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Chronic Renal Failure: Exploring its Effects on Functional Status and Psychosocial Well-being in Patients

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Abstract

Introduction: Chronic kidney disease (CKD) is a prevalent health concern globally, affecting kidney function and patients' quality of life. This study aims to investigate CKD's impact on patients' functional status and psychosocial well-being, recognizing the broader implications of this condition.

Methods: The study, using a quantitative approach with a descriptive design, examined CKD patients' functional status and psychosocial adjustment at Parul Sevashram Hospital. Sampling 100 patients aged 35+, it employed convenience sampling. Research tools included a demographic questionnaire and a Psychosocial Adjustment Illness Scale. Ethical clearance was obtained, and data collection began after tool validation.

Results: The study found that chronic renal failure had a significant impact on the functional status and psychosocial well-being of patients. Functional status was notably affected, with patients experiencing limitations in daily activities. Psychosocial adjustment was also affected, with patients reporting difficulties in various areas such as vocational environment, sexual relationships, social environment, and psychological distress.

Conclusion: Chronic renal failure not only affects physical health but also has a substantial impact on the functional status and psychosocial well-being of patients. Healthcare providers should consider these aspects when managing patients with chronic renal failure to improve their overall quality of life.

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Keywords:

Chronic Renal Failure, Functional Status, Psychosocial Well-being and Quality of Life

Introduction:

Chronic kidney disease (CKD) poses a significant global health burden, characterized by the gradual decline in kidney function and associated complication.[1] With kidneys playing a crucial role in maintaining overall bodily functions, their impairment leads to the accumulation of waste and fluid imbalances, contributing to the progression of CKD.[2] Chronic renal failure, a consequence of CKD, not only impacts patients' physical health but also engenders profound psychological and social challenges for both patients and their families.[3] The transition to treatments like hemodialysis necessitates substantial lifestyle adjustments, exacerbating the burden on patients' quality of life and well-being.[1,4]

Furthermore, CKD is intricately linked with psychosocial factors such as depression, anxiety, and diminished social support, which can further exacerbate the disease's progression and affect patients' decision-making processes.[5] Despite the growing recognition of these psychosocial dimensions, there remains a gap in understanding their impact on CKD morbidity and mortality, particularly in the context of patients not yet requiring kidney replacement therapy (KRT).[6] Given the escalating prevalence of CKD globally, evidenced by staggering figures such as 195 million affected individuals worldwide, there is an urgent need to comprehensively investigate the functional and psychosocial implications of this condition.[7,8,9] This study aims to bridge a critical gap in understanding the psychosocial aspects of chronic kidney disease (CKD) without kidney replacement therapy (KRT). By synthesizing qualitative research on patients' experiences, the study will illuminate the unique challenges faced by this population, including the impact on their mental health, social interactions, and overall quality of life. The findings will not only enhance our understanding of CKD's psychosocial dimensions but also inform the development of tailored interventions that address the specific needs of patients without KRT. Ultimately, this research has the potential to improve patient care and outcomes by promoting a more holistic approach to managing CKD.

Research Methodology:

The research adopted a quantitative approach with a descriptive research design to investigate the functional status and psychosocial adjustment of chronic kidney disease (CKD) patients at

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Parul Sevashram Hospital. The study population comprised CKD patients above 35 years of age, with a sample size of 100 patients selected using a non-probability, convenience sampling technique.

The research tools included a questionnaire to collect demographic data and identify the clinical profile of CKD patients, along with a functional status questionnaire and a self-structured Psychosocial Adjustment Illness Scale.

Data collection commenced after obtaining ethical clearance and validating the research tools. Formal permission was obtained from the hospital authority, and participants provided formal consent before data collection. The study excluded CKD patients with other serious diseases and those unavailable during the study period. The findings of this research aim to contribute valuable insights into the functional and psychosocial aspects of CKD patients, potentially informing strategies for improving their quality of life and overall well-being.

Result:

Section- I: Findings related to Frequency and Percentage Distribution of participants as per Demographic Variables and clinical Variables

Table: 1 Frequency and Percentage Distribution of participants as per Demographic Variables

Sr No.	Demographic Variable		Frequency	Percentage
1	Age	35-45 Years	41	41%
		46-55 Years	28	28%
		56-65 Years	26	26%
		66 and more	5	5%
2	Gender	Male	66	66%
		Female	34	34%
3	Educational Status	No Formal Education	7	7%
		Primary	58	58%
		Secondary	22	22%
		Higher Secondary	13	13%
		Graduate And above	0	0

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4	Occupation	Home Maker	26	26%
		Daily Wages	26	26%
		Business	35	35%
		Government Job	6	6%
		Unemployed	5	5%
		Any Other	2	2%
5	Religion	Hindu	88	88%
		Muslim	10	10%
		Christian	1	1%
		Other	1	1%
7	Life Style Factors	Smoking	14	14%
		Tobacco Chewing	30	30%
		Alcohol Drinking	15	15%
		Any Other	41	41%
8	Marital Status	Married	98	98%
		Unmarried	1	1%
		Widow/Widower	1	1%
		Divorced/Separated	0	0
9	Working Area	Sedentary Worker	39	39%
		Moderate Worker	51	51%
		Heavy Worker	10	10%
10	Dietary Pattern	Vegetarian	50	50%
		Nonvegetarian	50	50%

The table 1 presents the frequency and percentage distribution of participants based on various demographic variables. Regarding age, the majority of participants were in the 35-45 years age group (41%), followed by 46-55 years (28%), 56-65 years (26%), and 66 years and above (5%). In terms of gender, the study had a higher representation of males (66%) compared to females (34%). Regarding educational status, most participants had primary education (58%), followed by secondary education (22%), no formal education (7%), and higher secondary education (13%), with no participants having a graduate degree or above.

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Occupationally, the participants were engaged in various roles, with the highest percentage being homemakers (26%) and those involved in daily wages (26%), followed by business (35%), government jobs (6%), unemployed individuals (5%), and others (2%). In terms of religion, the majority were Hindus (88%), followed by Muslims (10%), Christians (1%), and others (1%).

Regarding lifestyle factors, a significant portion of participants reported engaging in smoking (14%), tobacco chewing (30%), alcohol drinking (15%), and other lifestyle factors (41%). The majority of participants were married (98%), with a small percentage being unmarried (1%), widowed/widower (1%), and none being divorced or separated. In terms of working area, most participants were moderate workers (51%), followed by sedentary workers (39%) and heavy workers (10%). Lastly, participants were evenly split between vegetarian and non-vegetarian dietary patterns (50% each).

Table: 2 Frequency and Percentage Distribution of participants as per clinical Variables

Sr. No.	Clinical Profile	Frequency	Percentage
1.	**Temperature**		
	91-95 F	2	2%
	96-98 F	59	59%
	More than 98 F	39	39%
2.	**Pulse**		
	65-75	23	23%
	75-85	66	66%
	85-95	9	9%
	More than 95	2	2%
3.	**Respiration**		
	15-20 Bpm	34	34%
	21-25 Bpm	66	66%
4.	**Systolic Blood Pressure**		

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	110-130 mmHg	52	52%
	131-150 mmHg	36	36%
	151-170 mmHg	12	12%
	Diastolic Blood Pressure		
	40-60 mmHg	3	3%
	61-80 mmHg	73	73%
	81-100 mmHg	24	24%
5.	**SpO_2**		
	85-90 %	2	2%
	91-95 %	28	28%
	96-100 %	70	70%
6.	**Height**		
	142-152 Cm	13	13%
	153-162 Cm	34	34%
	163-172 Cm	53	53%
7.	**Weight**		
	35-55 Kg	42	42%
	56-75 Kg	54	54%
	76-95 Kg	3	3%
	More than 95 Kg	1	1%
8.	**RBC**		
	1.5-2.5	1	1%
	2.6-3.5	35	35%
	3.6-4.5	63	63%
	4.6-5.5	1	1%
9.	**Hb**		
	7.1-9 g/dl	27	27%
	9.1-11 g/dl	57	57%
	More than 11 g/dl	16	16%
10.	**Hematocrit**		

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	20-25	2	2%
	25-30	28	28%
	30-35	68	68%
	More than 35	2	2%
11.	**Blood Urea**		
	101-125 mg/dl	24	24%
	126-150 mg/dl	31	31%
	151-175 mg/dl	29	29%
	176-200 mg/dl	16	16%

The table 2 provides a detailed distribution of participants based on clinical variables. Regarding temperature, most participants had a temperature between 96-98°F (59%), with a smaller percentage having temperatures below 91°F (2%) or above 98°F (39%). In terms of pulse rate, the majority fell within the range of 75-85 beats per minute (66%), followed by 65-75 bpm (23%), 85-95 bpm (9%), and over 95 bpm (2%). Respiratory rates were predominantly in the range of 21-25 breaths per minute (66%), with a smaller percentage at 15-20 bpm (34%).

Regarding blood pressure, most participants had a systolic pressure between 110-130 mmHg (52%) and a diastolic pressure between 61-80 mmHg (73%). Oxygen saturation levels (SpO2) were mainly between 96-100% (70%), followed by 91-95% (28%), and 85-90% (2%). Heights were distributed across 142-152 cm (13%), 153-162 cm (34%), and 163-172 cm (53%). Weight distribution was primarily between 56-75 kg (54%) and 35-55 kg (42%), with fewer participants in the 76-95 kg range (3%) and above 95 kg (1%).

Regarding red blood cell count (RBC), most participants fell within the range of 3.6-4.5 (63%), with smaller percentages in the 2.6-3.5 (35%) and 4.6-5.5 (1%) ranges. Hemoglobin (Hb) levels were mainly between 9.1-11 g/dl (57%) and 7.1-9 g/dl (27%), with a smaller percentage having levels above 11 g/dl (16%). Hematocrit levels were primarily between 30-35 (68%) and 25-30 (28%), with fewer participants in the 20-25 (2%) and above 35 (2%) ranges. Blood urea levels were distributed across 101-125 mg/dl (24%), 126-150 mg/dl (31%), 151-175 mg/dl (29%), and 176-200 mg/dl (16%).

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Section- II: Findings Related to Functional status and Psycho- social Adjustment of the participants (Descriptive statistics)

Table: 3 Descriptive statistics of functional status

Score	Mean Score	Standard deviation
Functional status	18.20	5.929

Table 3 shows the descriptive statistics for functional status. The mean score was 18.20, with a standard deviation of 5.929, indicating the average score and the variability of scores around the mean, respectively.

Table: 4 Descriptive statistics of Psycho-social Adjustment

Psycho-social Adjustment:		
Vocational Environment	6.66	2.804
Sexual Relationship	8.79	3.163
Social Environment	8.57	3.144
Psychological Distress	4.93	1.935

Table 4 displays the descriptive statistics for psycho-social adjustment among the participants. The table includes four dimensions of psycho-social adjustment: Vocational Environment, Sexual Relationship, Social Environment, and Psychological Distress. The mean scores for these dimensions are as follows: Vocational Environment (6.66), Sexual Relationship (8.79), Social Environment (8.57), and Psychological Distress (4.93). The standard deviations for these dimensions indicate the variability of scores around the mean, with values of 2.804, 3.163, 3.144, and 1.935, respectively.

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Section III: Findings Related to correlation between Functional status and Psycho-social Adjustment of the participants

Table: 5 Correlation between Functional Status and Psycho-Social Adjustment

Score	Mean Score	Standard deviation	p-value
Functional data	18.20	5.929	0.313
Psycho-social Adjustment	28.54	6.885	

Table 5 presents the correlation between functional status and psycho-social adjustment among the participants. The mean score for functional data was 18.20, with a standard deviation of 5.929. The mean score for psycho-social adjustment was 28.54, with a standard deviation of 6.885. The p-value for the correlation between functional data and psycho-social adjustment was 0.313, indicating the level of significance of the correlation. This table provides insights into the relationship between functional status and psycho-social adjustment among the participants.

Section- IV: Findings Related to association between Functional status and Psycho-social Adjustment score of the participants with their sociodemographic variables and clinical variables

Table: 6 Association between Functional Status and Sociodemographic

Sr No.	Demographic Variable	F	Functional status Score			Chi-square Value	df	P value
			Good	Average	Poor			
1	**Age**							
	35-45 Years	41	22	19	0	5.012	6	0.524
	46-55 Years	28	12	16	0			

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	56-65years	26	9	16	1			
	66 and more	5	2	3	0			
2	**Gender**							
	Male	66	30	35	1	0.558	2	0.757
	Female	34	15	19	0			
3	**Educational Status**							
	No Formal Education	7	3	4	0	8.245	6	0.221
	Primary	58	32	25	1			
	Secondary	22	5	17	0			
	Higher Secondary	13	5	8	0			
	Graduate And Above	0	0	0	0			
4	**Occupation**							
	Home Maker	26	9	17	0	12.951	10	0.226
	Daily Wages	26	9	16	1			
	Business	35	23	12	0			
	Government Job	6	1	5	0			
	Unemployed	5	2	3	0			
	Any Other	2	1	1	0			
5	**Religion**							
	Hindu	88	40	47	1	2.322	6	0.888
	Muslim	10	4	6	0			
	Christian	1	0	1	0			
	Other	1	1	0	0			

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7	**Life Style Factors**							
	Smoking	14	9	5	0	5.634	6	0.465
	Tobacco Chewing	30	14	15	1			
	Alcohol Drinking	15	5	10	0			
	Any Other	41	17	24	0			
8	**Marital Status**							
	Married	98	43	54	1	2.494	4	0.646
	Unmarried	1	1	0	0			
	Widow/Widower	1	1	0	0			
	Divorced/Separated	0	0	0	0			
9	**Working Area**							
	Sedentary Worker	39	18	21	0	1.105	4	0.893
	Moderate Worker	51	23	27	1			
	Heavy Worker	10	4	6	0			
10	**Dietary Pattern**							
	Vegetarian	50	23	27	0	1.022	2	0.6
	Nonvegetarian	33	22	27	1			

Table 6 illustrates the association between functional status and various sociodemographic variables among the participants. The table presents the distribution of participants based on age, gender, educational status, occupation, religion, lifestyle factors, marital status, working area, and dietary pattern, along with their respective functional status scores categorized as good, average, or poor. Chi-square tests were used to determine the association between these variables and functional status, with p-values indicating the level of significance. The findings suggest that there is no significant association between functional status and sociodemographic variables among the participants.

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Table: 7 Association between Functional Status and Clinical Variables

Sr. No.	Clinical Profile	F	Functional Score			Chi-square value	df	P value
			Good	Average	Poor			
1	**Temperature**							
	91-95 F	2	2	0	0	7.176	6	0.305
	96-98 F	59	30	29	0			
	98-100 F	39	13	24	1			
	More than 100 F	1	0	1	0			
2	**Pulse**							
	65-75 bpm	23	9	14	0	3.854	6	0.696
	75-85 bpm	66	33	32	1			
	85-95 bpm	9	3	6	0			
	More than 96	2	0	2	0			
3	**Respiration**							
	15-20 bpm	34	13	21	0	1.614	2	0.446
	21-25 bpm	66	32	33	1			
4	**Systolic Blood Pressure**							
	110-130 mmHg	52	17	35	0	8.99	4	0.061
	131-150 mmHg	36	21	14	1			
	151-170 mmHg	12	7	5	0			
5	**Diastolic blood pressure**							
	40-60 mmHg	3	2	1	0	6.858	4	0.144
	61-80 mmHg	73	29	44	0			
	81-100 mmHg	24	14	9	1			
6	**Spo2**							
	85-90%	2	1	1	0	2.667	4	0.615
	91-95%	28	16	12	0			
	96-100%	70	28	41	1			
7	**Height**							

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	142-152	13	6	7	0	2.05	4	0.727
	153-162	34	13	21	0			
	163-172	53	26	26	1			
8	**Weight**							
	35-55 kg	42	18	23	1	2.615	6	0.855
	56-75 kg	54	26	28	0			
	76-95 kg	3	1	2	0			
	more than 95 kg	1	0	1	0			
9	**RBC**							
	1.5-2.5	1	1	0	0	4.992	6	0.545
	2.6-3.5	35	13	21	1			
	3.6-4.5	63	31	32	0			
	4.6-5.5	1	0	1	0			
10	**HB**							
	7.1-9 g/dl	27	13	14	0	0.876	4	0.928
	9.1-11 g/dl	57	25	31	1			
	more than 11 g/dl	16	7	9	0			
11	**Hematocrit**							
	20-25	2	0	2	0	2.396	6	0.88
	26-30	28	12	16	0			
	31-35	68	32	35	1			
	36 and more	2	1	1	0			
12	**Blood urea**							
	101-125	24	11	13	0	9.56	6	0.144
	126-150	31	10	21	0			
	151-175	29	17	12	0			
	176-200	16	7	8	1			

Table 7 displays the association between functional status and various clinical variables among the participants. The table presents the distribution of participants based on temperature, pulse rate, respiration rate, systolic and diastolic blood pressure, SpO2 levels, height, weight, RBC

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count, hemoglobin levels, hematocrit levels, and blood urea levels, along with their respective functional status scores categorized as good, average, or poor. Chi-square tests were used to determine the association between these clinical variables and functional status, with p-values indicating the level of significance. The findings suggest that there is no significant association between clinical variables and functional status among the participants.

Table: 8 Association between Psycho-social Adjustment Status and Demographic Variable

Sr No.	Demographic Variable	F	Psycho-social Adjustment Score		Chi-square Value	df	P value
			Good	Average			
1	**Age**						
	35-45 Years	41	5	36	1.411	3	0.703
	46-55 Years	28	5	22			
	56-65years	26	4	22			
	66 and more	5	0	5			
2	**Gender**						
	Male	66	7	58	1.773	1	0.183
	Female	34	7	27			
3	**Educational Status**						
	No Formal Education	7	0	7	4.757	3	0.19
	Primary	58	9	48			
	Secondary	22	5	17			
	Higher Secondary	13	0	13			
	Graduate And Above	0	0	0			
4	**Occupation**						
	Home Maker	26	5	21	3.185	5	0.671
	Daily Wages	26	3	23			
	Business	35	6	28			

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	Government Job	6	0	6			
	Unemployment	5	0	5			
	Any Other	2	0	2			
5	**Religion**						
	Hindu	88	11	76	2.561	3	0.464
	Muslim	10	3	7			
	Christian	1	0	1			
	Other	1	0	1			
6	**Life Style Factors**						
	Smoking	14	3	11	1.314	3	0.726
	Tobacco Chewing	30	4	25			
	Alcohol Drinking	15	1	14			
	Any Other	41	6	35			
7	**Marital Status**						
	Married	98	14	83	0.336	2	0.845
	Unmarried	1	0	1			
	Widow/Widower	1	0	1			
	Divorced/Separated	0	0	0			
8	**Working Area**						
	Sedentary Worker	39	7	32	1.455	2	0.483
	Moderate Worker	51	5	45			
	Heavy Worker	10	2	8			
9	**Dietary Pattern**						
	Vegetarian	50	6	43	0.287	1	0.592
	Nonvegetarian	33	8	42			

Table 8 shows the relationship between psycho-social adjustment status and demographic variables. It lists participants by age, gender, education, occupation, religion, lifestyle, marital status, work area, and diet, along with their psycho-social scores categorized as good or average. The table uses Chi-square tests to assess the association, indicating no significant relationship between these variables and psycho-social adjustment status.

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Table: 9 Association between Psycho-social Adjustment Status and Clinical Variables

Sr. No.	Clinical Profile	F	Psycho-social Score		Chi-quare value	df	P value
			Good	Average			
1	**Temperature**						
	91-95 F	2	0	2	1.273	3	0.736
	96-98	59	7	51			
	98-100	39	7	31			
	More than 100	1	0	1			
2	**Pulse**						
	65-75	23	4	19	3.211	3	0.332
	75-85	66	7	58			
	85-95	9	2	7			
	More than 96	2	1	1			
3	**Respiration**						
	15-20	34	6	28	0.524	1	0.469
	21-25	66	8	57			
4	**Systolic Blood Pressure**						
	110-130 mmHg	52	6	45	0.489	2	0.783
	131-150 mmHg	36	6	30			
	151-170 mmHg	12	2	10			
5	**Diastolic blood pressure**						
	40-60 mmHg	3	0	3	1.539	2	0.463
	61-80 mmHg	73	9	63			
	81-100 mmHg	24	5	19			
6	**Spo2**						
	85-90%	2	0	2	0.337	2	0.845
	91-95%	28	4	24			

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	96-100%	70	10	59			
7	**Height**						
	142-152 cm	13	1	12	0.52	2	0.771
	153-162 cm	34	5	29			
	163-172 cm	53	8	44			
8	**Weight**						
	35-55 kg	42	8	34	1.839	3	0.607
	56-75 kg	54	6	47			
	76-95 kg	3	0	3			
	more than 95 kg	1	0	1			
9	**RBC**						
	1.5-2.5	1	0	1	6.911	3	0.075
	2.6-3.5	35	6	29			
	3.6-4.5	63	7	55			
	4.6-5.5	1	1	0			
10	**HB**						
	7.1-9 g/dl	27	2	24	8.694	2	0.13
	9.1-11 g/dl	57	6	51			
	more than 11 g/dl	16	6	10			
11	**Hematocrit**						
	20-25	2	0	2	1.216	3	0.749
	26-30	28	3	25			
	31-35	68	11	56			
	36 and more	2	0	2			
12	**Blood urea**						
	101-125	24	5	19	2.334	3	0.506
	126-150	31	4	27			
	151-175	29	2	26			
	176-200	16	3	13			

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Table 9 presents the association between psycho-social adjustment status and clinical variables among participants. It categorizes participants based on clinical profiles such as temperature, pulse, respiration, blood pressure, SpO2, height, weight, RBC count, HB levels, hematocrit, and blood urea levels, along with their psycho-social scores categorized as good or average. Chi-square tests were used to assess the association, revealing no significant relationship between these clinical variables and psycho-social adjustment status

Conclusion

In conclusion, the study examined demographic and clinical variables among participants using a functional status questionnaire and psychosocial adjustment checklist. The findings indicate a diverse participant profile, with a majority being male, married, and Hindu, and having primary education. The majority were also engaged in business or daily wage work, with a significant portion practicing smoking or tobacco chewing. Clinical variables showed varied ranges, with notable proportions falling within normal ranges for temperature, pulse, and blood pressure. The functional status mean score was 18.20, with psycho-social adjustment scores indicating moderate to good levels in vocational, social, and sexual aspects, with lower distress levels. Chi-square tests showed no significant associations between demographic or clinical variables and functional scores. Overall, the study provides a detailed snapshot of the participants' demographics, clinical profiles, and functional and psycho-social adjustment, laying a foundation for further analysis and interventions.

Nursing Implication:

Nurses play a crucial role in the care and management of patients with chronic renal failure (CRF), particularly in addressing the significant impact on patients' functional status and psychosocial well-being. They should focus on holistic care, providing support for patients to manage daily activities, offering counseling and education to help them cope with the psychosocial challenges, and promoting a positive environment for their overall well-being. Nurses can also advocate for patient-centered care, ensuring that healthcare interventions consider the individual needs and preferences of CRF patients to enhance their quality of life.

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Recommendation:

Further research in this area could benefit from longitudinal studies to explore the long-term effects of chronic renal failure on patients' functional status and psychosocial well-being. Additionally, qualitative research methods such as in-depth interviews or focus group discussions could provide deeper insights into patients' experiences and perceptions, allowing for a more comprehensive understanding of the multifaceted challenges they face. Moreover, investigating the effectiveness of tailored interventions or support programs designed to address these challenges could offer valuable insights into enhancing patient care and outcomes in the context of chronic renal failure.

Conflict of Interest: In this study, no conflicts of interest exist.

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