

Depression and Self-efficacy among Hemodialysis Patients

¹Zakia Mohamed Abdel Aziz, ²Amal Ibrahim Sabra, ³Mona Mohamed Barakat

¹Nursing Supervisor at Benha Fever Hospital, Egypt.

²Assistant Professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Tanta University.

³Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Benha University.

Abstract: Over 50% of hemodialysis patients experience psychological problems. Evidence is emerging that depression and poor self-efficacy are very common in patients with hemodialysis which affect the patient's life. **Aim of the study:** This study aimed to assess the levels of depression and self-efficacy among hemodialysis patients and investigate the relation between them. **Sample:** The study sample consisted of 100 hemodialysis patients who are chosen by convenience sampling. **Setting:** Hemodialysis unit, at Benha University Hospital in Benha City, Kaluobia Governorate. **Research design:** A descriptive correlational design was utilized **Tools:** Three tools were used: I) Socio-demographic and clinical characteristics structured interview schedule. II) Beck Depression Scale and III) General Self-efficacy Scale. **Results:** The results of the present study revealed that, more than one third of the studied patients have moderate depression, one third of the patients have low level of self-efficacy, and also there was a highly statistically negative correlation between depression and self-efficacy among studied patients. **Conclusion:** Patients who are undergoing hemodialysis are more prone to have psychological problems such as depression and low self-efficacy and patients who have depression are more likely to have low self-efficacy. **Recommendations:** Early psychological screening and assessment of the self-efficacy and depression of patients receiving hemodialysis should be an essential part of nursing practice,

Keywords: Hemodialysis, Depression, Self-efficacy, Patients.

1. INTRODUCTION

Hemodialysis is the most frequent treatment method for chronic renal failure. Hemodialysis is a treatment for filter waste substances and fluid from the blood when the kidneys loss the ability to do this ^(1, 2). Adherence to hemodialysis treatment requires the patients to adapt to a number of restrictions such as fluid and diet control, painful fistula cannulation on dialysis days, social and financial constraints, and frequent hospital admissions due to comorbid diseases, which have a detrimental impact on psychological well-being of the patients ^(3, 4).

Nowadays, in the field of hemodialysis, remarkable advances have been made. In spite of these advances, considerable psychiatric disorders cannot be ignored. These disorders are associated with high morbidity and mortality resulting in diminishing the patient's quality of life ^(4, 5). In this respect **Dehkordi & Shahgholian, (2013)** stated approximately 10% of patients with hemodialysis were hospitalized in psychiatric hospitals during one year ⁽⁶⁾. Therefore, imperious attention for psychological issues of hemodialysis is emerged.

Depression is the most important target of psychological problems in hemodialysis patients. It affecting about 20% to 60% of the patients and has a 4 – 10 times higher prevalence compared to the general population ^(7, 8). It has been proven to be an important predictor of morbidity and mortality, high level of anxiety, fatigue, low self-efficacy, poorer quality of life and robust indicator of suicidal ideation in these patients ^(9, 10). Indeed hemodialysis patients with depression are twice as likely to die within a year compared to patients without depression ^(6, 11). Because of stamped negative effect of depression on all aspects of patient's life, early screening, diagnosis and treatment of depression should be sought in all hemodialysis patients.

Hemodialysis can diminish patients' self-efficacy which affect the patients' beliefs about their ability to control their environment and life circumstances. Self-efficacy is defined as people's beliefs about their abilities to produce designated levels of achievement, exercise influence over events, self-care behavior and self-management that affect their lives⁽¹²⁾. Self-efficacy among patients undergoing hemodialysis is more impaired than those with other medical conditions as diabetes, hypertension and chronic lung disease^(13, 14). Self-efficacy has been identified as a number of psychological factors that enhanced adherence and better treatment outcomes in hemodialysis patients^(12, 15).

A strong sense of efficacy enhances patients' accomplishment and personal psychological well-being in many ways. Patients with high self-efficacy approach difficult tasks as challenges to be mastered rather than as threats to be avoided^(12, 13). In this context, there is growing evidence that self-efficacy in hemodialysis patients is correlated with adjustment to illness, increasing control and autonomy, improving symptom control and enhancing sense of wellbeing, functioning and adherence of hemodialysis^(16, 17).

There are numerous studies regarded the relationships between self-efficacy and depression among hemodialysis patients, and concluded that self-efficacy is an important predictor for depression^(15, 16, 18). Self-efficacy impairment is likely to be a direct corollary of depressed mood among hemodialysis patients. This means that patients with more self-efficacy have fewer signs and symptoms of depression⁽¹⁹⁾.

Depression, impairment self-efficacy, and other psychological problems may sometimes be hidden behind an array of vague symptoms and complications of hemodialysis and it becomes vital to community mental health nurse to assess the hemodialysis patients holistically to identify marked depression and self-efficacy^(17, 20). This will enable health care professional in preventing the psychological problems and controlling the problems related to depression and self-efficacy⁽²¹⁾. Considering the above issues, studying depression and self-efficacy and its related relations in hemodialysis patients is postulated an urgent need because of its effect on patients' outcome and adherence to hemodialysis.

Basically, among health care providers, nurse is considered the main person who provides care for these patients. Identify the psychological needs of these patients is the most part of nurse' responsibilities. Hemodialysis patients need mental support to adapt to their current status, and nurses can help them become accustomed to their problems and fears of the disease by reducing depression, enhancing self-efficacy, and providing emotional support. Therefore, nurses' awareness of psychological problems can affect the care of these patients and improve their psychological well-being^(22, 23).

Aim of the Study:

The aim of this study was to:-

- 1-Asseess the levels of depression and self-efficacy among hemodialysis patients.
- 2- Investigate the relation between depression and self-efficacy among hemodialysis patients.

Research Questions:

To achieve the aim of this study the following research questions were formulated:

- 1- What are the levels of depression and self-efficacy among hemodialysis patients?
- 2- What is the relation between depression and self-efficacy among hemodialysis patients?

2. SUBJECT AND METHODS

Research design:

A descriptive correlational design was used.

Setting:

The study was carried out at the hemodialysis unit at Benha University Hospital in Benha City, Kaluobia Governorate, which is affiliated to Ministry of Higher Education. The dialysis unit contains 24 dialysis machines that operate three cycles a day throughout the week. It serves 123 hemodialysis patients (male and female), and ages range from 16 – 80 years.

Sampling:

Sample size: Based on the confidence interval (CI) 95%, and at power analysis 80%, the sample size ranged from 80-100, so that the sample size was 100 patients.

Sample technique: Convenience sample of (100) hemodialysis patient from Benha University Hospital in Benha City who fulfilled:-

The inclusion criteria

- Age between 20-65 years
- Both sex.
- Patients willingness to participate in the study.

The exclusion criteria

- Having psychiatric disorder or physical disability

Tools for Data Collection:

Three tools were used for data collection:-

Tool I: - Socio-demographic and Clinical Characteristics Structured Interview Schedule

It was developed by researchers, based on reviewing related literatures. It consisted of 11 items to elicit data about the socio demographic characteristics of studied patients such as age, sex, marital status, having children, level of education, occupation, income monthly and place of residence as well as clinical data of the studied sample. Clinical data consisted of 7 items that assess the clinical characteristics of the studied patients such as age at onset of the disease, causes of kidney failure, and family history to kidney failure, start date of renal dialysis, number of dialysis sessions per week, number of hours per session, and complications from renal dialysis.

Tool II: Aron Beck Depression Scale:

The scale was originally developed by **Beck et al., (1961)** ⁽²⁴⁾. It consisted of 21 items to measure the levels of depression. The scale was originally created by patient's descriptions of their symptoms. In the first portion of the test, psychological symptoms are assessed, whereas the second portion assesses physical symptoms. The scale is rated on a likert scale that ranges from 0 to 3 for each answer and then the total score is compared to a key to determine the level of depression. Higher total score indicate more severe depression symptoms.

Scoring system:

- 0 - 9 indicate no depression.
- 10 - 18 indicate mild depression.
- 19 - 29 indicate moderate depression.
- 30 - 63 indicate severe depression.

Tool III: General Self-efficacy Scale (GSE):

General self-efficacy scale was originally developed by **Jerusalem & Schwarzer, (1992)** ⁽²⁵⁾. It consisted of 10 items to measure a general sense of perceived self-efficacy with the aim to evaluate coping with daily stressors. This scale reflects an optimistic self-belief that one can perform a novel, difficult task or cope with adversity in various domains functioning. The scale is rated on a likert scale that ranges from 1 to 4 as following (1): Not at all true, (2): Hardly true, (3): Moderately true and (4): Exactly true. The total score ranges from 10 to 40 with higher total score indicates high self-efficacy.

Scoring system:

- 10 - 20 indicate low self-efficacy level.
- 21- 30 indicate moderate self -efficacy level.
- 31 - 40 indicate high self-efficacy level.

Methods

-Preparatory Phase:-

This phase included reviewing of relevant literature and different studies related to the topic of research, using textbooks, articles, magazines, periodicals and internet search was done to get a clear picture of all aspects related to the research topic.

-Administrative design:

A written letter was issued from the Dean of Faculty of Nursing to director of study setting to obtain the approval and cooperation for data collection.

-Ethical considerations:

All ethical issues were assured;

- Oral consent has been obtained from each study subjects before conducting the interview and given them a brief orientation to the purpose of the study.
- They were also reassured that all information gathered would be kept confidentially and used only for the purpose of the study.
- Patients had right to withdraw from the study at any time without giving any reasons.
- Assured that study don't produce any harm.

-Content validity & reliability:

- Content validity of tools was done by a jury of 5 experts of Psychiatric Mental Health Nursing who checked the relevancy, comprehensiveness, clarity and applicability of the questions. According to their opinions, modifications were done and the final form was developed. The modifications were (modify some words to give the right meaning of the phrase).
- Test retest reliability was done, $r = 0.95$ for Beck depression scale, while, $r = 0.91$ for self-efficacy scale.

-Pilot study:

After the tools have been designed, they were tested through a pilot study, which was done before embarking on the field work to check the clarity and feasibility of a designed tool to be sure that it was understood and to estimate the time needed to complete its items. It was carried out on a sample of 10 hemodialysis patients, who were excluded later from the main study sample. After its implementation and according to its result, the necessary modifications were done.

-Field work:

- The researcher started data collection by introducing herself to the participants.
- Data collected were done through interviewing with the patients before and during the dialysis session in hospital on the individual basis according to patients condition and their responses. A brief description of the purpose of the study is given to patients before conducting interview.
- Each interview lasted for 20-30 minutes depending on the response of the patients.
- The process of data collection took a period three months from the January to March 2018, two days/week from all shifts.

Statistical design:

All data collected were organized, coded, computerized, tabulated and analyzed by using the Statistical Package for Social Science (SPSS programs version 20), which was used frequencies and percentages for qualitative descriptive data, and Chi-square was used for relation tests, mean and standard deviation was used for quantitative data, person correlation coefficient (r) was used for correlation analysis and degree of significance was identified.

The observation difference and associations were considered as the following: (p-value)

- Highly significant (HS) $p < 0.001$
- Significant (S) $p < 0.05$
- Not significant (NS) $P > 0.05$

3. RESULTS

Table (1): Distribution of the Studied Patients According to Their Socio-demographic Characteristics (n=100).

Socio-demographic Characteristics	The studied patients	
	no	%
Age (years):-		
• 20 – 30 years	12	12.0
• 31 - 40 years	35	35.0
• 41 - 50 years	39	39.0
• ≥ 50 years	14	14.0
Mean \pm SD	40.46 \pm 9.958	
Gender:-		
• Male	55	55.0
• Female	45	45.0
Marital status:-		
• Single	11	11.0
• Married	69	69.0
• Divorced	3	3.0
• Widowed	17	17.0
Having children:-		
• Present	80	83.0
• Not present	20	17.0
Educational level:-		
• Illiterate	15	15.0
• Read and write	19	19.0
• Secondary education	46	46.0
• University education	20	20.0
Having work:-		
• Work	49	49.0
• Not work	51	51.0
Income/ month:-		
• Not enough	64	64.0
• Enough	36	36.0
Residence:-		
• Rural	66	66.0
• Urban	34	34.0
With whom patient resides:-		
• Alone	1	1.0
• With family	99	99.0
Family stability:-		
• Stable	9	9.0
• Stable some extent	80	80.0

• Unstable	11	11.0
Patient's status in the family:-		
• Son / Daughter	19	19.0
• Husband / Wife	81	81.0

Table (1): shows the distribution of the studied patients according to their socio-demographic characteristics. It was illustrated that more than one third of the studied patients (39%) aged ranged from 40 – 50 years with mean age 40.46 ± 9.958 and more than half of the studied patients (55%) were males. This table also revealed that more than two thirds (69%) of the studied patients were married and the majority of them (83%) having children. Regarding educational level, less than half of the studied patients (46%) were at intermediate (secondary) education, and about half of the studied patients (51%) were not having work. Regarding monthly income, (64%) their monthly income was not enough, and two thirds of the studied patients (66%) were from rural area. It was observed that all of them (99%) reside with their family and the majority of the studied patients (80%) was stable to some extent. This table also showed that the majority of the studied patients (81%) their status in their family were husband / wife.

Table (2): Distribution of the Studied Patients According to Their Clinical Data (n=100)

Clinical Data	The studied patients	
	no	%
Age at onset of the disease:-		
• ≤ 30 year	34	34.0
• 31 – 40 year	40	40.0
• ≥ 40 year	26	26.0
Mean ±SD	33.6 ± 9.2	
Causes of kidney failure:-		
• Complications of other diseases such as heart disease, blood pressure or diabetes.	34	34.0
• Urological diseases such as nephritis.	32	32.0
• Complications after surgery.	18	18.0
• Others (over taking medications or drink contaminated water).	16	16.0
Family history:-		
• Yes.	19	19.0
• No.	81	81.0
Start date of renal dialysis:-		
• A year ago.	12	12.0
• Two years ago.	23	23.0
• Three years ago.	44	44.0
• Four years ago and more.	21	21.0
Number of dialysis sessions / week:-		
• Twice times.	10	8.0
• Three times.	90	88.0
Number of hours per session:-		
• Four hours.	100	100.0
Complications from renal dialysis:-		
• Yes.	94	94.0
• No.	6	6.0

Table (2): shows distribution of the studied patients according to their clinical data. It was noticed that, more than one third of the studied patients (40 %) age at onset of the disease ranged from 31 – 40 years with mean age 33.6 ± 9.2 . About one third of the studied patients (34%) their cause of kidney failure was complications of other diseases such as

heart disease, blood pressure or diabetes, and the majority of the patients (92%) doesn't have other diseases other than kidney failure. Regarding family history of kidney failure, the majority of the studied patients (81%) don't have a family history of kidney failure. This table also revealed that less than one half of the studied patients (44%) started renal dialysis since three years, and the majority of them (88%) have three dialysis sessions per week. All of the studied patients (100%) their dialysis session last about four hours, while the majority (94%) have complications from renal dialysis.

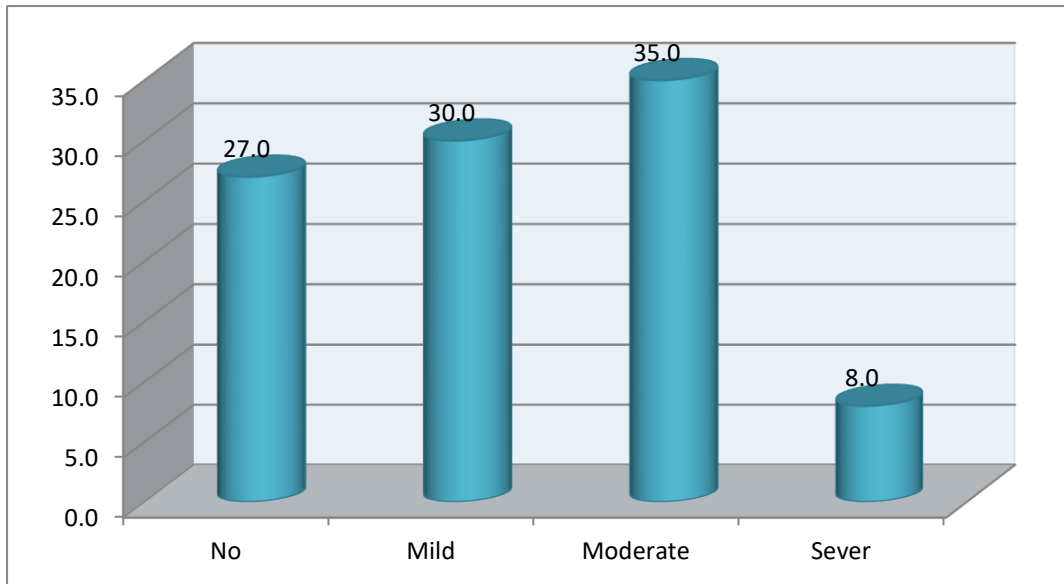


Figure (1): Level of Psychological Symptoms of Beck Depression Scale among the Studied Patients (n=100).

Figure (1) illustrates level of psychological symptoms of Beck Depression Scale among the studied patients. It was observed that about one third of the studied patients (35.0%) have moderate psychological symptoms for depression, and (8.0%) of patients have severe psychological symptoms for depression.

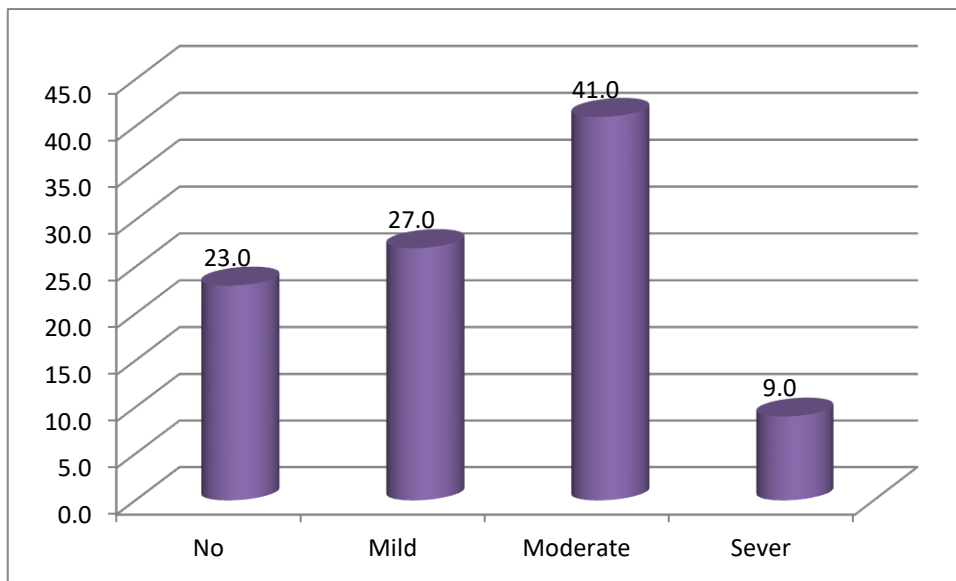


Figure (2): Level of Physical Symptoms of Beck Depression Scale among the Studied Patients (n=100).

Figure (2) illustrates level of physical symptoms of Beck Depression Scale. The results showed that more than one third of the studied patients (41.0%) have moderate physical symptoms for depression and (9.0%) of patients have severe physical symptoms for depression.

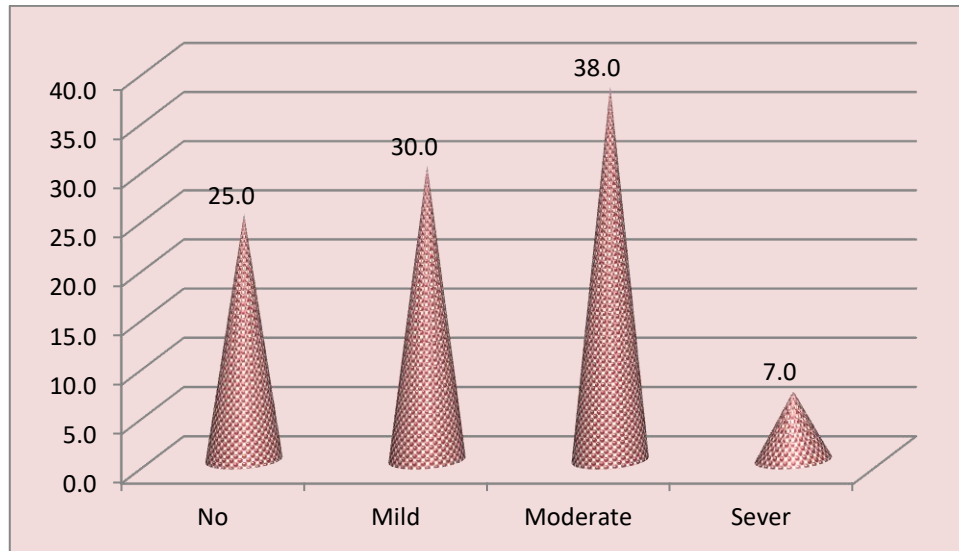


Figure (3): Distribution of the Studied Patients According to Level of Depression (n=100).

The figure (3) represents distribution of the studied patients according to level of depression. It was observed that more than one third of the studied patients (38.0%) have moderate depression, and (7.0%) of subjects suffered from severe depression.

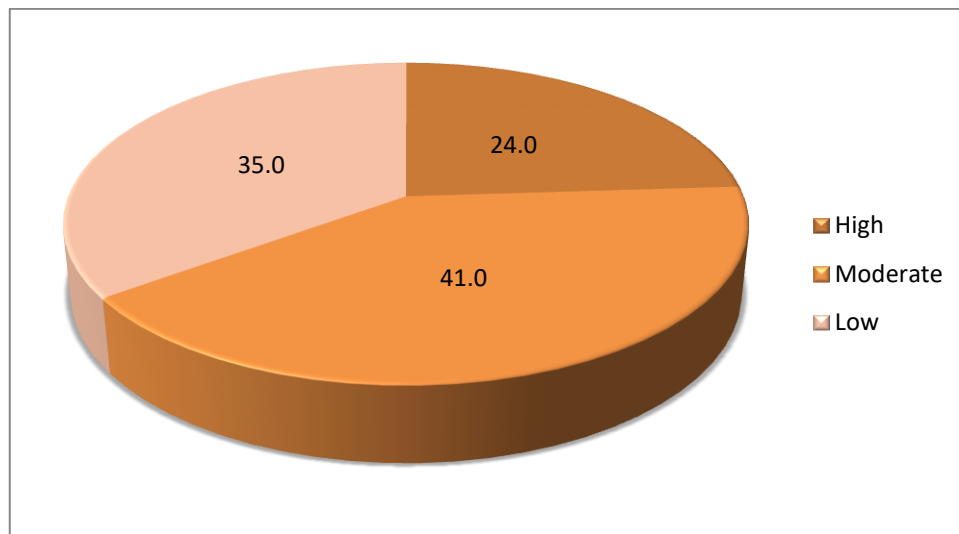


Figure (4): Distribution of the Studied Patients According to Level of Self-efficacy (n=100).

It is clear from figure (4) that less than half of the studied sample (41.0%) have moderate self-efficacy level, and about one quarter of the sample (24.0%) have high level of self-efficacy.

Table (3): Total Mean Score and Standard Deviation of Total Self-efficacy Scale among the Studied Patients (n=100).

Variables	Minimum	Maximum	Mean ± SD
Total Self-efficacy scale.	14.00	33.00	23.37 ± 5.33

Table (3): illustrates, total mean score and stander deviation of total self-efficacy scale among the studied patients. The results pointed out that the minimum score of self-efficacy scale was 14.00, while the maximum score of self-efficacy scale was 33.00 and total mean score and stander deviation of total self-efficacy scale was 23.37 ± 5.33.

Table (4): Correlation between Beck Depression Scale and Self-efficacy among the Studied Patients (n=100).

Scales	Total Depression Scale	
	r	p-value
Total Self-efficacy	-0.89	0.000 **

< 0.000 highly significant relation.

Table (4) shows, correlation between Beck depression scale and self-efficacy among the studied patients. The results revealed that there was a highly statistically negative correlation between total depression scale and total self-efficacy at P value = (< 0.000), r = -0.89. This means that patients who had high score of depression are more likely to be having low self-efficacy.

4. DISCUSSION

Hemodialysis is one of a serious issue in health systems around the world. Psychiatric disorders are common among hemodialysis patients because of the multiple medications, the frequency hospitalization, and feeling of uncertainty about the future and presence of stress associated with the disease ^(14, 26).

This study was aimed to assess the levels of depression and self-efficacy among hemodialysis patients and investigate the relationship between them among hemodialysis patients. The results of the current study revealed that there was a highly statistically negative correlation between depression and self-efficacy, that means that higher score of depression indicates low self-efficacy.

Concerning level of depression among hemodialysis patients, the result of the current study revealed that, about on half of studied patients had depression. Since depression can be manifested in both psychological and physical symptoms, the results of the present study reported that more than one third of the studied patients have psychological symptoms for depression and about half of the studied patients have physical symptoms for depression. This result comes in agreement with the study done by **Nelson et al., (2016)** founded that, more depressive symptoms were observed among nearly half of their studied patients, with more fear of dying⁽⁹⁾ In the same stream **Mohammed et al., (2017)** reported that the majority of the studied sample of hemodialysis patients had depression ⁽²⁷⁾. Additionally, in Egyptian study carried by **Ali & Taha, (2017)** on hemodialysis patients revealed that, slightly more than one third of the studied patients had severe depression symptoms and they were at greater risk for mortality ⁽²⁸⁾.

From the view point of researcher, this result may be due to many explanations. First, feeling loss and hopelessness. As a result of hemodialysis, there is the possibility of a number of losses, such as the loss of the physical abilities, cognitive abilities, family roles and dynamics, sexual functions, employment and social relations. Experience losses by patients can lead to the feeling of hopelessness. Hopelessness is closely associated with negative expectancies about the future and suicidal ideas. In this point, **Rahimipour et al., (2015)** stated loss and the sense of hopelessness was reported as the aggravating factors of depression among hemodialysis patients and concluded, the careful assessment for the feelings of hopelessness can lead to better understand the depressive symptoms and eventually intervene with depression therapeutically among hemodialysis patients ⁽²⁹⁾.

Second, self-image and self-esteem are the main elements of psychological well-being; however hemodialysis has negative impact on body image and self-esteem on the patients. This may be another explanation. Loss more of weight, change the color of the skin, site of fistula and other changes on patient 's body lead to impairing self-acceptance, more low self-esteem, isolated and prone to depression . This supported by **Finnegan & Thomas, (2013)** mentioned that self and body image are common psychological consequences of living with hemodialysis ⁽³⁰⁾.

Third, limitations and restriction of hemodialysis also may lead to depression among hemodialysis patients. Hemodialysis patients may experience many restrictions as a strict treatment schedule, fluid and dietary restrictions, functional limitations, the frequency and duration of dialysis and time restriction. These restrictions lead to detrimental consequence of hemodialysis which is dependency. Patients' dependence on the individuals and on certain equipment rather than of themselves forms psychological problems in patients.

Fear of tomorrow, feeling of uncertainty about the future, awareness of impending death and fear of death are also factors that threaten the situation of psychological well-being of patients and lead to pessimism, low self-esteem, anxiety, indecisiveness, irritability, depressive affect, self-criticism, reduced concentration, and suicidal ideation.

Self-efficacy has important role in successfully managing a chronic illness over time and across situations, makes patients feel better about their selves, more powerful and in control. The current results showed that, one third of the studied patients had low level of self-efficacy. Beside what is mentioned above regarding depression, loss of autonomy and negative patient's believes about their capabilities may be two main rationales regarding low level of self-efficacy among hemodialysis in the current study.

A wide range of restrictions which hemodialysis patients experience lead to negative patients believes about their capabilities to perform daily lives activities and reduce the ability to master life events. In the same stream **Hoffman, (2013)** stated that patients who believe in their ability to control their illness look at tasks as challenges to be mastered rather than as threats to be avoided and they view medical instructions as something they understand and can carry out⁽³¹⁾.

This result is accordance with the study done by **Ahmed et al., (2010)** who studied the abilities of patients with hemodialysis and reported that more than half of the studied patients had moderate self-efficacy level⁽³²⁾. Also, the result supported by **Alvandi & Fard, (2016)** who concluded, the patients treated with hemodialysis having low self-efficacy due to anxiety and depression that occur commonly in MHD patients and are frequently associated with altered physical function⁽³³⁾. In contrast **Khoshnazar et al., (2014)**, stated patients treated with hemodialysis enjoyed high general self-efficacy⁽³⁴⁾.

Concerning correlation between total level of depression and total level of self-efficacy of the studied patients, the findings of the present study showed that, there was a highly statistically negative correlation between them and this mean that, patients who have high depression are more likely to have low self-efficacy.

This negative correlation may be due to patients with low self-efficacy feel helpless, unable to exercise control over life and they believe any effort they make is futile. Low self-efficacy can destroy motivation, lower aspirations, and interfere with cognitive abilities. Which in turn lead to the feeling of frustration, helplessness and finally depression.

On the other side, this may be due to the high level of depression among hemodialysis patients makes the patient feel sad, despair, self-mutilation, the concentration of false belief about the self, impaired quality of life, the emergence of psychological and physical symptoms and social withdrawal and all of this make patients have pessimistic believes about their capabilities and lead to low self-efficacy and patients can't manage the psychological problems from renal dialysis.

This result is in accordance with **Fathi, (2014)** by **Rayyani et al., (2014)** who explored the relation between self-efficacy and a number of psychological constructs, they reported a negative correlation between self-efficacy and depression, results revealed that lower level of depression among hemodialysis patients is associated with increased self-efficacy and patients with greater self-efficacy are more likely to engage in healthy behaviors and maintain these behaviors which may improve health status and quality of life^(35, 36). Additionally, Egyptian study carried by **Mousa et al., (2018)** who examined severity of depression among hemodialysis patients, a significant correlation between self-efficacy and severity of depression was found, who concluded that higher level of self-efficacy predicted less severity of depression⁽¹⁵⁾.

5. CONCLUSION

Findings of the present study confirmed that the psychological status of patients is affected by hemodialysis management. The hemodialysis patients are expected to have depression and experience low self-efficacy. Additionally, it also observed that there was a highly statistically negative correlation between total depression and total self-efficacy; this means that patients who had high score of depression are more likely to be having low self-efficacy.

6. RECOMMENDATIONS

According to results of the current study, the following suggestions are recommended:

- Early psychological screening and assessment of the self-efficacy and psychological status of patients receiving hemodialysis should be an essential part of nursing practice.
- Psycho-educational training programs should be initiated for hemodialysis patients toward depression and enhancing self-efficacy by providing an efficient treatment.

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- In-service training for nursing staff on how to deal with psychological problems of patients and help them overcome their mental problems.
- Further studies by using larger probability sample for generalization of the results.

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