POVERTY FROM THE PERSPECTIVE OF A PATIENT ON DIALYSIS

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INTRODUCTION

Transformational changes are currently taking place in our society, many of which are of major importance for the health and social spheres – and nephrology is not an exception. Chronic kidney disease extensively changes the life of an individual, as it is incurable. The patient depends on the care of the health professionals as well as on social support.

AIM

The poster aims to highlight the non-medical impact of a severe illness on the individual and their family in the context of poverty. We investigated the perspective of patients with chronic kidney disease with subsequent dialysis on poverty; analysed this problem in terms of the initial reasons that caused the patient to end up in an unfavourable social situation as well the approach that helps them face any form of poverty.

METHODS

METHODOLOGY OF RESEARCH AND CHARACTERISTICS OF THE RESEARCH SAMPLE

Quantitative research was performed using a questionnaire method at the B. Braun Avitum dialysis centre in Trstena, Slovakia. We used empirical research and quantitative methodology. Respondents filled out a questionnaire with the interviewer. We obtained the data in the form of a narrative interview supplemented by the questionnaire method. The initial sample consisted of dialyzed patients. The research was conducted in November 2016. The survey included 34 (100%) respondents. Of the total number, females represented 47%, males 53%. The mean age for females was 61.31 years and for males 61.11 years. People living in a solitary household accounted for 14.70%, and the other 85.30% were living in a common household. Four respondents had maintenance and child care obligations.

RESEARCH QUESTIONS

For our research the following questions were used:
What is the economic situation of patients on dialysis?
What are the forms and amounts of expenditures?
What are the chances of finding or maintaining a job for patients on dialysis?
Are they at risk of poverty due to their illness?

CONCLUSION

RESPONDENT INCLUSION

The budget for the household is an important source of income. In the case of our respondents, the highest part of the income represents disability pensions of 35.30%, old-age pensions of 58.80%, and sickness benefits of 5.90%; an overview of the incomes is presented in the following table.

TABLE 1: MONTHLY INCOME LEVEL OF DIALYSED PATIENTS

Sex	Male	Female	Sick pay
Pension in EURO	384.44	295.44	235

Source: Own survey

The risk of poverty related to income appears to be higher in women than in men. The level of pensions is also related to the level of education. For the women in our survey, the rate of primary education was 26.47%; we speak of the feminisation of poverty. People living in a solitary environment are a special risk group because it is costly for them to cover household and drug costs. They cannot afford to buy new clothes or shoes. Extra expenses represent a problem to them, including charges for electricity, water, and the repair and purchase of electrical appliances. In such situations, they are forced to borrow money. As for their age, respondents ages 70 years and above felt vulnerable to poverty. Interestingly, the younger individuals under the age of 60 had no financial problems in terms of meeting their most basic needs, but felt at risk of poverty, especially in the case of the loss of a close relative.
The transition from full health to dialysis treatment in patients of a working age is a major financial burden in terms of work incapacity, which may last for a long time. Of particular significance for chronically ill patients are medicine and healthcare expenditures.

TABLE 2: THE AMOUNT OF MEDICINE EXPENDITURES FOR DIALYSED PATIENTS PER MONTH

	Up to 44 years	45–59 years	60–74 years	75 years	Mean age
Medicine expenditures /EUR	20	36.11	47.77	53.33	39.3

Source: Own survey

The risk group with the highest age-related expenditures for medicines is elderly people. Disadvantages faced by the elderly in society include the peculiarities of diseases suffered by those at higher ages.
We were interested in how household spending is influenced by the area of residence.
Respondents living in a village are able to better cope with the household spending. This is also due to the fact that in the village, there are a higher proportion of households with multiple members, whereas in the city there are a higher proportion of respondents with solitary living conditions.
The savings and cost savings options are presented in the following table.

TABLE 3: RESTRICTIONS ON EXPENDITURES

	Totally limited	Partially limited	Not limited
Domestic heating	12	18	4
Water consumption	12	18	4
Meat intake	14	14	6
Intake of fruits and vegetables	21	12	1

Source: Own survey

From the point of view of the risk of malnutrition, it is remarkable to note the limitation of meat intake. Subjective perceptions of poverty are based on the feeling of lack in those who evaluate it according to their own life experience and are dissatisfied with the condition.

TABLE 4: RESPONDENTS' OPINIONS ON WHY THEY ARE AT RISK OF POVERTY

Low pensions	**61.80%**	Price increase	20.58%
High household expenses	44.11%	Health condition	**85.29%**
High medicine costs	**72%**	Lack of awareness of possible aid	14.70%

Source: Own survey

EMPLOYMENT OPPORTUNITIES

Most clients are dialysed 2-3 times a week for 4-5 hours, resulting in dialysed clients having difficulty in maintaining their work or being employed.

THE PROFESSIONS IN WHICH DIALYSED PATIENTS COULD BE EMPLOYED AFTER THE INITIATION OF TREATMENT WERE AS FOLLOWS:

officers, administrators, managers, computer industry, education, private business.

SUGGESTIONS AND RECOMMENDATIONS

The data obtained and the findings of the research allowed us to identify the areas that we need to pay increased attention in the future in the context of providing comprehensive, individualised care for patients undergoing haemodialysis.

- Working with the elderly
- Working with the family
- Lonely individuals
- Employment opportunities for dialysed patients

The above-mentioned areas have a common denominator and that is the issue of social - health care.
Research has confirmed that social support affects patient compliance, and hence patient survival, with dialysis. Based on the above-mentioned facts it can be concluded that within the care of patients undergoing dialysis, we should look at the complexity of health and social care as well as psychological and spiritual assistance.