SPECIAL PAPER

Social Aspects of Chronic Renal Failure in Patients Undergoing Haemodialysis

Stavroula K. Gerogianni, BSc, Msc in Public Health, RN
‘Alexandra’ Hospital, Dialysis Unit, Athens, Greece

Fotoula P. Babatsikou, RN, MSc, PhD, MD
Associate Professor of Nursing, Department of Nursing A’, Technological Educational Institute (T.E.I.) of Athens, Greece

Correspondence: Stavroula Gerogianni, ‘Alexandra’ Hospital, Dialysis Unit, Athens, Greece E-mail: g.roula80@gmail.com

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.