



Ministry of higher Education
and Scientific Research
University of Babylon
College of Nursing



Psychological Stress Among Caregivers of Dialysis Patients at Imam Al-Sadiq Hospital

*Graduation project Submitted to the Faculty of Nursing University of
Babylon as Part of the Requirement for Obtaining Bachelor's Degree in
Nursing*

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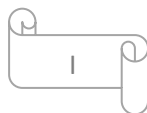
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صدق الله العلي العظيم

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Declaration

I certify that, this research paper was prepared under my supervision at the University of Babylon – College of Nursing



as partial requirements for degree of Bachelor of Nursing Sciences....

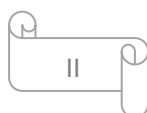
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Abstract



Background: Hemodialysis, is a way to clean someone's blood when their kidneys aren't working right. When the kidneys are failing, this type of dialysis removes waste products like creatinine and urea, as well as free water, from the blood outside of the body. Hemodialysis is one of three ways that the kidneys can be replaced (the other two being kidney transplantation and peritoneal dialysis). Apheresis is another way to separate blood components like plasma or cells outside of the body (Bresn, 2017).

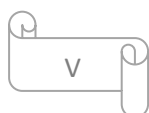
Objectives : To study demographical characteristics and to assess psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital.

Methodology : A quantitative study descriptive cross sectional design selected to carry out the study directed to psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital. non probability purposive sample (60)which consider a scientific framework to solve caregivers problems from the period between (1 Sep- 2022 to 1 May- 2023).

Results : recorded that the most of sample 34 (56.7%) were between age group (20-25)years old. the level of the Psychological stress recorded moderate mean score for about 24 items Psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital

Conclusions : The high percentage were female, The results recorded that the most of sample were between age group (20-25)years old.

Recommendations : Interventions to provide appropriate social support services and improve psychological conditions of caregivers and patients with ESRD should be planned and evaluated, particularly in high-risk groups.



Chapter one

Introduction

Chapter one: Introduction**Introduction:**

Care is an essential issue in general health and caregivers as vital in national healthcare resources ,are at risk of contracting various diseases. Unfortunately, these care partners are neglected .Informal caregivers, although unpaid, are most involved in patient care, adaptation, and management of chronic diseases (Soltannezhad F,2020.(

The patients with chronic diseases are mostly taken care at home by family members . Chronic kidney disease is a global health problem that entails a burden to patients and their family members . Family is the best resource for patients receiving hemodialysis . Family members play a fundamental role in disease management and improving the quality of life of patients with chronic kidney failure undergoing hemodialysis treatment (Rabiei L, 2015).

Given the healthy and intact family structure in Asian countries, families of patients are treated with hemodialysis assume the roles of caregivers .Iranians also profoundly adhere to traditions, and strong emotional bonds between family members are directly influenced by the family collection and taking on an extraordinary commitment to each other. Such as a traditional structure which is one of the critical sources of support for a patient (Ebadi A,2010). Hemodialysis is also defined as a family illness, and family caregivers are considered partners in this therapeutic process. Family caregivers prefer the needs of patients over their own and ultimately spend less time on health-promoting

behaviors that adversely affect their health status and life routines ,likewise, the burden of dialysis patient care does not only affect the caregiver but also the patient and leads to inadequate care of patients and patient abandonment (Theodoritsi A,2016).

The burden of end-stage renal disease (ESRD) is increasing progressively, proportionate to the growing prevalence of major risk factors including diabetes and hypertension.¹ Renal transplant is the treatment of choice, known to improve both morbidity and mortality. Many patients cannot afford this because of financial constraints or shortage of donors. This leaves them with the only option of long-term haemodialysis (HD). They have to attend in-centre HD sessions three times a week for an indefinite period, a difficult task. Caregivers play an important role in looking after patients with ESRD. This could include taking care of their needs at home as well as accompanying them to HD center. These roles assume greater importance in Pakistan because of cultural values. While managing patients, we often ignore their family members. Another important aspect is the perception of caregivers' contributions by the patients themselves(GBD,2017).

End-stage renal disease (ESRD) may develop as a result of another disease, such as diabetes mellitus, hypertension, renal-vascular disorder, immunologic disorder, lupus erythematosus, tuberculosis, urinary tract obstruction, and obesity, and may progress to prostate and urethral disorders, as well as congenital kidney anomalies. End-stage renal disease is the final stage of chronic kidney disease when the kidneys are unable to function adequately to meet daily needs. Thus, renal replacement therapy is required at this point to ensure survival, and hemodialysis (HD) is

considered critical and plays a significant role in extending patients' lives. When HD patients were compared to healthy members of the general population and renal transplant recipients, a significant impairment of renal function was seen (Levey et al., 2015).

Hemodialysis, is a way to clean someone's blood when their kidneys aren't working right. When the kidneys are failing, this type of dialysis removes waste products like creatinine and urea, as well as free water, from the blood outside of the body. Hemodialysis is one of three ways that the kidneys can be replaced (the other two being kidney transplantation and peritoneal dialysis). Apheresis is another way to separate blood components like plasma or cells outside of the body (Bresn, 2017).

Caregivers are those who provide assistance to those in need during times of distress or illness. Their importance becomes more apparent in the event of chronic conditions such as renal failure. They encounter numerous obstacles when it comes to providing high-quality care to their patients. Caregiver load is a term that refers to the extreme stress or strain that someone who is caring for another person who is ill endures. A person caring for someone with a chronic illness, such as renal failure, may face difficulties related to finances, physical strain, mental health, the care receiver's relationship, and social support. The cost of treating the disease and its complications places a major financial burden on renal failure patients. Additionally, it places a considerable load on their carers and the broader society (Joy et al., 2019).

Caregiver burden has two objective and subjective dimensions: objective caregiver burden can be considered as duration and the level of effort required to meet the needs of others, which includes the problems related to financial, family, and social costs; and the subjective health burden refers to the level of experience of the caregiver in facing objective caregiver burden, which includes emotional and behavioral problems caused by disease (Bamari et al., 2016).

Chapter Two

Methodology

Chapter two : Methodology

A quantitative study descriptive cross sectional design selected to carry out the study directed to psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital. which consider a scientific framework to solve caregivers problems from the period between (1 Sep- 2022 to 1 May- 2023).

2.1 Setting

AL. Hilla teaching hospitals selected as arch field to collect the data to obtain the objectives of the study.

2.2 Sample of the study

A non-probability purposive sampling approach that recruited (60) caregivers for public governmental hospitals (Al-Imam Al-Sadiq hospital at Babylon city. for this purpose (60)caregivers selected according to the following criteria.

- caregivers agree to participate in study.

2.3 Data collection:

In order to assess psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital , The questionnaire is divided to (2) parts :

Part 1: Demographic Characteristics consist of (8 items):

Part 2: Psychological stress level consist of (24 items), items are rated according to four level likert scale (never, Sometimes ,Always and mostly.

2.4 Statistical Data Analysis Approach

Data was analyzed electronically through the application of descriptive statistical approaches Statistical Package for the Social Sciences (spss) version 26.

Descriptive Statistical

- Frequency (F)
- Percentage (%) as $Part\ Whole \times 100$

Inferential Statistical

- Mean of score (M.S) as *Sum of scores*
- Chi- square
- Correlation Coefficient Formula:

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n \sum x^2 - (\sum x)^2][n \sum y^2 - (\sum y)^2]}}$$

Chapter Three

Result

Chapter three: Result

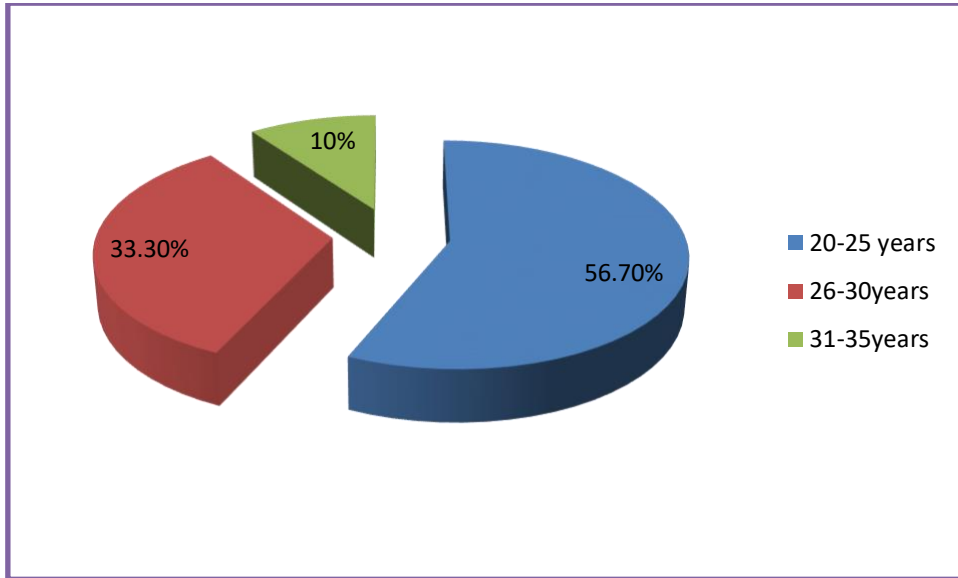


Figure 1: Distribution related to age of study sample

This figure recorded that the most of sample 34 (56.7%) were between age group (20-25)years old.

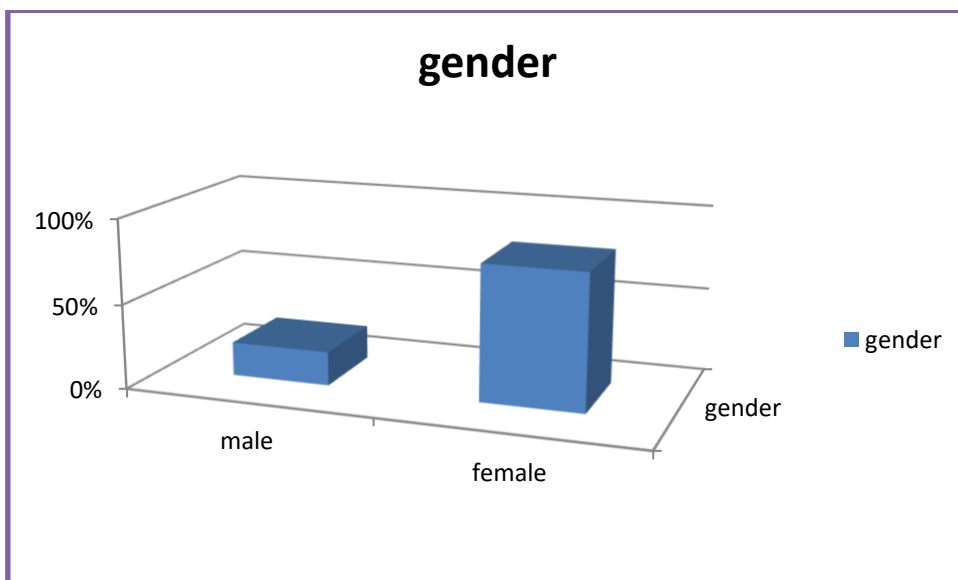


Figure 2: Distribution of study sample related to gender

This figure recorded the high percentage 48 (80.0) were female

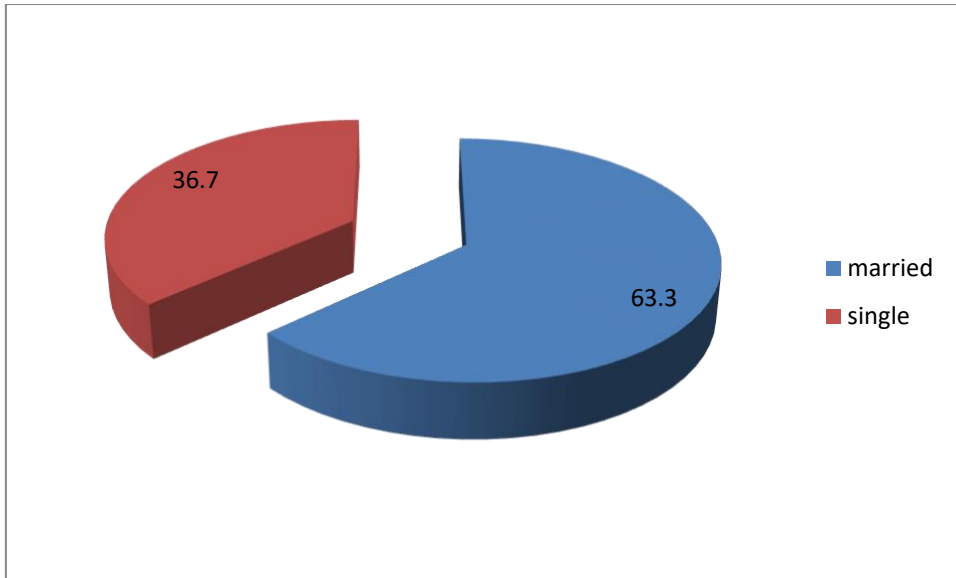


Figure 3: Distribution of study sample related to marital status

This figure recorded the high percentage 38(63.3) were married

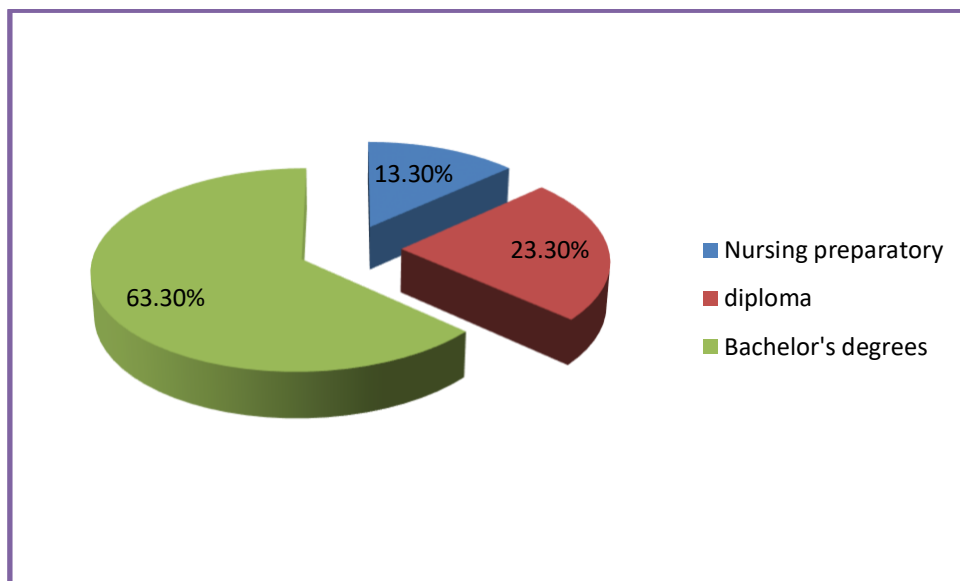


Figure 4: Distribution of study sample related to educational status

This figure recorded that most of study sample 38(63.3) were college

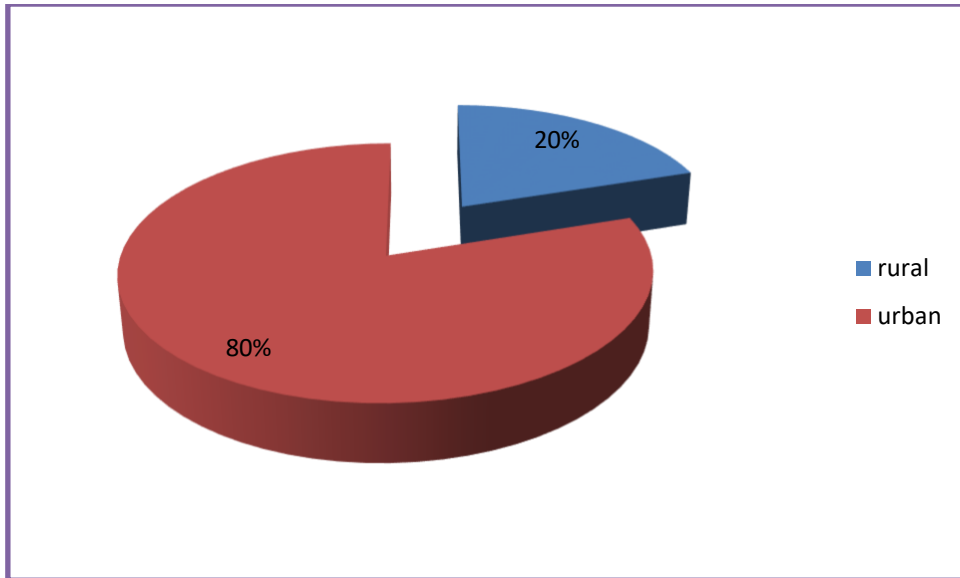


Figure 5: Distribution of study sample related to residency
This figure recorded that the high percentage 48(80.0) were urban residency

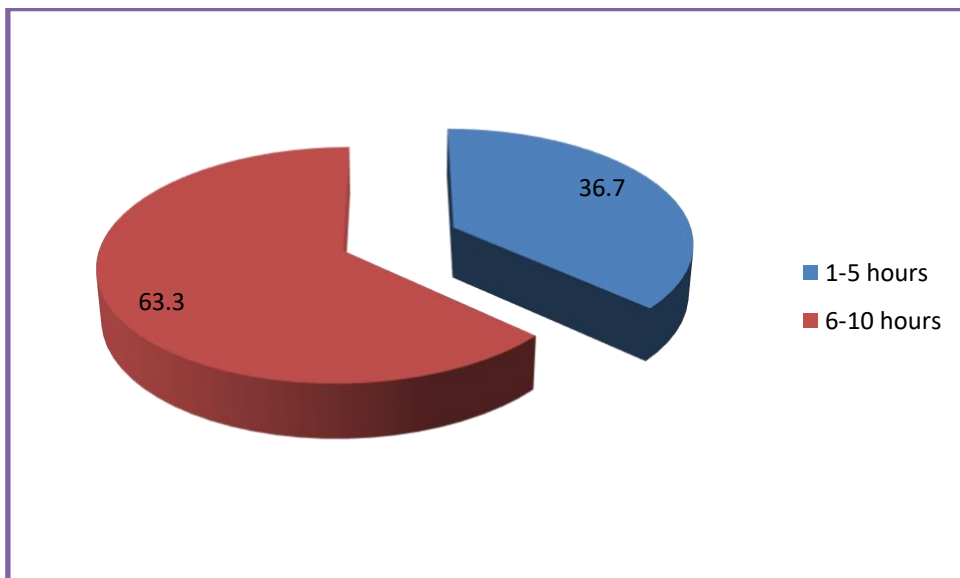


Figure 6: Distribution of study sample related to works hours
This figure recorded that the most of study sample 38(63.0) were 6-10 related to work hours

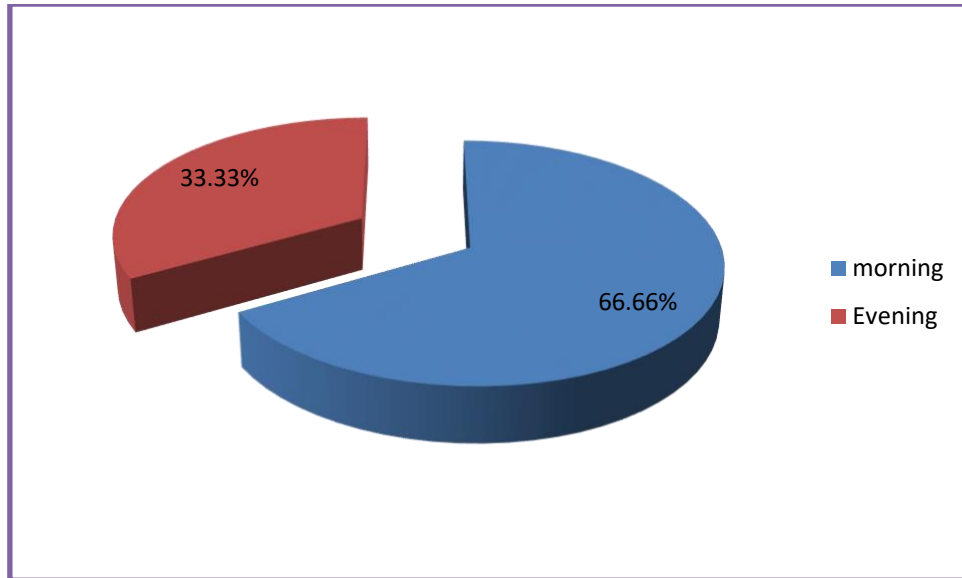


Figure 7: Distribution of study sample related to shifting .
This figure recorded that the most of study sample 40(66.6) were morning related to family shifting

Table 1: Demographical characteristics related to study sample

Variables		Frequency	Percent
Age	20-25	34	56.7
	26-30	20	33.3
	31-35	6	10.0
	Total	60	100.0
Gender	male	12	20.0
	female	48	80.0
	Total	60	100.0
Marital status	single	38	63.3
	married	22	36.7
	Total	60	100.0
Educational status	Nursing preparatory	8	13.3
	doploma	14	23.3
	Bachelor's degrees	38	63.3
	Total	60	100.0
Residency	rural	12	20.0
	urban	48	80.0
	Total	60	100.0
Work hours	1-5	22	36.7
	6-10	38	63.3
	Total	60	100.0
Shifting	morning	40	66.66
	Evening	20	33.33
	Total	60	100.0

Table (1): this table demonstrated the demographical characteristics of the study sample, the results recorded that the most of sample 34 (56.7%) were between age group (20-25)years old, also shows the high percentage 48 (80.0) were female ,related to educational status most of study sample 38(63.3) were college ,also this table show the high percentage 38(63.3) were married , related to residency the high percentage 48(80.0) were urban residency ,also this table show the most of study sample 38(63.0)were 6-10 related to work hours , related to family shifting the table show 40(66.6) were morning

Table 2 : Distribution related to Psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital.

Items	Never		sometimes		Always		Mostly		Total	
	F	P	F	P	F	P	F	P	F	P
Do you like your hostess?	6	10.0	16	26.7	26	43.3	12	20.0	60	100.0
Mean and standard deviation	2.73±.899 moderate									
Do you feel it is suitable for you?	8	13.3	20	33.3	22	36.7	10	16.7	60	100.0
Mean and standard deviation	2.57±.927 moderate									
Do you feel satisfied when you perform it?	2	3.3	12	20.0	32	53.3	14	23.3	60	100.0
Mean and standard deviation	2.97±.758 moderate									
Have you contributed to the development of your personality for the better?	8	13.3	6	10.0	30	50.0	16	26.7	60	100.0
Mean and standard deviation	2.90±.951 moderate									

Did it have a negative effect on your health?	10	16.7	26	43.3	10	16.7	14	23.3	60	100.0
Mean and standard deviation	2.47 ±1.03 moderate									
Do you make up the majority of your time?	4	6.7	26	43.3	18	30.0	12	20.0	60	100.0
Mean and standard deviation	2.63 ±.882 moderate									
Do you spend enough time with your family?	18	30.0	26	43.3	12	20.0	4	6.7	60	100.0
Mean and standard deviation	2.03 ±.882 moderate									
Does your work life take priority over your family life?	8	13.3	28	46.7	10	16.7	14	23.3	60	100.0
Mean and standard deviation	2.50±1.000 moderate									
Are there difficult situations in your work?	4	6.7	26	43.3	20	33.3	10	16.7	60	100.0
Mean and standard deviation	2.60±.848 moderate									
Can you avoid difficult situations and deal with them?	6	10.0	22	36.7	20	33.3	12	20.0	60	100.0
Mean and standard deviation	2.63±.920 moderate									
Do you find it difficult to complain when you bear the burden of work alone?	10	16.7	20	33.3	14	23.3	16	26.7	60	100.0
Mean and standard deviation	2.60 ±1.061 moderate									

Do you have problems at work?	14	23.3	30	50.0	6	10.0	10	16.7	60	100.0
Mean and standard deviation	2.20±.988 moderate									
Are your problems financial or moral?	12	20.0	18	30.0	14	23.3	16	26.7	60	100.0
Mean and standard deviation	2.57±1.095 moderate									
Does working in dialysis require a great deal of effort?	2	3.3	14	23.3	34	56.7	10	16.7	60	100.0
Mean and standard deviation	2.87±.724 moderate									
Is there sufficient support from the staff and officials with you?	10	16.7	18	30.0	28	46.7	4	6.7	60	100.0
Mean and standard deviation	2.43±.851 moderate									
Can you do your job in the best condition?	4	6.7	14	23.3	32	53.3	10	16.7	60	100.0
Mean and standard deviation	2.80±.798 moderate									
Are there any guidance courses in the work by the officials?	10	16.7	30	50.0	12	20.0	8	13.3	60	100.0
Mean and standard deviation	2.30±.908 moderate									
Is there a moral or material appreciation for doing your work?	16	26.7	28	46.7	10	16.7	6	10.0	60	100.0
Mean and standard deviation	2.10±.915 moderate									

Are there suitable conditions in the halls?	12	20.0	30	50.0	12	20.0	6	10.0	60	100.0
Mean and standard deviation	2.20±.879 moderate									
Are devices available that meet the need?	10	16.7	26	43.3	14	23.3	10	16.7	60	100.0
Mean and standard deviation	2.40±.960 moderate									
Is there any effect on your psyche as a result of insufficient equipment in the halls?	14	23.3	24	40.0	12	20.0	10	16.7	60	100.0
Mean and standard deviation	2.30±1.013 moderate									
Do you make mistakes while working?	22	36.7	24	40.0	4	6.7	10	16.7	60	100.0
Mean and standard deviation	2.03±1.057 moderate									
Did some mistakes cause the death of a patient?	46	76.7	10	16.7	2	3.3	2	3.3	60	100.0
Mean and standard deviation	1.33±.705 moderate									
Do you blame yourself when making mistakes in your work?	10	16.7	26	43.3	18	30.0	6	10.0	60	100.0
Mean and standard deviation	2.33±.877 moderate									

MS (mild level =1-1.9, moderate level = 2-2.9, sever level = 3-4)

Table 2: shows that the level of the Psychological stress recorded moderate mean score for about 24 items Psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital.

Chapter four

Discussion

Chapter four: discussion

Regarding the demographical characteristics of the study sample, the results recorded that most of sample 34 (56.7%) were between ages group (20-25)years old. While the study that conducted by (Chhetri & Baral, (2020) That showed that (39.02%) is the predominant age group (20-39), and followed by (37.39%) for the age group (40-59)..

also shows the high percentage 48 (80.0) were female ,related to educational status most of study sample 38(63.3) were college. This result comes along with Bayoumi, (2014) who indicated that (44.0%) of the caregivers with Renal Failure patient were Basic/intermediate..

regarding the marital status also this table show the high percentage 38(63.3) were married , other study conducted by (Hussein, H. H.,2022), patients were demonstrated as married and constituted the higher percentage (58.6%), which is consistent with a study performed by Mansour, (2013). The study showed that 67.30% of the patient were married. As it known that the effect of the persons marital status, but in light of the Iraqi culture, the marital status after disease may still continuing because of the strong sociocultural band in southern area of Iraq (researcher.(

Related to residency the high percentage 48(80.0) were urban residencies , his result comes along with (hassan et al (2019) whose findings indicated that the majority of the study subjects are (54.2%) were living in urban area. The researcher believes that one of the most important barriers families of patients with Renal failure and those living in rural areas is the

difficulty of moving to and from the center due to the lack of transportation there especially during the days of curfews by the government. Or because of bad weather or other obstacles that increase the burden on the provider and caregiver, which is obligatory to bring the patient to the dialysis center on the days specified for the patient to perform dialysis.

Regarding the work hours also the results show the most of study sample 38(63.0) were 6-10 related to work hours , related to family shifting the table show 40(66.6) were morning, his finding agrees with the result obtained from the study done by (Mashayekhi et al (2015). The others showed that (86.3%) of the patient's done hemodialysis 3times per week, also this result agrees with the National Kidney Foundation, (2015) which reported that the hemodialysis is classically done 3 times per week for about 4 hours at each time.

Regarding the level of the Psychological stress recorded moderate mean score for about 24 items Psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital, other study conducted by Hussein, H. H., & Faraj, R. K. (2022). Shows that the level of psychosocial burden among caregiver's ranges between no, mild, moderate and sever. The majority of participants (74.8%) have a moderate to severe level of psychosocial burden, followed by those who were mild to moderate (23.3 %), and followed by those who were severe burden (1.9 %). through the total scores concerning Likert scale.

Another study have the same agreement with the study of Mashayekhi et al (2015) who reported the majority of caregivers of patients with renal failure, In this study (72.5%) of caregivers reported moderate to severe levels of caregiver burden.

The researcher's point of view, Renal failure disease is the leading cause of patient and caregiver burden. This may be related to the patients' requirements, which may include physical, mental, and emotional care. This necessitates that caretakers have significantly greater knowledge, skills, and obligations. These commitments can entail significant social and financial strain. Therefore, the person who cares for others has the biggest duty and does not care for himself.

Chapter five

Conclusion and Recommendations

Chapter five : Conclusion and Recommendations

Conclusion:

- 1- The results recorded that the most of sample 34 (56.7%) were between age group (20-25)years old.
- 2- The high percentage 48 (80.0) were female ,related to educational status most of study sample 38(63.3%) were college students.
- 3- The results show the high percentage 38(63.3) were married.
- 4- The level of the Psychological stress recorded moderate mean score for about 24 items Psychological stress among caregivers of dialysis patients at Imam Al-Sadiq Hospital.

Recommendations:

chronic kidney disease and dialysis places an increased demand on the caregivers of these patients, when ongoing lifestyle adjustments become necessary as the disease complicates. In the Nepalese context, where there is no government health insurance policies, less educated people and lesser facilities of developing countries, the duties of caregivers are not given sufficient attention. This results in more caregiver having burnout and exhaustion. Interventions to provide appropriate social support services and improve psychological conditions of caregivers and patients with ESRD should be planned and evaluated, particularly in high-risk groups.

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APPENDIX

**Psychological stress among caregivers of dialysis patients at
Imam Al-Sadiq Hospital.**

the age:

Gender :

Mention

feminine

Marital Status:

Unmarried

married

separate

Educational level:

Nursing preparatory :

diploma:

Bachelor's degrees:

Master's:

Ph.D:

Living:

countryside

Attended

work hours:

Workplace

Shift:

morning

evening

terms	Never	Sometimes	Always	Mostly
1- Do you like your hostess?				
2_ Do you feel it is suitable for you?				
3_ Do you feel satisfied when you perform it?				
4- Have you contributed to the development of your personality for the better?				
5- Did it have a negative effect on your health?				
6_ Do you make up the majority of your time?				
7_ Do you spend enough time with your family?				
8-Does your work life take priority over your family life?				
9-Are there difficult situations in your work?				
10- Can you avoid difficult situations and deal with them?				
11- Do you find it difficult to complain when you bear the burden of work alone?				

12- Do you have problems at work?				
13- Are your problems financial or moral?				
14- Does working in dialysis require a great deal of effort?				
15- Is there sufficient support from the staff and officials with you?				
16-Can you do your job in the best condition?				
17- Are there any guidance courses in the work by the officials?				
18- Is there a moral or material appreciation for doing your work?				
19Are there suitable conditions in the halls?				
20- Are devices available that meet the need?				
21- Is there any effect on your psyche as a result of insufficient equipment in the halls?				
22- Do you make mistakes while working?				
23_ Did some mistakes cause the death of a patient?				
24- Do you blame yourself when making mistakes in your work?				

الخلاصة

الخلفية العلمية : غسيل الكلى ، هو وسيلة لتنظيف دم شخص ما عندما لا تعمل الكلى بشكل صحيح. عندما تتعطل الكلى ، فإن هذا النوع من غسيل الكلى يزيل الفضلات مثل الكرياتينين واليوريا ، وكذلك الماء المجاني من الدم خارج الجسم. غسيل الكلى هو واحد من ثلاث طرق يمكن من خلالها استبدال الكلى (الطريقتان الأخريان هما زراعة الكلى وغسيل الكلى البريتوني). الفصادة هي طريقة أخرى لفصل مكونات الدم مثل البلازما أو الخلايا خارج الجسم (Bresn ، 2017).

الأهداف: دراسة الخصائص الديموغرافية وتقييم الضغط النفسي لدى القائمين على رعاية مرضى غسيل الكلى بمستشفى الإمام الصادق.

المنهجية: دراسة كمية وصفية تصميم مقطعي تم اختياره لإجراء الدراسة الموجهة إلى الضغط النفسي لدى القائمين على رعاية مرضى غسيل الكلى في مستشفى الإمام الصادق. والتي تعتبر إطارًا علميًا لحل مشاكل مقدمي الرعاية من الفترة (1 سبتمبر - 2022 إلى 1 مايو - 2023). عينة غرضية عدد 60

النتائج: سجلت معظم العينة 34 (56.7%) بين الفئة العمرية (20-25) سنة. سجل مستوى الضغط النفسي متوسط درجة متوسطة لحوالي 24 عنصر ضغط نفسي لدى القائمين على رعاية مرضى غسيل الكلى بمستشفى الإمام الصادق.

الاستنتاجات: النسبة المرتفعة كانت من الإناث ، وسجلت النتائج أن معظم العينة كانت بين الفئة العمرية (20-25) سنة.

التوصيات: التدخلات لتقديم خدمات الدعم الاجتماعي المناسبة وتحسين الظروف النفسية لمقدمي الرعاية والمرضى الذين يعانون من الداء الكلوي بمراحله الأخيرة ينبغي التخطيط لها وتقييمها ، لا سيما في المجموعات المعرضة للخطر.

الإهداء

وُجد الإنسان على وجه البسيطة، ولم يعيش بمعزل عن باقي
البشر

وفي جميع مراحل الحياة، يُوجد أناس يستحقُّون منَّا الشُّكر
وأولى الناس بالشُّكر هما الأبوان؛ لما لهما من الفضل ما يبلغ
عنان السماء؛

فوجودهما سبب للنجاة والفلاح في الدنيا والآخرة.
إلى أصدقائي الذين أشهد لهم بأنهم نعم الرُّفقاء في جميع
الأمر..

أهديكم بحثي المتواضع في.....

شكر وتقدير

الحمد لله رب العالمين والصلاة والسلام على أشرف الأنبياء
والمرسلين سيدنا محمد وعلى آله وصحبه ومن تبعهم بإحسان إلى
يوم الدين، وبعد ..

فإننا نشكر الله تعالى على فضله حيث أتاح لنا إنجاز هذا العمل
بفضله، فله الحمد أولاً وآخرًا.

ثم نشكر أولئك الأخيار الذين مدوا لنا يد المساعدة، خلال هذه
الفترة، وفي مقدمتهم أستاذنا المشرف على البحث الدكتور / د.
رؤوف جبار معروف الذي لم يدخر جهدًا في مساعدتنا، كما هي
عادته مع كل طلبة العلم، وكنا نجلس معه بالساعات الطوال نقرأ
عليه ولا يجد في ذلك حرجًا، وكان يحثنا على البحث، ويرغبنا
فيه، ويقوي عزيمتنا عليه فله من الله الأجر ومنا كل تقدير حفظه
الله ومتعته بالصحة والعافية ونفع بعلمه.



وزارة التعليم العالي
والبحث العلمي
جامعة بابل
كلية التمريض



ضغوط نفسية لدى القائمين على رعاية
غسيل الكلى بمستشفى الامام الصادق

مشروع تخرج مقدم لكلية التمريض جامعة بابل ضمن متطلبات الحصول على درجة
البكالوريوس في التمريض

اعداد

علي كاظم جسوم عبود

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