



Psycho-Social Aspects of People Undergoing Hemodialysis

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ABSTRACT: The present study aims to explore the psychosocial problems of dialysis patients. The researcher conducted a prospective observational study by adopting descriptive research design to describe psychosocial issues along with health condition, family & financial conditions have been discussed in the study. The researcher has covered a total of two hospitals in the city of Manandavadi. The study was conducted adopting the Patient Health Questionnaire to know the depression level among the respondents. A total of 58 Kidney failure patients constituted the survey method. The result indicates that Chronic kidney failure patient's socio-economic conditions were very poor, they are frustrated with their disease, they can't concentrate on their normal activities, and their health restrict looking after them, and their home and few of them have undergone depression with severe.

Keywords: Hemodialysis, Psycho-social, Chronic, Kidney, Prospective.

INTRODUCTION

Chronic Kidney Disease (CKD) is considered as a global public health issue during the past century (Schoolwerth et al, 2006). The contribution of chronic kidney disease towards mortality can be validated from data from various parts of the world (Go et al., 2004). This paper argues that people who need dialysis treatment experience many psychosocial issues and in order to serve the patients in need of dialysis treatment, there must be a clear understanding on the issues they face. In addition to that, this paper will show results from a study undertook to identify the psychosocial problems associated with people suffering from the chronic kidney disease. This paper will conclude by suggesting the ways in which psychosocial health can be enhanced among the patients.

Objectives

- To know the socio-demographic details of the respondents.
- To find out the psychosocial issues of dialysis patients.
- To ascertain the relationship between socio-demographic details and psychosocial problems of the dialysis patients.
- To suggest measures to bring positive psychosocial health among the respondents.

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Method

The researcher has covered a total of two hospitals in the city of Manandavadi, Waynad, Kerala. Since the number of respondents was less, the researcher has included all the respondents from the hospitals. The researcher has done a survey method to collect the data. During the interview, it was found from registration book at the reception that on a daily basis approximately around 20-25 patients avail services from the government hospital and more than 15 patients visit private hospitals in the city of Manandavadi. The researcher has adopted descriptive and diagnostic research design to describe psychosocial issues such as health condition, social issues, depression level discussed in the study.

Following are the number of respondents covered for the study:

Sl. No.	Type of hospital	No. of respondents
1	Government hospital	36
2	Private hospital	22

TOOLS FOR DATA COLLECTION

The researcher has prepared a set of questions concerning psychosocial issues of the respondents. Along the schedule, another scale namely The Patient Health Questionnaire assessed by Kroenke, Spitzer and Williams (2001) validity depression severity measure was administered. The researcher has done individual interviews with patients along with their family members whenever the patients were not able to respond.

Results:

Table 1: Socio-demographic data

Details		N=58 (%)
Age (in years)	29-39	11(19)
	40-50	21(36)
	51-61	20(34)
	62-72	05(9)
	73	01(2)
Gender	Male	29 (50)
	Female	29 (50)
Marital Status	Married	48 (84)
	Unmarried	06(10)
	Separated	02(3)
	Deserted	02(3)
Type of family	Joint family	17 (29)
	Nuclear family	41 (71)

The table describes the socio-demographic details of the respondents. Age is a number, but the experiences that a person secures cannot be expressed in words. It is shown that as many

as 36 percent respondents belonged to 40-50 years, 34 percent ranged between 51-61 years, 19 percent respondents comes under 29-39 years, nine percent belonged to 62-72 years and two percentage were of 73 years old.

Gender wise distribution of the respondents shows that, both male and female respondents constitute equal proportion, 29 (50%) each. Further, the table enumerates the marital status of the respondents. A majority of 84% respondents were married, 10% were unmarried, and three percent each was separated and deserted respectively. A considerable percentage (71%) of respondents hailed from the nuclear family and the remaining 29% of respondents from the joint family background.

Table 2: Details on demographic data

Details		N=58 (%)
Education	Schooling	24 (41)
	Pre-Degree	12 (12)
	Degree	15(26)
	Post Graduate	3(5)
	Never been to school	4(7)
Occupation	Farming	2(3)
	Private Employee	4(7)
	Government Employee	11(19)
	Self-Employee	10(17)
	Daily Wage Earner	4(7)
	Unemployed	25(43)
	Retired	2(3)
Residence	Rural	51(88)
	Urban	7(12)

Education is a crucial part of life. Education would yield a better result and will be helpful in accomplishing the dreams in life. As many as 41% respondents went to schools and among them, seven respondents studied till primary school, two respondents up to upper primary school, and 15 respondents studied till high school. As much as 26% of respondents hold a graduate degree, 12% acquired pre-degree education, and only five percent completed post-graduation. Seven percent of respondents haven't considered or could not attend school.

Occupation envisages our living standard and is considered as sources of income for our daily living. In the study, 57% of respondents occupied in one or other sector to render their service to the public. Out of 57%, 19% employed in Government setting, 17% self-employed, seven percent each were employed at private institutions and daily wage earners. Three percent each of the respondents were farmers and retired personnel. Remaining 43% of respondents were unemployed.

Living arrangement is the temporary or permanent place surrounded by our populace. It is seen that 88% of respondents are rural inhabitants and only 12% of respondents lived in the urban areas.

Table 3: Details on Health aspects

Social issues		N=58 (%)
Financial support availed from	Aged Pension	6(10)
	Disability Pension	25(43)
	Paid by parents	1(2)
	Salary	19(33)
	Savings	7(12)
Period of diagnosis	1999-2009	18 (32)
	2010-2018	40 (68)
Type of hospital undergone diagnosis	Private	36 (62)
	Government	22 (38)
Type of test undergone	Blood test	24 (42)
	Protein in the Urine	32(55)
	Any other	2(3)
Care taker's in the hospital	Parents	2 (3)
	Husband/Wife	24(42)
	Relative	10(17)
	Friend	2(3)
	No one	20(35)

Most of the patients reported poor economic condition. The income that they earn could be managed only for the daily living, spending for the health is an extra burden. To overcome it, as much as 43% availing disability pension, 33% use salary, 12% and 10% utilizing their savings and aged pension respectively. Only 1% respondent's parents paid the bills. Further as much as 68% of respondents get diagnosed during the year 2010-2018, and the remaining 32% had gone for diagnosis during 1999-2009. A significant percentage (62%) of them undergone diagnosis at a private hospital and only 38% had been to a government hospital for the diagnosis.

Family support is essential to achieve an individual goal. The family marked as the significant contributor for happiness, peace, contentment, joy, values, ethics, and morality. As many as 42% of respondents' caretaker, were either husband or wife, 17% were relatives, 3% each respondent had their parents or friends as caretaker. The remaining 35% said there is no one to take care them and they themselves take care.

Table 4: Details on social issues

Social issues		N=58 (%)
Opinion on expenditure per visit	Below Rs.1000	38(66)
	Rs.1000-Rs.1500	10(17)
	Rs.1500-Rs.2000	10(17)
Frustrated with Kidney disease	Yes	49 (85)
	No	9 (15)
Feel isolated	Yes	20 (34)
	No	38 (66)

Expenditure per visit is burdensome for middle-income group patients. A majority (66%) of respondents spent below Rs.1000 per visit, 17% each paid between Rs.1000-1500 and Rs.1500 to 2000 for a visit to the hospital. A majority (85%) of respondents were frustrated with kidney disease, and the remaining 15% were not at all frustrated with the kidney disease. Further, a majority of 66% felt they were not at all isolated since those respondents had a family support system, accompanied with them which give a feel not to worry about or non-isolation. However, the remaining 34% felt isolated. As many as 38% of respondents had a provision of emotional support from family, 23% of respondents had their support as either of the spouses, five percent said that their children who provide emotional support to them and the remaining as many as 34% did not respond as they were alone, no one in the family accompanied them.

Table 5: Details on Depression among the respondents

Depression level	N = 58 (%)
Minimal symptoms	2 (3)
Minor depression	22(38)
Major depression, moderately severe	16(28)
Major depression, severe	18(31)

Table presents that as many as 38% respondents are under minor depression level, 31% under significant depression level, 28% reported substantial depression but moderately severe, and only three percent reported minimal symptoms.

Table 6: Association between different variables with Depression

Variables		Mean	SD	df	Value	Chi-square
Age (in years)	29-39	11.36	1.20	12	58.35	.000**
	40-50	14.47	1.60			
	51-61	20.80	3.92			
	62-72	32.80	2.28			
	73	36.00	0.00			
Gender	Male	13.03	1.82	3	58.00	.000**
	Female	23.00	6.45			
Type of Dialysis centre	Government	24.90	6.30	3	45.25	.000**
	Private	13.80	2.27			

It is evident that, respondents undergoing treatment in the age group of 73 years shows the higher mean score (36.00). It means that they are suffering from severe depression, whereas respondents between 62-72 years have 32.80 as mean score (SD 2.28) depicts minor depression. However, the chi-square also shows highly significant association (p -value = .000) between age and depression level which implies that as age increase depression level also goes up. Further, gender-wise distribution indicates that females scored higher mean scores (Mean 23.00, SD 6.45) than male respondents (Mean 13.03, SD 1.82). Even chi-square implies significant high association (p = .000) between the variables suggesting that female respondent is suffering from considerable depression level compared to men respondents. Respondents undergoing treatment in government hospital reported higher mean score, 24.90 (SD 6.30) encompasses that they are suffering from severe, whereas respondents undergoing treatment in private hospital reported 13.80 as mean score (SD 2.27) depicts minor depression. However, the chi-square also represents highly significant association (p -value = .000) it suggests that respondents from government hospital suffer from the substantial depression level somewhat private hospital.

Discussion and Suggestion:

It is shown that as many as 36 percent of respondents belonged to 40-50years, wherein similar results were found in Anees et al., (2011) that 60% were older than 45 years. Concerning gender, both male and female respondents constitute equal proportion, 29 (50%) each. A majority of 84% of respondents were married, similar results were found in Anees et al., (2011) that 79.2% were married respondents. As many as 57% of respondents employed, whereas in a study by Anees et al., (2011) 27% were employed.

It is seen that 43% availed disability pension scheme to overcome their economic burden. It shows that most of the respondents could not bear the expenditure as the treatment costs were a burden. Further, a majority of 85% of respondents were frustrated with kidney disease and couldn't accept it. Instead, they felt it as a saddle and remained thwarted to live with it. This indicates the need for a counselor in hospitals to educate, guide and disseminate the knowledge on the disease and treatment part of it. It is evident that patients suffering from hemodialysis were

also prone to depression. It is evident that as many as 38% respondents undergone minor depression level, which clearly says that depression is under-diagnosed. The disease has been taken care in the hospital, neglecting psychological part of it. It seems that patients who undergo treatment for dialysis were also prone to depression.

Further, results inferred that respondents undergoing treatment in government hospital reported a higher mean score, 24.90 (SD 6.30) encompasses that they are suffering from severe. It also appears that respondents from a nuclear family suffering from significant depression level which is shown through the score (Mean 20.53, SD 6.68).

Suggestions

- From the result, it can be suggested that regular health checkup once in a year can be taken up.
- Dissemination of health education to the general public among them especially youth must be covered to prevent the disease.
- The Government should extend its free services on palliative care for the needy since the financial conditions of the patient's family are poor.
- Appointment of the professional social worker as counselor to disseminate the knowledge and to educate the patients undergoing dialysis treatment.

Conclusion

It is a fact that people who are chronic kidney disease has to face a lot of psycho-social problems in their day to day life. According to the present study, majority of them are facing a major crisis due to the lack of money to meet their expenses. The pain and stress that they are undergoing during their treatment are unexplainable. From that perspective, CKD prevention is still not an easy task. Availability of therapy and how affordable it is, are two crucial areas to look after for the treatment of any disease. As the government of India recently recognized CKD/ESRD as a significant problem, the government has initiated a process by which planning is underway to establish a stand-alone hemodialysis unit in India to develop the facilities at an affordable cost, and also launched a National Organ Transplant Program to facilitate transplantation on a national scale. But these programs are at the halfway mark in the process. Now the Government has to take serious action to meet the needs of the patients of hemodialysis to have a peaceful life during their last stage of life.

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