

Assessment Psychological and Physical Burden Among Nurses of Patients with Kidney Failure in Kidney Dialysis Center at Al- Nasiriyah City

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Abstract

Objective: To assess psychological and physical burden among nurses of patients with kidney failure in kidney dialysis center at Al- Nasiriyah city **Methods:** A descriptive study "non-probability" sample of (168) nurses is a cross-sectional design was implemented at present for the period from October 2021 to August 2022 **Results:** The results of this table show that more of the nurses in age group to the study sample were within (21-27) years was (73.8%). the majority of respondents were female (55.9%). While less than half of them has diploma nursing graduates (48.8%). the results show that work place the most participants were work in Al-Hussein Teaching Hospital / Hemodialysis (78.6%) and Al-Nasiriyah Teaching Hospital / Hemodialysis (21.4%). more than half of the sample have residency urban (51.2). In addition, majority of them have (1-7 years) for years of experience in nursing were presented (61.3%). Regarding of economic status is fair (59.5). And marital status was single for more than half of the participants (62.5). The majority of participants have Moderate level Severity of Burden among nurses of patients with kidney failure in kidney dialysis center at Al- Nasiriyah city. **Recommendations:** Dialysis providers bear a level of burden of care and this stress has an inverse impact on their quality of life. Therefore, it is recommended that more attention be paid to the needs of carers and to provide them with appropriate social, economic, physical and psychological support.

Keywords: Psychological; Physical; Burden

1. Introduction

The wide variety of people with kidney disorder is increasing due to high prevalence of high blood pressure, diabetes mellitus and obesity. Continual kidney ailment has an occurrence of eleven to thirteen. Four% inside the fashionable populace, making it one of the most not unusual diseases worldwide ⁽¹⁾. When persistent kidney sickness isn't always managed well, it may progress to quit-degree kidney disorder (ESKD), the final and everlasting stage of chronic kidney ailment, in which the kidneys are not capable of function properly to meet the affected person's desires. Patients with ESKD require lifelong alternative of kidney properties with the aid of dialysis or transplantation to live on, and many are unable to satisfy self-care wishes and need help from their worrying own family or buddies. Primary obligations of caregivers consist of handling patients' scientific cures, dietary necessities, health center appointments, and dialysis ⁽²⁾. Living with a individual with higher degrees of chronic kidney ailment, and being the number one caregiver is related to demanding situations along with melancholy, stress, and more than one drug use for caregivers ⁽³⁾. Carer burden (CB) can be described as the quantity to which caregivers see their emotional or bodily fitness, social lifestyles, and monetary status go to pot due to the care in their relative ⁽⁴⁾. In the ESKD community, many factors are associated with CB, which include demographic traits of both

caregivers and care recipients, race, known comorbidity, coexistence with the affected character, acquaintance with the patient, and length of care ⁽⁵⁾. Role of caregivers in dialysis sufferers Caregivers play a crucial function in helping patients present process dialysis ⁽⁶⁾. In view that a huge wide variety of them have impaired bodily characteristic and cognitive impairment and are not able to take care of themselves ⁽⁷⁾

Caregivers are concerned in being concerned for and helping patients in the course of dialysis for you to help them adapt and manage their remedy efficiently ⁽⁸⁾. They assist patients with their everyday activities, household chores, and private care, including bathing and dressing, while being liable for technical hygienic procedures in hemodialysis ⁽⁹⁾

2. Methodology

Study Design

A descriptive study cross-sectional design was implemented at present for the period from October 2021 to August 2022 to assessment psychological and physical burden among nurse of patients with kidney failure in kidney dialysis center at Al-Hussein Teaching Hospital and Al-nasiriyah Teaching Hospital at Al- nasiriyah city.

Administrative Arrangements

We submitted a request to the Deanship of the College of Nursing regarding the addresses of Al-Hussein Teaching Hospital and AL-Nasiriyah Teaching Hospital, about facilitating the task of

collecting samples. The Deanship issued a letter to Al-Hussein Teaching Hospital and AL-Nasiriyah Teaching Hospital. Entitled facilitating the task of collecting samples for researchers.

Setting of the study

The study setting includes Al-Hussein Teaching Hospital and Al-Nasiriyah Hospital at in dialysis center.

Sample of the study

The purposeful, nonprobability participant consisting of (168) male and female nurses from Al-Hussein Teaching Hospital, nurses from the artificial kidney unit, in the dialysis unit in Al-Nasiriya Teaching Hospital, was collected.

Study the instrument

Through a comprehensive review of the relevant literature, a questionnaire is created by the

researchers for the aims of the research. It is consisting of two parts. Part I (which deals with the demographic data of nurses, and the second part consists of (23) paragraphs concerned with evaluating the nurses' physical and psychological burden towards dialysis

3. Results

Methods of Data Collection

After permission was obtained From Nasiriya Teaching Hospital and Al-Hussein Teaching Hospital in al- Nasiriya city. The data were collected for the original study through applying a tool scale format and interview with client as mean of data collection. Data collections was initiated on January 6, 2022, through March 3, 2022.

Table (1): Distribution of Demographical Characteristic of the participant

		Frequency	Percent
Age	21-27	124	73.8
	27-33	24	14.3
	33-39	14	8.3
	39-45	4	2.4
	49-51	2	1.2
	Total	168	100.0
Gender	Male	78	46.4
	Female	90	53.6
	Total	168	100.0
Level of education	preparatory	28	16.7
	Institute	82	48.8
	College	58	34.5
	Total	168	100.0
Place of work	Al-Hussien teaching hospital/ Dialysis	132	78.6
	Al-Nassiriah teaching hospital/ Dialysis	36	21.4
	Total	168	100.0
Residence	Urban	86	51.2
	Rural	82	48.8
	Total	168	100.0
Years of services	less than 1 year	43	25.6
	1-7	103	61.3
	7-14	14	8.3
	14-21	6	3.6
	21-28	2	1.2
	Total	168	100.0
Economical status	Poor	4	2.4
	Fair	100	59.5
	Good	62	36.9
	Very good	2	1.2
	Total	168	100.0
Marital status	Married	59	35.1
	Single	105	62.5
	Divorce	2	1.2
	Widow	2	1.2
	Total	168	100.0

The results of this table show that more of the nurses in age group to the study sample were within (21-27) years was (73.8%). the majority of respondents were female (55.9%). While less than half of them has diploma nursing graduates (48.8%). the results show that work place the most participants were work in Al-Hussein Teaching Hospital / Hemodialysis (78.6%)

and Al-Nasiriyah Teaching Hospital / Hemodialysis (21.4%). more than half of the sample have residency urban (51.2). In addition, majority of them have (1-7 years) for years of experience in nursing were presented (61.3%). Regarding of economic status is fair (59.5). And marital status was single for more than half of the participants (62.5).

		Frequency	Percent	Valid Percent	Cumulative Percent
Severity of Burden	Low	24	14.3	14.3	14.3
	Moderate	131	78.0	78.0	92.3
	Sever	13	7.7	7.7	100.0
	Total	168	100.0	100.0	

This table reveals that the majority of participants have Moderate level Severity of Burden among

nurses of patients with kidney failure in kidney dialysis center at Al- Nasiriyah city (n=131; 78 %).

Items	Severity of Burden			Total	Sig.
	Low	Moderate	Sever		
Age	21-27	19	95	10	χ ² obs.= 3.810 df=8 P < 0.05 NS
	27-33	3	18	3	
	33-39	2	12	0	
	39-45	0	4	0	
	49-51	0	2	0	
Total		24	131	13	168
Gender	Male	7	62	9	χ ² obs.= 5.635a df=2 P > 0.05 NS
	Female	17	69	4	
Total		24	131	13	168
Level of education	preparatory	3	25	0	χ ² obs.= 12.481a df=4 P< 0.05 S
	Institute	12	67	3	
	College	9	39	10	
Total		24	131	13	168
Place of work	Al-Hussien teaching hospital/ Dialysis	21	109	2	χ ² obs.= 33.635a df=2 P< 0.05 HS
	Al-Nassiriah teaching hospital/ Dialysis	3	22	11	
Total		24	131	13	168
Residence	Urban	15	60	11	χ ² obs.= 8.564a df=2 P< 0.05 HS
	Rural	9	71	2	
Total		24	131	13	168
Years of services	less than 1 year	8	31	4	χ ² obs.= 4.216a df=8 P > 0.05 NS
	1-7	12	82	9	
	7-14	3	11	0	
	14-21	1	5	0	
	21-28	0	2	0	
Total		24	131	13	168
Economical status	Poor	0	4	0	χ ² obs.= 4.464a df=6 P > 0.05 NS
	Fair	16	75	9	
	Good	7	51	4	
	Very good	1	1	0	
Total		24	131	13	168
Marital status	Married	9	42	8	χ ² obs.= 5.422a df=6 P > 0.05 NS
	Single	15	85	5	
	Divorce	0	2	0	
	Widow	0	2	0	
Total		24	131	13	168

This table clarify that there are a significant relationship between Level of education, Place of work and Residence and Severity of Burden among nurses of patients with kidney failure in Al- Nasiriyah city (P ≤ 0.05).

4. Discussion

According to the data analysis, the results study indicated that the majority of the participants, 73.8 %, ranged in age (27-21) year old. This study is in agreement with nursing students at Narayan Medical College, Nellore who found that the majority of samples (25-20) age, (80%) For the workplace and

found that the majority of nurses working at Al Hussein Teaching Hospital. In relation to sex in our research we found that the majority are females and 55% of this study are consistent with Sirwan (2012) also found that the majority is 53%. The place of residence, and we found that the ratio was equal between the housing of the center and the districts, and it was 50%.⁽¹⁰⁾ As for the educational level, the majority of the sample in our study hold a diploma. Caregivers who were much less educated additionally faced an extra burden. In a preceding take a look at it become located that the better the academic level of caregivers, the decrease the extent of perceived burden. With regard to schooling, it is

generally recognized that better degrees of education and attention of the ailment's condition may additionally make it extra desirable to sufferers and their families. Educated human beings have get right of entry to records about health sources, better respect the disease procedure, and take care of unfavorable situations properly, which can be a reason of much less burden in an extra educated populace.⁽¹¹⁾

As for the financial situation, according to the results of our research, the majority had an average income of 58%.

As for the results of the sample, the marital status of the majority was celibate with 63% and a study found out that there's a great distinction in the burden between caregivers in terms of marriage. Widow with highest common burden, accompanied through married and then unmarried⁽¹²⁾. Usually, widows and widowers haven't any one to share their grief with and regularly feel greater hectic. Also, married caregivers have not only the affected person however the complete own family to take care of, and therefore, they've greater degrees of burden. In contrast to this finding, the locating of Mollaoglu et al⁽¹³⁾ in which the caregiver burden was discovered to be statistically appreciably higher in singles than in married caregivers. The results said that the burden on them negatively affects the physical condition of 47.5, while those who are not affected by the physical burden by 30% who said that it affects them. During the study (Gangtok, Sikkim, India), I tried to figure out the burden that caregivers see for patients undergoing dialysis. They found that 68.6% of caregivers had caregiver burden and most had a mild to moderate level of caregiver burden, and 47.5% of caregivers did not show symptoms or experience depression while they were working either. 7.8% occasionally showed symptoms of depression, while 23.8% of those who developed symptoms were 23.8% carers of dialysis patients, In a previous study, a significant relationship was found between caregiver burden and depression in CKD patients. Depressed patients tend to lose interest in everything including self-care and may not adhere well to prescribed treatment which can lead to complications, and this increases the burden on caregivers^{(14) (15)}

5. Conclusion

Dialysis providers bear a level of burden of care and this stress has an inverse impact on their quality of life. Therefore, it is recommended that more attention be paid to the needs of carers and to provide them with appropriate social, economic, physical and psychological support.

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