

An analysis of secondary data on the psychosocial characteristics of patients with renal failure

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ABSTRACT

Kidney failure imposes substantial medical, social, and monetary consequences on individuals, families, and communities. Although kidney failure is becoming more common worldwide, it is disproportionately more

common in linguistically and socially diverse populations, where there is a greater need for social work interventions. Health care professionals frequently underestimate and underappreciate the tremendous psychological burden and adaptive demand that patients with renal failure confront, and as a result, do not adequately treat these issues.

Keywords: Kidney supportive; Palliative care; Kidney failure; Health care; Psychology

INTRODUCTION

Treatments that are tailored to unique needs at each stage of the illness are required due to the many disease trajectories that kidney failure patients experience, which impose varied levels of functional and psychological demands. People argued that patient's varied psychological needs prevented effective therapy and self-management of their illnesses. In order to provide effective psychosocial evaluation, crisis intervention, patient and family education, supportive counseling, multidisciplinary care planning, and collaboration, nephrology social workers build on their understanding of instrumental, informational, and emotional support.

The social worker acts as an advocate and support system for the patients and their families, helping them to deal with, comprehend, and adapt to the substantial obstacles that renal failure offers. The vital role of the social worker is illustrated by their capacity to recognize and handle the myriad psychological issues that renal failure patients deal with, which can result in depression, hospitalization, and long-term health effects. Although there is some evidence highlighting the impact of psychosocial problems in patients receiving hemodialysis, the literature at this time is unclear regarding the differences in psychosocial factors faced by patients approaching or starting KRT versus those in the Kidney Supportive and Palliative Care (KSPC) phases of kidney failure.

DESCRIPTION

Additionally, little is known about the treatments social workers use to address psychological issues in various stages of renal failure, as well as their impacts on patients and families. The objectives of this retrospective audit are to identify and compare the social worker treatments for patients with kidney failure given the lack of information on social worker treatments for patients with kidney failure and the significance of psychological support for persons diagnosed with kidney failure for both patients and health care providers. The social worker treatments needed in these two phases as well as the social worker interventions recommended during phases 1 and 2 of sickness are described, as well as the psychological problems affecting patients throughout the pre-KRT or start of KRT and KSPC stages of the kidney failure disease trajectory.

We conducted a secondary data audit on patients who had psychosocial assessments and were receiving KRT (phase 1) or KSPC (phase 2) in an Australian setting between March 2012 and March 2020. 79 individuals, ranging in age from 70 to 12, had at least two psychosocial evaluations, one

during each of the two phases of the illness. Between phase 1 and phase 2 social worker evaluations, there was a median gap of 522 (116943) days.

An adjustment to illness and treatment was the most prevalent psychological problem identified in phase 1 (90%), which fell to 39% in phase 2. Between phases 1 and 2, there was a sharp increase in the demand for elderly care services. The social worker's psychosocial interventions, which included supportive counseling, education and information, and referrals, greatly increased in phase 2.

In this multicenter study analyzing the variations in psychosocial needs of patients with kidney failure in the pre or start of KRT and KSPC stages of disease that require social worker intervention, we found that patients had unique requirements that require different social work treatments. In addition to routine counselling and education on KRT, patients in the KSPC phase are more likely to need carer assistance, help from aged care organisations, and medical referrals.

The results of this retrospective audit show and substantiate that participants in Phase 1 had significant psychological suffering as a result of renal failure and the commencement of KRT in many areas of their everyday life. Patient's needs change during the supportive and palliative stages of their disease, but they still have a heavy emotional burden and have adaptive needs. The study's methodological flaws must be taken into consideration while analysing the study's results. The study's capacity to be generalised to other situations may be constrained by the extremely small sample size from a particular circumstance. The study's retrospective design also prevented it from examining the impact of the identified psychosocial variables or the involvement of social workers on other patient-reported and clinical outcomes.

Furthermore, further research to ascertain the impact of social worker treatments on a range of psychosocial presentations was not feasible due to the limited and secondary nature of the data. Finally, it is important to emphasise that less than half of the study participants were born in Australia, and it is likely that immigrant community cultural traits had an impact on the findings.

CONCLUSION

We found that renal failure patients who are approaching or beginning KRT have significant psychological discomfort in many aspects of their daily life and that nephrology social workers can help. The tremendous emotional burden and adaptive expectations that are placed on patients as they move closer to KSPC consultation change dramatically. Treatment for various

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psychosocial issues and the removal of internal and external obstacles to sustaining one's physical, social, and emotional well-being may be achieved through social work psychosocial intervention. However, there is still a lack of knowledge regarding the emotional impact before patients start KRT as

well as during the supportive and palliative care stages. To ascertain the effect of social work interventions on patient-reported outcomes, more research is also required.