

Psychological assessment of our dialysis patients

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Background

The chronic renal failure often associates with depression and poor social status. This situation greatly reduces the patient's cooperation, increasing the depressive status even further. This situation makes more difficult the nursing team's job.

Objective

The purpose of the study was to assess our patients' knowledge about their potential social support and available assistance to their disposal.

Methods and results

We collected information in relation to our patient's social status. The questionnaire collected demographic data, and included questions on income and employment. It was important to ask whether the patient knew about the possibility of receiving social assistance and services (provided by the government) or not and intend to start the process of applying for such services. 103 (97%) of our patients filled out the questionnaire. The answers were influenced by a lack of knowledge with respect to the social assistance and services possibilities regardless of age, gender or education. 65% of the patients were over 60 years of age, they need less assistance than the patients younger than 40 years old. The younger patients were in the active working age, they were the bread-winners for the families and the low income put their whole family in a bad social status. Their low self-esteem drove them into states of serious depression and lack of motivation. This situation made the support more needed and also more difficult to be provided.

Conclusion

The physical-mental-social well-being of our patients is a task which involves a multidisciplinary team to be fulfilled. The team members are: nephrologist, nephrology nurse, psychologist, social worker and a physical therapist. In the event of an important team member absence, the remaining members of the team have to take over the tasks and responsibilities of the absent one. Our mission is to increase the knowledge of our patients in respect of the possible social welfare services and benefits to which they are entitled. To evaluate their situation, we need to gather more information from their family members, and include them in our activities planning. After starting the process, it is important to follow it up. We also need to search for further possibilities of help, by cooperating with foundations and religious institutions.

Reference

- Hudson JL, Moss-Morris R, Game D2, Carroll A, Chilcot J. Improving Distress in Dialysis (iDiD): A tailored CBT self-management treatment for patients undergoing dialysis. *J Ren Care*. 2016 Jul 26. doi: 10.1111/jorc.12168.
- Disease Patients Undergoing Hemodialysis. *J Nurs Res*. 2015 Sep;23(3):181-8. doi: 10.1097/jnr.0000000000000087.
- Bertolin DC1, Pace AE, Kusumota L, Haas V.[An association between forms of coping and the socio-demographic variables of people on chronic hemodialysis]. *Rev Esc Enferm USP*. 2011 Oct;45(5):1070-6
- Alnazly E1.Coping strategies and socio-demographic characteristics among Jordanian caregivers of patients receiving hemodialysis. *Saudi J Kidney Dis Transpl*. 2016 Jan;27(1):101-6. doi: 10.4103/1319-2442.174088.

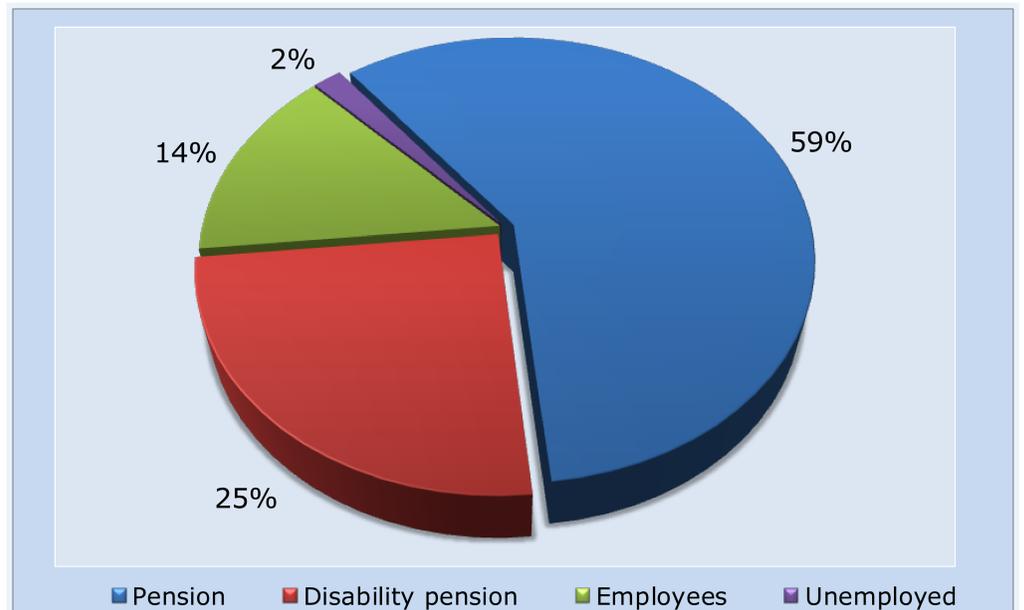


Figure 1: 59% of the patients were retired, 25% got disability benefit. Active workers were only 14% of the patients

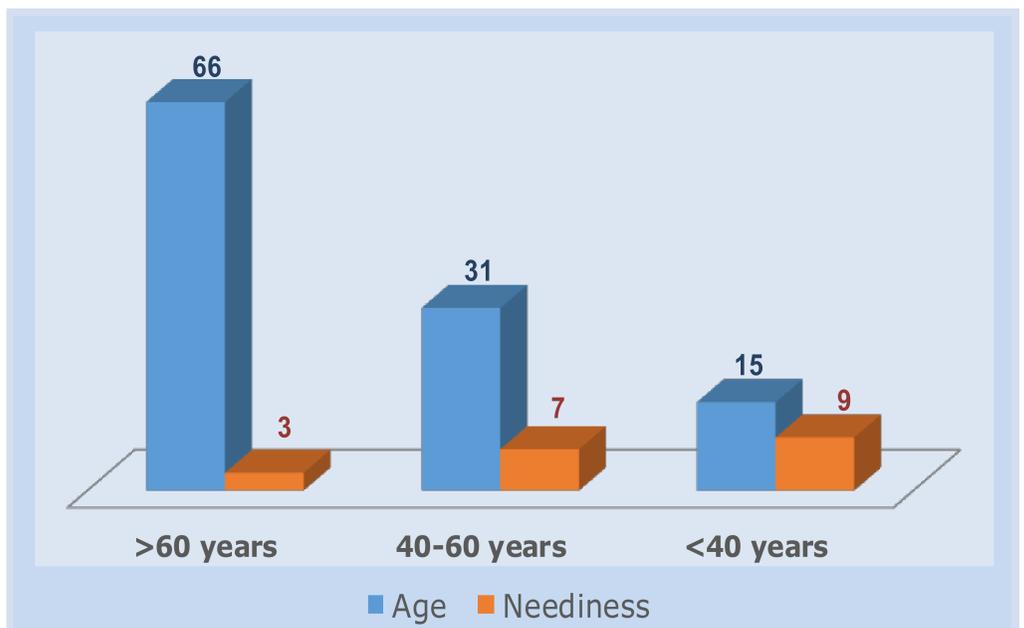


Figure 2: 19 patient's social status was very bad, 3 of these covered their needs only from very low social welfare payments