in the general population, primarily due to treatment burden, lifestyle restrictions, and prognosis uncertainty.

Additionally, a study by Obispo-Portero et al. (2022), conducted in three public hospitals in Madrid, Spain, adopted a quantitative survey design with a sample size of 140 patients. The study found that anxiety was more prevalent among patients who perceived their treatment as burdensome and had pessimistic views about their long-term health outcomes. Statistical analysis showed a significant correlation between negative treatment perception and elevated anxiety scores ($p < 0.01$). This highlights the role of illness perception in shaping emotional well-being.

A related study by Lorente et al. (2020) in Buenos Aires, Argentina, using a comparative cohort design involving 100 dialysis patients, investigated the role of coping mechanisms in managing psychological distress. The study utilized the Brief COPE Inventory and found that patients who adopted active coping strategies, such as seeking emotional support, journaling, and practicing relaxation techniques, had significantly lower levels of depression and anxiety compared to those relying on avoidant strategies such as denial or disengagement. The researchers emphasized that coping style played a crucial role in emotional adjustment and recommended that psychological interventions be integrated into dialysis care plans to strengthen adaptive coping.

Overall, these studies demonstrate that the psychological burden of dialysis is considerable, with high rates of depression and anxiety linked to both personal perceptions and coping abilities. Interventions aimed at improving psychological

resilience and promoting adaptive coping strategies are essential for enhancing the mental health of individuals undergoing dialysis treatment.

2.3.3 Coping Strategies Employed by Dialysis Patients

Coping strategies play a critical role in helping dialysis patients manage their psychosocial challenges. A qualitative phenomenological study by Rezaeipandari et al. (2023), conducted in three major hospitals in Tehran, Iran, explored the coping mechanisms of 30 adult hemodialysis patients through in-depth interviews. The researchers found that many participants relied heavily on religious or spiritual coping strategies, such as prayer, faith in God, and participation in religious gatherings, to manage the emotional burden of their illness. Patients expressed that spirituality provided them with a sense of hope, acceptance, and emotional stability in the face of chronic treatment. In addition, seeking social support from family, friends, and religious communities was reported as a vital component of emotional resilience.

Similarly, a descriptive cross-sectional study conducted by Van Wyk and Kagee (2023) in Cape Town, South Africa, surveyed 120 dialysis patients using a structured questionnaire adapted from the Brief COPE Inventory. The study revealed that while many patients adopted adaptive coping strategies, such as acceptance and positive reframing, a significant proportion (approximately 28%) engaged in maladaptive coping mechanisms. These included denial, withdrawal, and, in a few cases, substance use. Patients using maladaptive strategies reported lower adherence to dietary and fluid restrictions, as well as higher levels of anxiety and depression scores ($p < 0.05$).

These findings underscore the importance of educating patients on the use of healthy coping strategies and integrating psychosocial support services into dialysis care.

Healthcare providers, particularly nurses and social workers, are in a unique position to identify patients at risk of poor coping and refer them for counseling, support groups, or mental health interventions. Promoting adaptive coping can lead to improved emotional well-being, better treatment compliance, and overall quality of life for patients undergoing long-term dialysis.

2.3.4 Social and Financial Burdens of Dialysis

The social and financial burdens of dialysis are profound and can significantly affect patients' quality of life. A cross-sectional survey by Jose et al. (2022) conducted in two tertiary hospitals in Lagos, Nigeria, assessed the financial challenges faced by 150 dialysis patients. The study found that over 60% of participants relied on out-of-pocket payments to fund their treatment, with only a small fraction (15%) having any form of insurance coverage. The high cost of each dialysis session—coupled with frequent hospital visits—placed a considerable strain on patients and their families. In some cases, the inability to afford continuous treatment led to skipping sessions or complete discontinuation of dialysis, negatively impacting patient outcomes and survival rates.

Similarly, Tordrup et al. (2022), in a multi-country economic assessment involving Kenya, Nigeria, and Ghana, reported that the annual cost of maintenance dialysis often exceeds the average household income, particularly in low- and middle-income settings. This financial burden frequently forces families to deplete savings, incur debts, or sacrifice other essential needs such as education and nutrition.

On the social front, Brandt et al. (2022) conducted a qualitative interview-based study with 40 dialysis patients in a metropolitan clinic in Johannesburg, South Africa, and

reported widespread social disruption among participants. The inflexible schedule of dialysis—typically requiring three sessions per week lasting several hours each—led to significant interruptions in employment, family life, and social engagement. Many patients described feelings of isolation, dependency, and social withdrawal, which compounded their emotional burden. Several also reported strained relationships due to role changes within the family, as they became increasingly reliant on others for physical and financial support.

Together, these findings highlight the dual burden—economic and social—faced by individuals undergoing dialysis. Addressing these issues requires a multi-sectoral approach, including healthcare subsidies, community-based support services, flexible scheduling, and psychosocial interventions aimed at reducing isolation and financial strain.

2.3.5 Psychological Impact of Dialysis Treatment

The psychological impact of dialysis on patients is profound, as it significantly affects their mental well-being and overall quality of life. Patients undergoing dialysis face a spectrum of psychological challenges stemming from the chronic nature of end-stage renal disease (ESRD), the demanding treatment regimen, and the associated social and financial stressors. Common psychological manifestations include depression, anxiety, and a diminished sense of emotional well-being.

Adejumo et al. (2024) conducted a descriptive cross-sectional study involving 170 dialysis patients across three teaching hospitals in Southwestern Nigeria. The study revealed that approximately 58% of respondents reported symptoms consistent with major depressive disorder, as assessed using the Beck Depression Inventory (BDI-II).

Key factors associated with depressive symptoms included treatment fatigue, perceived hopelessness, and financial strain from the cost of treatment. The chronic progression of the illness and limited treatment alternatives were also cited as contributing to patients' emotional distress.

Similarly, a quantitative study by McKeaveney et al. (2022) in the United Kingdom found a strong correlation between dialysis frequency and elevated levels of psychological burden, particularly among patients without strong social support systems. The study utilized the Hospital Anxiety and Depression Scale (HADS) and involved 102 participants, of whom nearly 45% experienced clinically significant anxiety. The authors linked these findings to uncertainty about health outcomes, mortality concerns, and dependency on healthcare systems.

In Jordan, Qawaqzeh et al. (2023) carried out a mixed-methods study with 60 chronic dialysis patients, focusing on the psychosocial effects of lifestyle restrictions. The results indicated that anxiety levels were highest among patients who lacked consistent caregiver support and those who faced dietary and mobility restrictions. Respondents cited fear of treatment complications, emotional exhaustion, and concerns about being a burden on their families as key stressors.

Furthermore, Cardol et al. (2022), in a systematic review of 12 qualitative studies, highlighted that dialysis patients often experience a loss of autonomy, leading to feelings of helplessness and reduced self-worth. These psychological effects are intensified by the repetitive, time-consuming nature of dialysis, which disrupts work, social, and recreational activities.

Conversely, Guerra et al. (2021) found that patients with access to psychosocial

interventions, such as group counseling, religious engagement, or supportive family environments, reported lower levels of psychological distress. Shadid et al. (2021), in a study involving 90 patients in Saudi Arabia, also noted that patients who practiced spiritual coping or engaged in positive reframing demonstrated higher resilience and better emotional adjustment to life on dialysis.

In sum, these studies underscore the urgent need for integrated psychological care in dialysis settings. Interventions aimed at early screening, mental health counseling, and community-based support programs could significantly improve emotional outcomes and overall treatment compliance among patients undergoing dialysis.

2.3.6 Coping Strategies among Dialysis Patients

Coping strategies are essential in managing the psychological and emotional challenges associated with dialysis treatment. These strategies often shape how patients adjust to the physical demands and lifestyle limitations imposed by end-stage renal disease (ESRD). Broadly, coping mechanisms among dialysis patients can be categorized into problem-focused and emotion-focused approaches. While some patients seek practical solutions—such as learning more about their condition or exploring treatment alternatives—others rely on emotional outlets such as prayer, religious faith, and social support to navigate their distress.

A study by Akpor et al. (2024) conducted in two tertiary hospitals in South-West Nigeria utilized a descriptive cross-sectional design involving 130 hemodialysis patients. Using a structured questionnaire and the Brief COPE Inventory, the researchers found that religious coping was the most commonly reported strategy, with 72% of participants stating that their faith in a higher power gave them the

strength to endure the demands of dialysis. Many respondents described prayer, participation in religious gatherings, and trust in divine intervention as critical in helping them remain hopeful and emotionally stable.

Similarly, Supriati et al. (2024), in a qualitative study involving 25 in-depth interviews with dialysis patients in Indonesia, identified family support and peer encouragement as vital coping resources. Participants noted that talking with others undergoing dialysis helped normalize their experiences and reduce feelings of isolation. Support from family members, including emotional reassurance and assistance with daily tasks, also contributed significantly to psychological resilience.

However, not all patients adopted constructive coping strategies. Owen et al. (2022), in a mixed-methods study with 85 participants from the United Kingdom, reported that some patients turned to maladaptive strategies, such as denial, avoidance, and substance use, especially in the early stages of treatment. These behaviors were associated with increased anxiety, poor treatment adherence, and lower quality of life. Patients who engaged in denial often delayed acceptance of their condition and were less likely to participate in educational or support programs.

The findings from these studies emphasize the need for targeted psychosocial interventions within dialysis units. Healthcare providers should assess patients' coping styles and provide educational sessions, psychological counseling, and peer support groups that promote adaptive coping mechanisms. By strengthening patients' emotional resilience and minimizing reliance on harmful strategies, such interventions can improve both mental health outcomes and long-term treatment adherence.

2.4 Summary of Literature Review

The literature on dialysis treatment, its psychosocial impacts, and the coping strategies adopted by patients underscores the multifaceted challenges faced by individuals undergoing renal replacement therapy. Chronic Kidney Disease (CKD), especially in its end-stage, is a major health concern globally, with dialysis serving as a life-sustaining intervention for patients with End-Stage Renal Disease (ESRD). However, the process of dialysis comes with numerous physical, psychological, and financial burdens.

Despite these insights, a significant gap in the literature exists. While many studies explore coping strategies and psychosocial effects in developed countries or large urban centers, there is limited empirical evidence focusing on the localized experiences of dialysis patients in low- and middle-income settings like Nigeria—particularly in specific tertiary healthcare institutions. Most existing studies lack context-specific data on the psychological, social, and financial challenges these patients face and how cultural, spiritual, or systemic factors influence their coping mechanisms. Additionally, there is a paucity of research that integrates both the subjective experiences of patients and quantitative outcomes within these settings. This gap highlights the need for focused, location-specific studies that not only explore the unique psychosocial burdens but also assess the effectiveness of existing support structures and interventions for dialysis patients in regions like Benin City, Nigeria.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

The research design served as the blueprint for the study, guiding the approach and methodology used to address the research objectives (Ghanad, 2023). A descriptive cross-sectional design was employed. This design enabled data collection from a defined population—patients undergoing dialysis in a tertiary healthcare institution in Benin, Nigeria—without altering the study environment. It was particularly useful for identifying prevailing conditions and exploring relationships among variables such as mental health status and coping mechanisms.

3.2 Research Setting

The study was conducted at the University of Benin Teaching Hospital (UBTH), located in Benin City, Edo State, Nigeria. UBTH is a renowned tertiary healthcare institution that provides specialized medical services and serves as a major referral center for southern Nigeria and beyond. UBTH was selected for this study because of its comprehensive renal care services, including a dedicated dialysis unit that catered to patients with end-stage renal disease (ESRD) and other chronic kidney conditions. The dialysis unit, part of the hospital's Department of Internal Medicine under the Nephrology division, was equipped with modern dialysis machines and associated technologies, ensuring high-quality care delivery. The unit operated on a regular schedule, attending to both outpatients and inpatients from Benin City and neighboring states. It had approximately 8 to 12 dialysis machines and could accommodate about 10 patients per session, depending on operational capacity and

resource availability. Multiple shifts were run daily to meet the high demand for treatment. In terms of staffing, the unit was managed by a multidisciplinary team, including nephrologists, dialysis nurses, medical officers, renal technicians, and support staff. The team typically consisted of 3–4 consultant nephrologists, 6–10 trained dialysis nurses, and a group of allied health professionals responsible for patient care, machine operation, and clinical monitoring.

3.3 Target Population

The target population for this study comprised patients undergoing dialysis treatment at the University of Benin Teaching Hospital (UBTH). These patients had been clinically diagnosed with end-stage renal disease (ESRD) and were receiving either hemodialysis or peritoneal dialysis as part of their treatment regimen. UBTH's dialysis unit managed a significant number of renal patients. As of 2024, the facility provided dialysis treatment to an estimated 80 to 100 active patients monthly, with 30 to 40 patients undergoing dialysis regularly on a weekly basis, depending on clinical needs and appointment schedules (UBTH Dialysis Unit Records, 2024). The population included both male and female patients from diverse socioeconomic, cultural, and educational backgrounds, allowing the study to capture a wide range of experiences and perspectives regarding the psychosocial challenges of dialysis treatment.

3.4 Sample Size Determination

The sample size for this study was determined using the Yamane (1967) formula, which is commonly used for calculating sample sizes in a population with known total size. The formula is as follows:

$$n = \frac{N}{1 + N(e^2)}$$

Where:

- **n** = sample size
- **N** = total population (183)
- **e** = margin of error (0.05)

Substituting the values:

Table 3.1 Table for Sample Size Determination

S/N	Total population	Sample determination	size	Sample size for level
1.	183	$\frac{183}{1 + 183(0.05^2)}$		125
Total				

Thus, the required sample size for this study is 125 patients on dialysis from UBTH. This sample size ensures that the results of the study are representative of the target population, providing an appropriate level of precision within the 5% margin of error.

3.5 Sample and Sampling Technique

For this study, a simple random sampling technique was employed to select participants from the target population of dialysis patients at the University of Benin Teaching Hospital (UBTH). This method was chosen to ensure that each dialysis patient within the hospital had an equal chance of being selected, thereby minimizing selection bias and increasing the generalizability of the study's findings.

Although the estimated sample size was 125, only 100 questionnaires were properly completed and retrieved, giving a response rate of 80%. The analysis presented in this study was therefore based on the 100 valid responses obtained.

Inclusion Criteria

- Patients who had been clinically diagnosed with end-stage renal disease (ESRD).
- Patients who had been on dialysis (hemodialysis or peritoneal dialysis) for at least three months, ensuring adequate exposure to the treatment and its psychosocial demands.
- Patients aged 18 years and above.
- Patients who gave informed consent to participate in the study.

Exclusion Criteria

- Patients who had been on dialysis for less than three months.
- Patients who were critically ill and unable to respond to the questionnaire.
- Patients with documented psychiatric disorders prior to initiation of dialysis.
- Patients who declined to participate in the study.

3.6 Instrument for Data Collection

The primary instrument for data collection in this study will be a structured, researcher-designed questionnaire (Appendix I). The 29-item questionnaire was developed after an extensive review of relevant literature on dialysis, psychosocial challenges, psychological well-being, social burden, and coping strategies. While the items were informed by themes commonly measured in existing standardized instruments (such as the Brief COPE and WHOQOL-BREF), the tool was not directly adopted from any single standardized instrument. Instead, it was adapted to suit the cultural and contextual realities of patients undergoing dialysis in Benin City.

The questionnaire is divided into five sections as follows:

- **Section A: Demographic Information (8 items).** This section collects data on participants' background characteristics such as age, gender, marital status, educational level, duration on dialysis, employment status, and income.
- **Section B: Psychosocial Challenges (6 items).** This section assesses psychosocial difficulties experienced by patients, including anxiety, depression, social withdrawal, relationship strain, financial stress, and hopelessness. Responses are measured on a 4-point modified Likert scale ranging from Strongly Disagree (SD) to Strongly Agree (SA).
- **Section C: Psychological Well-Being (5 items).** This section evaluates the emotional and mental health outcomes of patients on dialysis, such as emotional exhaustion, stress, and perceived support. Responses are also rated on a 4-point modified Likert scale.
- **Section D: Social and Financial Burdens (5 items).** This section examines the economic strain and social consequences of dialysis, focusing on treatment cost, affordability of medications, income disruption, and strained relationships. Responses are captured on a 4-point modified Likert scale.
- **Section E: Coping Strategies (5 items).** This section identifies coping mechanisms employed by patients, such as social support, religious practices, recreational activities, professional help-seeking, and acceptance of illness. Responses are measured on a 4-point modified Likert scale.

The use of the Likert scale format facilitates ease of response, quantification, and statistical analysis.

3.7 Validity of the Instrument

Validity referred to the extent to which an instrument accurately measured what it was intended to measure (Ahmed & Ishtiaq, 2021). To ensure the validity of the questionnaire, the instrument underwent content and face validation. This was carried out by the project supervisor from the Department of Nursing Science, who assessed the relevance, clarity, and appropriateness of the questions in relation to the research objectives and hypotheses. The content validity ensured that the items in the questionnaire represented the full scope of the constructs being measured, such as psychosocial challenges, psychological well-being, social and financial burdens, and coping strategies among dialysis patients.

3.8 Reliability of the Instrument

Reliability referred to the degree to which an instrument consistently measured a concept or construct across different conditions and times (Ahmed & Ishtiaq, 2021). The reliability of the instrument was tested using Cronbach's Alpha coefficient to assess internal consistency. Cronbach's Alpha measured the degree to which items within the same section of the questionnaire correlated with one another, ensuring that they were consistently measuring the same construct.

3.9 Method of Data Collection

The data collection procedure for this study followed a systematic and structured approach to ensure accurate, reliable, and ethical gathering of data from dialysis patients at the University of Benin Teaching Hospital (UBTH). Data were collected over a period of four weeks in the hospital's dialysis unit. The questionnaires were

administered face-to-face to patients immediately before or after their dialysis sessions in a designated quiet area within the unit, ensuring privacy and minimal disruption to treatment. Clear instructions were provided to each participant on how to complete the questionnaire. Participants were given sufficient time to respond, and completed questionnaires were collected immediately after completion to ensure a high response rate and data completeness.

3.10 Data Analysis

The data collected from the completed questionnaires were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25.0. Both descriptive and inferential statistical techniques were employed to ensure accurate interpretation of the findings. The level of significance was set at $p < 0.05$ for all inferential tests.

Descriptive Analysis

Section A (Demographics): Data on age, gender, marital status, educational level, duration on dialysis, employment status, and monthly income were summarized using frequencies, percentages and presented in tables and charts.

Section B (Psychosocial Challenges): Responses were scored on a 4-point Likert scale (SD–SA). Mean scores were calculated for each item to determine the prevalence and severity of psychosocial challenges among dialysis patients.

Section C (Psychological Well-Being): Likert-scale responses were analyzed using means to assess overall psychological well-being, with higher scores indicating greater emotional impact of dialysis.

Section D (Social and Financial Burdens): Item responses were summarized using frequencies, percentages, and mean scores to evaluate the extent of social and financial strain.

Section E (Coping Strategies): Responses were analyzed using mean scores to identify the most commonly adopted coping strategies.

3.11 Ethical Considerations

The study adhered strictly to established ethical principles, including informed consent, confidentiality, and voluntary participation. Ethical approval had already been obtained from the Research Ethics Committee of UBTH (Appendix II) to ensure that the study complied with institutional regulations and accepted ethical standards. In addition, consent and permission were obtained from all respondents prior to the commencement of data collection.

The following ethical considerations were maintained during the research:

i. Confidentiality

All information provided by respondents was treated with the highest level of confidentiality. No personally identifiable information, such as names or addresses, was collected in the questionnaire, ensuring complete anonymity. Respondents were informed that the data gathered would be used solely for academic and research purposes, and under no circumstances would their identities be disclosed.

ii. Self-Determination / Voluntary Participation

Participation in the study was entirely voluntary. Respondents were fully informed of the nature, purpose, and procedures of the research, and they had the freedom to

decide whether or not to participate. They were also assured that choosing not to participate—or deciding to withdraw at any stage of the study—would not result in any penalties or affect their access to healthcare services. Furthermore, respondents could choose not to answer any questions they were uncomfortable with, without providing any justification.

iii. Avoidance of Plagiarism

To uphold academic integrity, all ideas, quotations, research findings, and data drawn from other authors were appropriately cited within the text and fully acknowledged in the reference section using the APA 7th edition referencing style. The researcher ensured that the study was free from plagiarism by giving due credit to original authors and strictly following ethical guidelines for sourcing and referencing scholarly materials.

CHAPTER FOUR

PRESENTATION OF RESULTS

This chapter presents the results of the data analysis based on the responses obtained from the study participants. A total of 125 questionnaires were distributed, out of which 100 were properly completed and returned, giving a response rate of 80%.

Table 4.1: Demographic characteristics of respondents (n = 100)

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	18–29	18	18.4
	30–39	27	27.6
	40–49	26	25.7
	50 and above	29	28.3
Gender	Male	55	55.1
	Female	45	44.9
Marital Status	Single	24	24.2
	Married	52	52.6
	Divorced	12	12.0
	Widowed	12	11.2
Educational Level	No Formal Education	10	10.2
	Primary	16	16.4
	Secondary	34	34.6
	Tertiary	40	38.8
Duration on Dialysis	3–6 months	20	20.4
	6–12 months	25	24.9
	1–2 years	28	27.6
	Above 2 years	27	27.1
Employment Status	Student	10	10.0
	Unemployed	25	25.5
	Employed	32	31.8
	Retired	12	12.3
	Self-employed	21	20.4
Monthly Income (₦)	No income	18	18.3
	< ₦30,000	22	21.9
	₦30,000–₦60,000	28	28.6
	₦60,000–₦100,000	17	17.1
	> ₦100,000	15	14.1

The socio-demographic characteristics of the respondents show that patients undergoing dialysis in UBTH were spread across different age groups, with the highest proportion aged 30–39 years (27.6%) and the least aged 18–29 years (18.4%). Males (55.1%) were slightly more than females (44.9%), indicating a near balance in gender distribution.

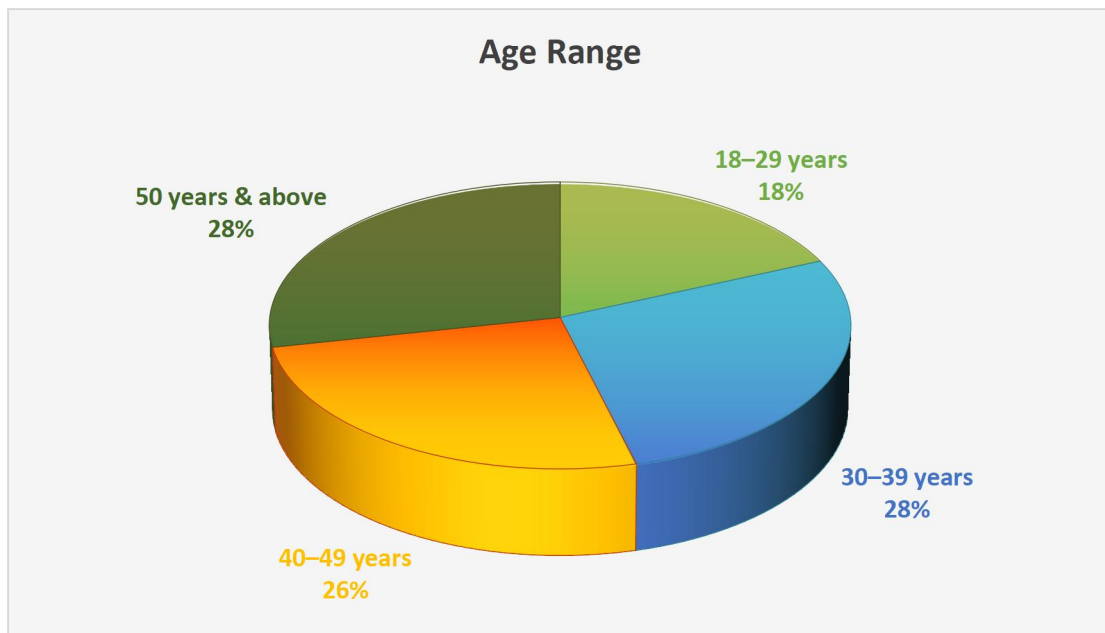


Figure 4.1 Pie Chart Showing the Age Range Distribution of the Respondents

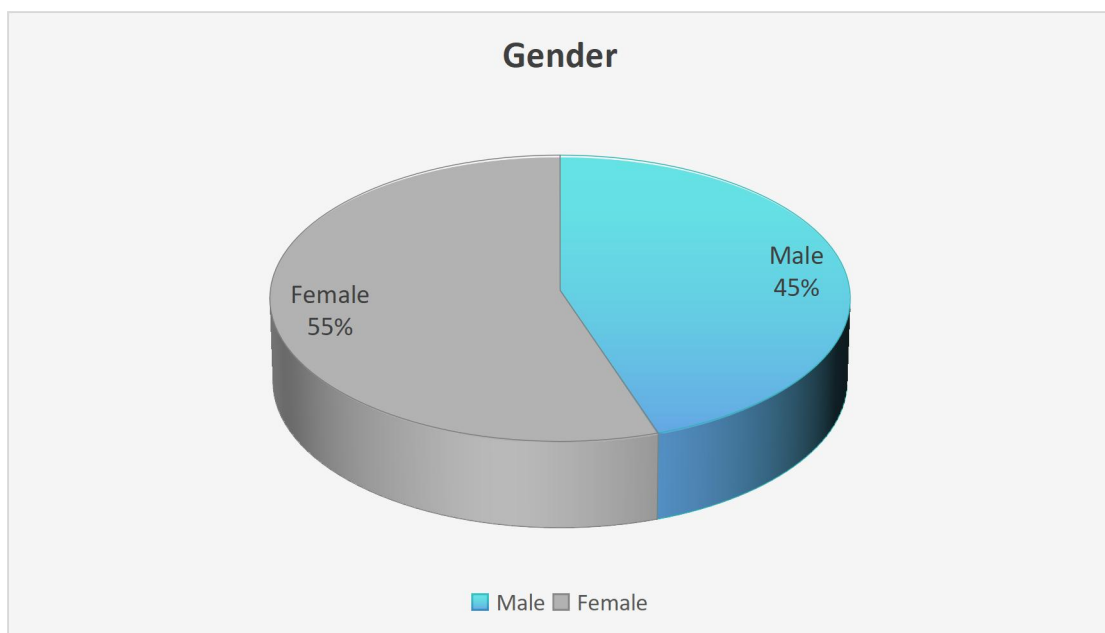


Figure 4.2 Pie Chart Showing the Gender Distribution of the Respondents

Table 4.2: Distribution of responses on psychosocial challenges (n = 100)

Item	SD n(%)	D n(%)	A n(%)	SA n(%)	Mean	Remark
I feel anxious about my health.	10(10.2)	18(18.4)	42(42.5)	30(28.9)	2.9	Moderate
I feel depressed due to my condition.	12(11.8)	20(20.3)	40(39.6)	28(28.3)	2.8	Moderate
I avoid social gatherings because of dialysis.	14(14.1)	22(21.6)	36(36.0)	28(28.3)	2.8	Moderate
I have difficulty maintaining relationships.	16(16.2)	18(18.0)	40(40.1)	26(25.7)	2.8	Moderate
My financial situation causes me stress.	6(6.2)	12(12.3)	40(39.5)	42(42.0)	3.2	High
I experience feelings of hopelessness.	14(14.0)	20(20.0)	38(38.4)	28(27.6)	2.8	Moderate

Grand Mean = 2.88

The findings show that psychosocial challenges were common among dialysis patients. A moderate level of anxiety (mean = 2.9) and depression (mean = 2.8) was reported by respondents, suggesting significant psychological distress. About 64.3% agreed or strongly agreed that they avoided social gatherings due to dialysis, reflecting the impact on social functioning.

Table 4.3: Psychological Well-being of Patients on Dialysis (n = 100)

Item	SD	n(%)	D n(%)	A n(%)	SA n(%)	Mean	Remark
I often feel emotionally drained due to my illness.	8(8.1)		20(20.3)	42(42.0)	30(29.6)	2.9	Moderate
I find it difficult to cope with stress.	10(10.0)		24(24.1)	40(39.8)	26(26.1)	2.8	Moderate
Dialysis has negatively affected my mental health.	12(11.6)		18(18.2)	38(37.7)	32(32.5)	2.9	Moderate
I feel supported emotionally by others.	14(14.2)		26(25.6)	36(36.4)	24(23.8)	2.7	Moderate
I am satisfied with the mental health care I receive.	18(18.1)		28(28.4)	32(31.7)	22(21.8)	2.6	Moderate

Grand Mean = 2.78

The results show that dialysis patients experienced moderate levels of psychological strain. A majority reported feeling emotionally drained (71.6% agreed/strongly agreed, mean = 2.9), and many also found it difficult to cope with stress (65.9%, mean = 2.8). Mental health appeared to be moderately affected by dialysis, with 70.2% acknowledging negative impacts (mean = 2.9).

Table 4.4: Social and Financial Burden of Patients on Dialysis (n = 100)

Item	SD n(%)	D n(%)	A n(%)	SA n(%)	Mean	Remark
The cost of dialysis is overwhelming.	6(6.1)	12(12.2)	40(40.3)	42(41.4)	3.2	High
I struggle to afford medications and transportation.	8(8.0)	14(14.3)	42(42.0)	36(35.7)	3.1	High
I rely on family or friends for financial support.	10(10.1)	18(18.5)	38(38.0)	34(33.4)	3.0	High
Dialysis affects my ability to work or earn income.	12(12.3)	20(20.1)	40(39.6)	28(28.0)	2.8	Moderate
My condition has strained my relationship with family/friends.	14(14.1)	24(24.0)	36(35.6)	26(26.3)	2.7	Moderate

Grand Mean = 2.96

The results indicate that financial difficulties are the most prominent burden faced by dialysis patients. A large majority (81.7%) agreed or strongly agreed that the cost of dialysis is overwhelming, with a mean score of 3.2, reflecting a *high* level of stress. Similarly, most patients (77.7%) struggled to afford medications and transportation (mean = 3.1), further emphasizing the economic strain associated with treatment. Dependence on others for financial support was also evident, with 71.4% reporting reliance on family or friends (mean = 3.0).

Table 4.5: Coping Strategies Adopted by Patients on Dialysis (n = 100)

Coping Strategy	SD	n(%)	D n(%)	A n(%)	SA n(%)	Mean	Remark
I talk to family or friends about my feelings.	12(12.1)	20(20.2)	38(38.0)	30(29.7)	2.9	Moderate	
I pray or engage in religious/spiritual practices to feel better.	6(6.0)	10(10.3)	34(34.0)	50(49.7)	3.3	High	
I engage in hobbies or recreational activities to relieve stress.	14(14.0)	26(26.1)	38(37.9)	22(22.0)	2.7	Moderate	
I seek help from a health professional (e.g., counselor/psychologist)	18(18.2)	28(28.1)	32(32.0)	22(21.7)	2.6	Moderate	
I try to accept my illness and focus on things I can control.	8(8.3)	12(12.4)	40(39.8)	40(39.5)	3.1	High	

Grand Mean = 2.92

The findings reveal that dialysis patients adopt a range of coping strategies, with religious and spiritual practices being the most common. Nearly 84% of respondents reported praying or engaging in religious activities to cope, with a mean score of 3.3, indicating a high reliance on spirituality. Acceptance of illness and focusing on controllable aspects was also common (79.3%, mean = 3.1), showing a positive adjustment mechanism.

4.2 Test of Hypotheses

Hypothesis One (H₁):

Dialysis has a significant effect on patients' psychological well-being, including stress, anxiety, and depression.

Table 4.2.1: One-Sample t-test on Psychological Well-being of Dialysis Patients

Variable	Test Value	Mean	SD	t-value	df	p-value	Decision
Psychological Well-being	2.5	3.02	0.88	7.84	124	0.000	Reject H ₀

Since $p = 0.000 < 0.05$, the null hypothesis was rejected. This indicates that dialysis has a significant negative effect on the psychological well-being of patients, as reflected in their high levels of stress, emotional exhaustion, and mental health strain.

Hypothesis Two (H₁):

Coping strategies significantly influence the psychosocial well-being of dialysis patients.

Table 4.6.2: Correlation Between Coping Strategies and Psychosocial Well-being

Variables	N	r-value	p-value	Decision
Coping Strategies vs. Psychosocial Challenges	125	0.412	0.000	Reject H ₀

The analysis revealed a moderate positive correlation ($r = 0.412$, $p < 0.05$) between coping strategies and psychosocial well-being. This means that the more patients adopted effective coping mechanisms such as prayer, social support, and acceptance, the better they managed psychosocial challenges like anxiety, depression, and financial stress.

CHAPTER FIVE

DISCUSSION OF FINDINGS, SUMMARY, CONCLUSION AND

RECOMMENDATIONS

This chapter discusses the findings of the study in relation to the stated objectives, research questions, and hypotheses.

5.1 Discussion of Findings

5.1.1 Psychosocial Challenges Faced by Patients Undergoing Dialysis

The findings of this study revealed that patients undergoing dialysis at UBTH experience considerable psychosocial challenges, with a grand mean of 2.82. These findings demonstrate that dialysis not only imposes a heavy economic burden but also disrupts the emotional and social lives of patients. This is consistent with previous research. For instance, Khalil et al. (2022) observed that patients with end-stage renal disease (ESRD) often suffer heightened psychological distress, especially anxiety and depression, due to frequent hospital visits, dependence on machines, and lifestyle restrictions. Similarly, Ene-Iordache et al. (2021) reported that social isolation and financial insecurity are common in dialysis populations, with many patients experiencing loss of independence and strained family dynamics. In Nigeria, Arogundade et al. (2021) noted that financial stress remains a major psychosocial challenge, largely because dialysis is not widely subsidized and out-of-pocket payment is the norm. The findings imply that psychosocial challenges among dialysis patients are multidimensional—spanning economic hardship, emotional stress, and reduced social participation. This underscores the need for interventions beyond

medical treatment, including counseling, social integration programs, and health insurance policies that address the financial strain associated with dialysis.

5.1.2 Psychological Well-being of Dialysis Patients

These findings align with global studies highlighting high rates of depression and anxiety among dialysis patients. Palmer et al. (2021) reported that between 20–40% of dialysis patients experience clinical depression, which worsens treatment adherence and quality of life. Similarly, Yoon et al. (2022) found that psychological distress among hemodialysis patients was strongly linked to disease chronicity, fatigue, and fear of death. Locally, Iyawe et al. (2023) found that Nigerian dialysis patients experience significant mental strain, with inadequate mental health services compounding the problem. The presence of emotional support and moderate satisfaction with mental health services in UBTH is encouraging, though not sufficient. These results suggest that while family and friends play an important role in buffering stress, there is still a need for structured psychosocial interventions such as routine psychiatric screening, group therapy, and stress management workshops tailored to dialysis patients.

5.1.3 Social and Financial Difficulties of Dialysis Patients and Their Families

These findings are consistent with Chan et al. (2021), who reported that dialysis patients often face catastrophic healthcare costs, leading to financial dependence and social strain. In low- and middle-income countries like Nigeria, where health insurance coverage for dialysis is limited, the situation is particularly dire. Ekrikpo et al. (2022) documented that most Nigerian dialysis patients discontinue treatment prematurely due to inability to sustain the cost, leading to high mortality rates.

Additionally, Hassan et al. (2021) found that financial challenges were closely linked to poor quality of life and emotional stress among African dialysis patients. The implication is clear: financial hardship remains the most pressing burden for dialysis patients in Nigeria. This finding calls for urgent policy interventions, including expanded national health insurance coverage, subsidized dialysis programs, and social welfare schemes to support patients and their families.

5.1.4 Coping Strategies Adopted by Dialysis Patients

These findings align with Tavallaii et al. (2021), who reported that spiritual and religious coping are among the most prevalent strategies among patients with chronic illnesses, particularly in cultures where faith plays a central role. Hosseini et al. (2022) also noted that acceptance and positive reframing were adaptive strategies linked to improved resilience among dialysis patients. However, the low uptake of professional counseling observed in this study is consistent with Okaka et al. (2021), who found that mental health services are underutilized in Nigeria due to stigma, cost, and lack of trained personnel. The implication is that while patients show resilience through spirituality, acceptance, and family support, more emphasis should be placed on encouraging professional psychosocial care. Integrating counseling services into routine dialysis care could help patients develop healthier coping strategies beyond spirituality and family dependence.

5.2 IMPLICATIONS OF FINDINGS

The findings of this study have several important implications for nursing practice, clinical management, and health policy:

1. Implications for Nursing Practice:

- The study revealed high levels of anxiety, depression, and emotional strain among dialysis patients. This underscores the need for nurses to integrate routine psychological assessment and counseling into dialysis care.
- Nurses should be trained to provide psychosocial support, patient education, and stress management interventions, as these are critical to improving patient quality of life.
- The heavy reliance on spirituality and family support as coping mechanisms highlights the need for nurses to adopt a holistic care approach that respects patients' religious and cultural beliefs while also encouraging the use of professional psychosocial services.

2. Implications for Healthcare Providers

- The findings that financial stress was the most significant burden emphasize the importance of developing multidisciplinary teams, including social workers, psychologists, and dietitians, to provide comprehensive care.
- Hospitals should strengthen mental health services within dialysis units to address emotional challenges such as depression, hopelessness, and social withdrawal.
- Incorporating support groups and peer counseling sessions within dialysis clinics may help reduce stigma and promote positive coping strategies.

3. Implications for Patients and Families

- Patients need to be encouraged to adopt balanced coping strategies, including seeking professional counseling in addition to religious and social support.

- Families play a crucial role in providing financial, emotional, and social support; hence, targeted family counseling and education programs can empower caregivers to better support patients.

4. Implications for Policy and Health Systems

- The overwhelming financial burden of dialysis calls for urgent policy reforms, including the expansion of the National Health Insurance Scheme (NHIS) to cover dialysis treatment and related medications.
- Social welfare programs or subsidies tailored to chronic kidney disease patients could reduce premature treatment discontinuation and improve survival rates.
- Policymakers should also consider community-based awareness programs to reduce stigma, improve understanding of chronic kidney disease, and encourage timely health-seeking behavior.

In summary, the study highlights that psychosocial challenges among dialysis patients extend beyond the biomedical model and require integrated, multidisciplinary, and culturally sensitive interventions. Addressing these implications can significantly enhance patients' psychological well-being, reduce financial strain, and promote more effective coping strategies.

5.3 CONCLUSION

This study examined the psychosocial challenges and coping strategies among patients undergoing dialysis in a tertiary institution in Benin. The findings revealed that dialysis patients face significant psychosocial, psychological, social, and financial burdens that impact their overall well-being. The results showed that patients frequently experience anxiety, depression, stress, and hopelessness, indicating that

dialysis negatively affects their psychological health. Financial constraints were identified as the most pressing burden, with many patients struggling to afford dialysis sessions, medications, and transportation, and relying heavily on family and friends for support. Socially, patients reported strained relationships and reduced participation in daily activities, which further compounded their emotional distress. Despite these challenges, patients adopted largely positive coping strategies, with prayer and spirituality, acceptance of illness, and family support being the most commonly used. However, professional psychological support and recreational coping mechanisms were less utilized, reflecting barriers such as stigma, limited access, and inadequate integration of mental health services in dialysis care. In conclusion, the study highlights that dialysis patients in Benin face multifaceted challenges that extend beyond medical treatment, with economic, psychological, and social dimensions playing critical roles. Addressing these challenges requires a holistic, multidisciplinary approach involving nurses, mental health professionals, policymakers, patients, and families. Strengthening financial support systems, expanding access to mental health care, and promoting adaptive coping strategies will be essential in improving the quality of life and treatment outcomes for dialysis patients.

5.4 LIMITATIONS OF THE STUDY

This study, like others in similar contexts, was subject to certain limitations that should be acknowledged:

1. **Sample size and setting:** The study initially targeted 125 dialysis patients but was limited to 100 completed responses. Although this sample was sufficient for analysis,

the findings may not be fully generalizable to dialysis patients in other healthcare settings across Nigeria or beyond

2. Cross-sectional design: The use of a descriptive cross-sectional design limited the ability to establish causal relationships between psychosocial challenges, psychological well-being, and coping strategies. Longitudinal studies would provide deeper insights into how these factors evolve over time.

3. Self-reported data: Data were collected using structured questionnaires, which may be influenced by recall bias or social desirability bias. Some respondents might have underreported or overreported their psychosocial challenges or coping strategies.

4. Limited scope of psychosocial variables: Although the study assessed key aspects of psychosocial challenges, psychological well-being, financial burdens, and coping strategies, other important factors such as cultural influences, family dynamics, and spiritual beliefs were not explored in depth.

5. Absence of qualitative perspectives: The study relied solely on quantitative data. Incorporating qualitative methods such as interviews or focus groups could have provided richer, more nuanced insights into the lived experiences of dialysis patients.

Despite these limitations, the study provides valuable evidence on the psychosocial challenges and coping strategies of dialysis patients in Benin and highlights areas for intervention and future research.

5.5 RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

1. For Nursing Practice and Clinical Care

- Nurses should routinely conduct psychological assessments for dialysis patients to identify early signs of anxiety, depression, and emotional strain.

- Training programs should be introduced to equip nurses with skills in counseling, stress management, and patient education, ensuring holistic care that addresses both medical and psychosocial needs.
- Dialysis units should integrate support groups and peer counseling sessions, where patients can share experiences and reduce feelings of isolation.

2. For Healthcare Providers and Hospitals

- Hospitals should strengthen multidisciplinary care teams, including nephrologists, psychologists, social workers, and dietitians, to provide comprehensive care for dialysis patients.
- Regular health talks, workshops, and educational sessions should be organized to inform patients and families about coping strategies, available resources, and mental health care.
- Recreational and therapeutic activities should be encouraged within dialysis centers to promote relaxation and positive coping.

3. For Patients and Families

- Patients should be encouraged to adopt balanced coping strategies, combining spirituality and family support with professional psychological care.
- Families and caregivers should be included in counseling and education programs, empowering them to provide effective emotional and financial support to patients.

4. For Policymakers and Health Systems

- The government should expand the National Health Insurance Scheme (NHIS) to cover dialysis treatment and related medications, reducing the economic burden on patients and families.

- Subsidized dialysis programs should be introduced in tertiary hospitals to improve access and reduce premature discontinuation of treatment.
- National and community-level awareness campaigns should be carried out to reduce stigma associated with chronic kidney disease and encourage timely health-seeking behaviors.
- Policies should be designed to strengthen mental health integration into chronic disease management, ensuring access to psychological services within dialysis units.

5.6 SUGGESTIONS FOR FURTHER STUDIES

1. Future studies should adopt a longitudinal research design to examine how psychosocial challenges and coping strategies among dialysis patients change over time, rather than relying solely on cross-sectional data.
2. A larger, multi-center study involving multiple tertiary institutions across Nigeria would provide more generalizable findings and allow for regional comparisons of psychosocial and financial challenges.
3. Incorporating qualitative methods such as in-depth interviews or focus group discussions would give deeper insights into the lived experiences, cultural influences, and personal coping mechanisms of dialysis patients.
4. Further research should explore the role of family dynamics and caregiver burden, as the impact of dialysis extends beyond patients to their immediate social support systems.
5. Studies should also evaluate the effectiveness of specific interventions—such as counseling programs, support groups, or financial assistance schemes—on improving the psychological well-being and quality of life of dialysis patients.

6. Comparative studies between patients on hemodialysis and peritoneal dialysis could provide more detailed insights into how treatment modalities influence psychosocial challenges and coping mechanisms.

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APPENDIX I

QUESTIONNAIRE

Department of Nursing Science,
School of Basic Medical sciences,
University of Benin,
Benin City,
Edo State.

Dear Respondent,

I am a 500 Level student of the department of Nursing, of the above mentioned institution conducting a research study on “**PSYCHOSOCIAL CHALLENGES AND COPING STRATEGIES AMONG PATIENTS UNDERGOING DIALYSIS IN A TERTIARY INSTITUTION IN BENIN**” as part of the requirement for the completion of a Bachelor’s Degree in Nursing Science. Kindly and sincerely provide answers to the questions in the spaces provided. Every information provided is highly confidential and strictly for academic purpose. No names are required. You may decide to answer questions that best suits your understanding and for the accuracy in statistics. Please be independent and truthful as possible. Thank you.

Yours faithfully,

Idemudia Victorious Aimiose.

PSYCHOSOCIAL CHALLENGES AND COPING STRATEGIES AMONG PATIENTS UNDERGOING DIALYSIS IN A TERTIARY INSTITUTION IN BENIN

SECTION A: (DEMOGRAPHIC INFORMATION)

Please answer all questions by ticking () the option.

1. Age on your last birthday:

18-29 30-39 40-49 50-Above

2. Gender:

Male Female

3. Marital status:

Single Married Divorced Widowed

4. Highest Educational Level:

No formal education Primary Secondary Tertiary

5. Duration on Dialysis:

3 - 6 months 6 - 12 months 1 - 2 years Above 2 years

6. Employment status:

Student Unemployed Employed Retired Self-Employed

7. Approximate Monthly Income:

No income Less than 30,000 30,000–60,000 60,000–100,000 Above 100,000

SECTION B: PSYCHOSOCIAL CHALLENGES

Please indicate () how often you experience the following issues related to dialysis .

Please rate your level of agreement with the following statements. (SD-Strongly Disagree, DA-Disagree, A-Agree & SA-Strongly Disagree)

S/No		SD	DA	A	SA
8.	I feel anxious about my health.				
9.	I feel depressed due to my condition.				

10.	I avoid social gatherings because of dialysis.				
11.	I have difficulty maintaining relationships.				
12.	My financial situation causes me stress.				
13.	I experience feelings of hopelessness.				

SECTION C: PSYCHOLOGICAL WELL-BEING

Please rate your level of agreement with the following statements. (SD-Strongly Disagree, DA-Disagree, A-Agree & SA-Strongly Disagree)

S/No		SD	DA	A	SA
14.	I often feel emotionally drained due to my illness.				
15.	I find it difficult to cope with stress.				
16.	Dialysis has negatively affected my mental health.				
17.	I feel supported emotionally by others.				
18.	I am satisfied with the mental health care I receive.				

SECTION D: SOCIAL AND FINANCIAL BURDEN

Please rate your level of agreement with the following statements. (SD-Strongly Disagree, DA-Disagree, A-Agree & SA-Strongly Disagree)

S/No		SD	DA	A	SA
19.	The cost of dialysis is overwhelming.				
20.	I struggle to afford medications and transportation.				
21.	I rely on family or friends for financial support.				

22.	Dialysis affects my ability to work or earn income.				
23.	My condition has strained my relationship with family/friends.				

SECTION E: COPING STRATEGIES

Please rate your level of agreement with the following statements. (SD-Strongly Disagree, DA-Disagree, A-Agree & SA-Strongly Disagree)

Coping Strategy	SD	D	A	SA
1. I talk to family or friends about my feelings.				
2. I pray or engage in religious/spiritual practices to feel better.				
3. I engage in hobbies or recreational activities to relieve stress.				
4. I seek help from a health professional (e.g., counselor or psychologist).				
5. I try to accept my illness and focus on things I can control.				