

SPECIAL PAPER

Social Aspects of Chronic Renal Failure in Patients Undergoing Haemodialysis

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Abstract

Introduction: Chronic Renal Failure (CRF) is a public health problem that tends to take dimensions of epidemic and has serious impact on the quality of life of patients undergoing haemodialysis, as it affects significantly their social life. Specific variables, such as age, gender, frequency and duration of dialysis, education, family, financial and professional status, physical and social functioning, mental health, health effects and symptoms of the disease, can affect either favorably or adversely the quality of life (QoL) of these patients.

Aim: The aim of this literature review was to explore the impact of haemodialysis on social life of people with chronic end stage renal failure.

Methodology: Literature review based on studies and reviews derived from international (Medline, PubMed, Cinahl, Scopus) and Greek (Iatrotek) data bases concerning social problems of people with renal failure. The collection of data conducted from March to December 2012. Also, were used some keywords *haemodialysis, psychosocial factors, social status, economic status, renal failure, quality of life*, as well as articles by the National Documentation Centre, which provided valid and documented data from global research and epidemiology.

Results: Chronic kidney failure is associated with long-term effects on social life of patients. Many demographic factors such as age, male, socioeconomic profile and education level affect their ability to work, their role in family, friends and society, their social relationships and their general health. Furthermore, unemployment is highly responsible for the occurrence of sexual problems in a high percentage of them.

Conclusions: Providing social support, support of the family and support of the friendly environment in patients with CRF is associated with reduction in depressive symptoms, positive perception of their illness, general satisfaction of life and increased compliance to the treatment regimen.

Key Words: chronic renal failure, social status, socioeconomic factors, quality of life, dialysis.

Introduction

Chronic Renal Failure (CRF) is a multidimensional public health problem that tends to become an epidemic and has a serious impact on the quality of patients' life. The quality of life is significantly associated with changes in daily habits and lifestyle for patients requiring dialysis and their families. At the same time, patients' physical health, functional status, personal relationships, social and economic prosperity are greatly affected (Gerogianni and Babatsikou, 2014).

Social Support

For patients with chronic diseases, daily activities and social support are of great importance for maintaining a satisfactory quality of life. Social support and integration in the community are important factors, which help patients to be adjusted to a chronic illness (Cohen et al., 2007; Brissette et al., 2000; Christensen et al., 1992; Christensen et al., 1994; Kimmel et al., 1998).

Social support includes the provision of an integrated social network that covers the psychological and material weaknesses in chronically ill patients with kidney failure (Kimmel et al., 2001; Brissette et al., 2000). Also, social support contributes to improve the level of health, regardless of the geographic location and socioeconomic background (House, 1988).

Social support Includes three types of support: a) economic (providing material and financial assistance), b) information (guidance - information) and c) emotional support (emotional expression, empathy) (House, 1985). Finally, social integration includes the active participation of patients in a wide range of social activities or relationships (Brissette et al., 2000).

The provision of social support to patients with CRF is associated with reduction in depressive symptoms, positive perception of their illness and their general satisfaction with life (Kimmel et al., 2006; Patel et al., 2005; Kimmel et al., 2003; Patel, 2002; Kimmel, 2001; Kimmel et al., 2000; Kimmel et al., 1996). This is because social support may improve the mood of patients and reduce symptoms of anxiety, concerning the regular transportation to and from the dialysis units and the future of their treatment (Kimmel et al., 2006; Patel et al., 2005; Kimmel et al., 1998).

It should be noted that support by the family, friends and caregivers to patients with renal disease plays a very important role, since it helps patients to have an increased compliance to the treatment regimen (Kimmel et al., 1998). In a research study of haemodialysis patients in Utah, patients who had a great support from family and friends, had set both their weight and their monthly laboratory tests (Christensen et al., 1992). Also, according to Leggat et al (1998), in a major research study conducted, using data from the Renal Data System in U.S., was found that people who lived with someone, had a better quality of life and nutrition.

Family

Chronic kidney disease could be characterized as a ' family disease ' because of its emotional interaction between the members of the family. In sociological terms,

family is the basic building block of a society. The connection of its members is governed by physical links, as they live under the same roof with the aim of biological reproduction of society, education of children and mutual protection of each of its members. Therefore, any experience or problem of a member, affects the other members' behavior and everyone can be in a constant interaction and mutual support (Panagopoulou, 2009).

Apart from it's member disease, every family has to overcome many other problems, such as the daily movement to and from the dialysis unit, the possible need for a change of residence to the nearest dialysis center or any financial restrictions and requirements (Spyridi et al., 2008).

It is worth noting that marital status is positively associated with good quality of life of patients with ESRF. In contrast with divorced patients, married patients seem to enjoy better quality of life and be more satisfied with their lives (Theofilou, 2011b). More specifically, patients who were not in marriage or in a relationship had reduced quality of life, poor physical and mental health, impaired social relationships, negative perception of life, decreased satisfaction with life at home and work, higher levels of depression and thoughts of suicide.

A research study of Chiang et al., (2004) reached to the same conclusion, since married family life is a major contributor of wellness, self-esteem and self-confidence for patients with CRF. At the same time, data collection of another research study about patients' family satisfaction in the context of chronic renal disease and their spouses showed that patients were consistently more satisfied with their marriages than their husbands. Consequently, marital life is very important for patients who are forced to abstain from social relationships and activities (Pruchno et al., 2009).

Similarly, according to Sprangers et al., (2000) and Zyga (2012), marital status of haemodialysis patients, in conjunction with gender, age and educational level, affect the quality of patients' life. More specifically, older women living without a partner and

being less educated, experienced more frequent symptoms of depression.

Occupation

Job loss is an important problem for patients undergoing chronic dialysis, since the dependence on the dialysis machine and the limited free time often has negative effects on professional, economic and psychological status (Gerogianni and Babatsikou, 2014).

Unemployment is considered as a major stressor for patients with CRF, since more than 75% of those patients are unable to maintain their permanent job after joining dialysis (Muehrer, 2011; Dingwall, 1997). A large number of patients, being in working age, are forced to resign from their job or to reduce working hours before or after starting dialysis. This is associated with existing physical and psychological problems and loss of self-esteem (Muehrer et al., 2011).

Factors affecting employment are poor physical or emotional condition, coexisting diseases, such as anemia, anxiety about the loss of benefits due to lack of employment and the dialysis procedure which causes fatigue (Hirth et al., 2003; Muehrer et al., 2011). Also, high educational background, pre-existing professional experience of patients and gender (Van Manen et al., 2001) are key parameters for recruitment to a job (Kutner et al., 2008). More specifically, men joining a dialysis program are more preferable to take a job, compared to women, maybe because of their greater physical strength (Hirth et al., 2003; Van Manen et al., 2001).

Patients with CRF change the nature of their employment because of the chronic nature of their disease and their treatment. This confirms the results of a research study of Kaitelidou et al., (2007) according to which 60.2% of patients undergoing dialysis had to change occupation or retire after joining dialysis. Also, a study conducted by Van Manen et al., (2001), in Dutch population showed that 35% of the general population consisted of patients who were employed at the start of dialysis, while this figure dropped from 31% to 25 in one year (Van Manen et al., 2001).

However, there are cases of working patients, who were forced to change or

modify their business, resulting in a reduction of their income. The problem of unemployment becomes even more acute when the costs of medical -nursing care are rising while the working opportunities are being reduced (Theofilou, 2011a).

The interruption of work has a negative impact on the economic situation of these patients, as they cannot afford to the cost of medication and their movement to and from dialysis centers (Gerogianni and Babatsikou, 2013).

Moreover, failure to maintain a permanent job makes patients as 'observers' and not as 'actors' in life. These patients are unable to cover their daily financial demands and are dependent on others for their daily needs. In that way, people exacerbate low self-esteem and magnify symptoms of anxiety and depression (Kastrouni, 2008).

Moreover, unemployment is responsible for the occurrence of sexual problems. When men fail to maintain a job, their wives are forced to cope with the financial demands of the family, which negatively affects the psychological status of their spouses (Stewart et al., 1995). Levy (1984) argues that work of an individual plays an important role in personal identity and in moral satisfaction. Therefore, when the patient is not able to maintain his job, he loses his energy and there is a fall in his libido (Gerogianni, 2003; Gerogianni and Babatsikou, 2013).

Demographic factors

Demographic factors (age, sex, race, educational level and comorbidities) significantly affect the quality of life of patients with renal disease (Arnold et al., 2004).

More specifically, age affects the ability to work and the role of patients in family, friends and society (Sarris et al, 2008). In the general population, older age is negatively correlated with quality of life and with physical and mental health (Sarris et al, 2008; Theofilou and Panagiotaki, 2010).

The elderly dialysis patients accept the limitations of dialysis more easily and are more satisfied with their life, as opposed to younger patients who are forced to plan their

life and their future plans in a different way (Kastrouni, 2008). This shows that young patients require more leisure and personal time, are not being able to follow dietary restrictions and wish to have the ability to work.

In terms of gender, women and male patients, living alone, without any help of caregivers are more likely to develop psychotic and depressive symptoms (Zyga, 2012). In particular, women have higher rates of depression and anxiety and low positive thoughts and action, while men have more social activities, interests and better quality of life (Theofilou, 2010). This relates to the psychology of women, the limitation in their social activities and the difficult acceptance of their condition (Zyga, 2012).

Education affects patients' perception of health and their satisfaction with health services (Sarris, 2008). Also, patients with lower socioeconomic profile and educational level face problems with their psychological well-being, their social relationships, and their general health (Rebollo et al., 1998; Ellinikou and Zissi, 2002; Sesso et al., 2003; Vazquez et al., 2003; Theofilou, 2011b).

Comorbidities and some chronic diseases are accompanied with poor quality of life for all ages. Patients with comorbid conditions (hypertension, heart condition and diabetes mellitus) are more likely to report poor levels of physical and mental health (Sprangers et al., (2000). The negative effect is greater in women, in people without jobs, with low incomes and in people with low educational level. The same happens in people with kidney disease before joining the dialysis due to increase in morbidity and reduction in physical activity (Zyga, 2012).

Conclusions

This literature review has been conducted in an attempt to explore the main social factors in people with chronic renal failure undergoing haemodialysis. It is obvious that a significant proportion of those patients have many social problems which are caused by the nature of the disease.

More specifically, poverty, duration of dialysis treatment, immigrant status, perceived identity losses and family dysfunction are regarded as significant social

factors that affect negatively these patients. Also, low socioeconomic status and low income have a negative impact on the quality of these patient' life. In addition, marital status, occupation, level of education and perceptions of quality of life are of great importance for patients undergoing dialysis.

Consequently, the role of Nephrology Nurse is very important for the implementation of effective nursing interventions and the psychosocial support of these patients. This is because Nephrology nurse spends 10-12 hours a week with patients undergoing dialysis. The provision of psychosocial support to these patients can be achieved by continuous assessment and evaluation of each patient's needs, effective communication and cooperation with the multidisciplinary team.

Additionally, patients' involvement in supporting networks, rehabilitation activities and participation in programs of physical activity or educational programs can help them to create new supportive relationships, achieve social recognition and appreciation and prevent social isolation.

Also a very important aspect is the development of satellite haemodialysis, which brings many benefits in terms of overall improvement in quality of life of these patients (possibility to find a job, leisure time, reduction in hospitalization costs).

Furthermore, the development of home haemodialysis represents a solution which addresses the increasing number of patients requiring hemodialysis, the high cost of hemodialysis patient and the improvement of patients' quality of life.

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