

Special Article

Social Constraints of Patients Undergoing Dialysis Therapy

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Abstract

Introduction: Dialysis therapy causes significant changes in patients' daily life due to problems in their workplace, reduced social life, role conflicts in their family, financial problems, and lost expectations and life opportunities.

Purpose: The purpose of the present review was to investigate social constraints of patients undergoing dialysis therapy.

Methods: Literature review was based on studies and reviews conducted during the period 2016-2024, derived from international databases PubMed and Scholar Google about social constraints in dialysis therapy.

Results: Social constraints in dialysis therapy are caused due to social isolation, changes in family responsibilities, body image changes, changes in family roles, burden of family caregivers, lack of social support.

Conclusion: An effective management of social constraints in patients undergoing dialysis therapy is essential, including social support from family and health professionals, education in patients' self-care and disease self-management, as well as religious or spiritual interventions in patients on dialysis.

Keywords: Social constraints, dialysis, family caregivers, social isolation, social support

Introduction

Dialysis therapy causes significant changes in patients' life, such as loss of participation in leisure activities and limitations in their daily life. Patients are vulnerable, feel fear about their treatment and worry about the future (Diao et al., 2023). At the same time, they have problems in their workplace, reduced social life, role conflicts in their family, financial problems, and lost expectations and life opportunities (Unsal Avdal et al., 2020). In a research study with 4807 patients on dialysis, it was found that patients worried about the future, while they had anxiety,

depression, financial problems, reduced ability to work and travel, and change in their way of life (Rhee et al., 2022).

Social constraints are caused when a socially insensitive environment avoids talking with people experiencing anxiety, adopts unsupportive behaviors and uses critical verbal expressions. More specifically, in a socially insensitive environment, there are no people available to listen to individuals who are experiencing anxiety or to talk to them about their situation, while making recommendations to hide their feelings and concerns by pretending or distracting them

from the problem. These social constraints often lead to psychological distress in people who experience a trauma (Zorba et al., 2024). The aim of the current review was to investigate social constraints of patients undergoing dialysis therapy.

Methodology

Literature review was based on studies and reviews conducted during the period 2016-2024, derived from international databases PubMed and Scholar Google about social constraints in dialysis therapy. Key words were used as follows: «Social constraints, dialysis therapy, renal replacement therapy, family caregivers, social isolation, social support».

Causes of social constraints in dialysis therapy

Social isolation

In a research study with 9119 participants with Chronic Kidney Disease, it was found that stages 3 to 5 of Chronic Kidney Disease were statistically significantly associated with mobility limitations and social isolation (Moorthi et al., 2019). In a similar study with 235 patients on dialysis, it was found that 40% of patients needed help, had a difficulty in walking and doing houseworks (Gutiérrez-Peredo et al., 2020). The most common reasons of mobility impairment in people on dialysis are neurological, cardiovascular and musculoskeletal disorders (Bogataj et al., 2023).

Furthermore, in a research study with 72 patients on hemodialysis, it was found that the type of vascular access significantly influenced patients' participation in physical activities. More specifically, patients with a vascular catheter had limitations in physical activities, since they had fear of catheter displacement, infection, local damage, and bleeding. Anxiety symptoms were significantly increased in patients who did not comply with the medical advice for physical activity (Hornik et al., 2019, Sluiter et al., 2024).

Changes in body image

Patients on dialysis often suffer from body image disturbances (Sharif et al., 2022), since

renal dialysis catheters change patients' body image, which leads to low self-esteem (Diao et al., 2023). In a research study with 123 young patients undergoing renal replacement therapy, it was found that participants experienced social isolation from their peers as a consequence of kidney disease. Also, social isolation had a statistically significant association with self-isolation due to dislike of their body image (Balley et al., 2018).

Similarly, in a research study with 29 patients on renal replacement therapy, the results showed high levels of depression and anxiety in patients due to their physical condition and body weight (Lev-Wiesel et al., 2022). The findings of a similar research study with 280 dialysis patients, showed that body image in female patients was a strong predictor of psychological problems. However, hemodialysis patients with increased levels of self-care had less body image concerns (Sharif et al., 2022).

Changes in family roles

Patients with End Stage Chronic Kidney Disease often change roles in their family and face financial difficulties, leading to anxiety disorders (Unsal Avdal et al., 2020). In a research study with 40 peritoneal dialysis and 100 hemodialysis patients, hemodialysis patients experienced the most changes in their daily lives. The factors that had the greatest negative impact on hemodialysis patients' quality of life was their inability to carry on with their job or studies and changes in their future goals (Dąbrowska-Bender, 2018).

In a similar research study with 15 participants, it was found that dialysis was seen as an obstacle to their desired way of life. The participants exhibited tiredness, weakness and often chose to stay at home isolated, without having a social life (Gebrie et al., 2023). The findings of a study with 382 patients with Chronic Kidney Disease showed that 55.2% of the respondents had psychological disturbances. Female patients with Chronic Kidney Disease felt three times more psychological distress than males. Furthermore, participants who had insufficient income had more possibilities to have psychological distress than those with a

competent monthly income (Hettiarachchi et al., 2018).

Burden of family caregivers

Family carers usually feel burden during the provision of care to their family members with Chronic Kidney Disease, which often affects family dynamics (Kalantar-Zadeh et al., 2021, Lasanthika et al., 2024). Family caregivers frequently are responsible to coordinate care, transport their patients to medical appointments, administer medicines, assist patients to receive home dialysis. Thus, they frequently have depressive disorders, fatigue, burnout and social isolation (Kalantar-Zadeh et al., 2021). The findings of a study with 107 caregivers of hemodialysis patients indicated that male caregivers had a higher caregiving burden than females (Demir-Dikmen et al., 2023).

Spouses frequently undertake the management of houseworks, while they work extra to compensate for the loss of income or to prepare home dialysis (Moore et al., 2020). With the deterioration of patients' condition the burden of family caregivers becomes greater (Grapsa & Gerogianni, 2018). Thus, individuals with chronic diseases frequently have deterioration of their condition due to the provision of poor care by family carers (Demir-Dikmen et al., 2023).

Lack of social support

In a research study with 2270 patients with chronic and comorbid diseases, it was found that low social support had a statistically significant association with social isolation and non-adjustment to treatment medication. Low social support usually leads to feelings of loneliness among people with chronic illnesses, as well as low adjustment to medical treatment (Lu et al., 2020).

Similarly, it has been found that people with End-Stage Renal Disease of an increased age and co-morbid diseases, unemployed and with low academic education, had decreased perceived social support and were at an increased risk for low quality of life. Thus, having long-term diseases, limited social environment, and low level of academic education it can lead to loneliness, poor adherence, and psychological disorders in

patients with Chronic Kidney Disease (Alshraifeen et al., 2020).

Additionally, it has been found that patients undergoing peritoneal dialysis have higher levels of loneliness than people with other chronic diseases, possibly due to the fact that daily peritoneal dialysis therapy decreases the time for participation in social activities (Diao et al., 2023). In a similar study with 170 individuals on peritoneal dialysis, it was found that 55.8% of the participants had limited social contacts and lack of motivation for leisure activities (Luo et al., 2021). A similar study with 12 patients on hemodialysis showed that participants believed that they were abandoned by their social environment due to repeated decline of invitations to social events. They also reported that they used to avoid social events due to dietary restrictions imposed by dialysis treatment (Powathil et al., 2023).

In a research study with 12 patients on peritoneal dialysis, it was found that they preferred to remain in a closed environment, emotionally trapped, without communication with the outside environment, while they had a negative emotional state, low self-esteem about their current situation, as well as fear and worry about the future (Diao et al., 2023). It has been found that elderly patients with early stage of Chronic Kidney Disease who live alone and have insufficient social support may have low self-management behaviors in their condition (Chen et al., 2018). Additionally, social isolation causes sleep disturbances, worsens cognitive function, and increases the risk of cardiovascular disease, while it is an important risk factor for increased mortality (Diao et al., 2023).

Management of social constraints in dialysis therapy

Social support

Social support is an important predictor of reduction of mortality in patients on dialysis (Sousa et al., 2019). It has been found that social support from family and health professionals can have a protective role in adherence to treatment in patients on dialysis (Sousa et al., 2019). In a research study with 20 male patients on dialysis and their female partners, partners who had a good relationship

with each other, corrected the negative effects of early hemodialysis through positivity and acceptance of hemodialysis. Findings suggest that access to information and support services for couples before starting dialysis can minimize negative effects on their relationship (Moore et al., 2020).

Social support can be provided by health professionals and people in the individual's social network (Grapsa & Gerogianni, 2018). Dialysis patients need mental support to adapt to their current situation and overcome their problems and fears caused by the disease (Shojaee Shad et al., 2018). It has been found that the behaviors and attitudes of healthcare professionals can influence dialysis patients' views of hope. The sense of hopelessness experienced by patients on dialysis is usually related to loss of physical strength and endurance, financial and social difficulties, changes in eating habits, restricted fluid intake, and medical dependence (Unsal Avdal et al., 2020).

The role of the family

The influence of family or friends can help patients' adherence to regimens that may seem difficult in older patients with impaired cognitive function (Slaven et al., 2021). Shared decision-making needs to align with patients' and family's values and preferences regarding the therapeutic approach (Deodhar et al., 2021). The results of a study with 1851 patients with Chronic Kidney Disease showed that higher social support was associated with better cognitive function (Slaven et al., 2021).

Self-care and disease self-management

Education can help patients informed about their disease, improve their self-management skills and respond positively to emergency situations, resulting in positive emotions such as a sense of control and self-efficacy (Diao et al., 2023). Information about the first dialysis sessions is an important factor in understanding self-care (Santana et al., 2020). Additionally, it is recommended flexible patient access to dialysis treatment adapted to their way of life, continuous presence of a clinical psychologist at every stage of dialysis treatment, organization of regular educational conferences for nurses working in dialysis units, recruitment of a qualified nutritionist in

hemodialysis unit to monitor the nutritional status of patients and conduct regular education and nutritional counseling to patients (Dąbrowska-Bender, 2018).

Religiosity and spirituality

Spirituality and religiosity are factors that may affect the quality of life of patients on dialysis (Waddah Alalmaei et al., 2023). In a research study with 162 patients on hemodialysis it was found that high perceived social support, along with high religiosity, had a significant effect on patients' satisfaction with their health-related quality of life (Waddah Alalmaei et al., 2023). It has been found that spirituality enables dialysis patients to feel empowered in their life (Gebrie et al., 2023). Religious or spiritual interventions can help to trigger positive emotions during periods of stressful situations and affects overall health, including compliance of patients with dialysis treatment (Gerogianni et al., 2019; Szu et al., 2021).

Conclusion: Social constraints in patients on dialysis are mostly caused by social isolation, changes in family roles, burden of family caregivers and lack of social support networks. However, social support from health professionals and family can help these patients overcome social constraints derived by their disease. Additionally, appropriate education can help dialysis patients informed about self-care and disease self-management, while religiosity and spirituality can trigger positive emotions and improve the quality of their life.

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