CHAPTER V

SUMMARY AND CONCLUSION

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The study on the 'Management of Stress and Depression and Enhancement of Well-being in Kidney Patients through Positive Therapy' was conducted with the following objectives:

- To find out the causes of kidney failure in the selected kidney failure patients.
- To find out the symptoms of the sample.
- To identify the causes of stress of the sample.
- To assess the level of stress of the sample.
- To find out the effect of Positive Therapy in the management of stress of the sample.
- To study the causes of depression of the sample.
- To assess the level of depression of the sample.
- To find out the effect of Positive Therapy in the management of depression of the sample.
- To assess the well-being of the sample.
- To find out the influence of Positive Therapy on the well-being of the sample.
- To identify the negative emotions of the sample.
- To find out the effect of Positive Therapy on the negative emotions of the sample.

From Sri Ramakrishna Hospital, Coimbatore, 32 patients with renal failure, 20 male and 12 female, who had just started dialysis, were selected by Purposive Sampling method. The age range the sample was 28-55 years. To begin with, rapport was established with the subjects, after which, the Case Study Schedule, SI (Stress Inventory), BDI (Beck Depression Inventory) and WBI (Well-being Index) were administered on the entire sample, individually (Assessment I).

All the subjects were given the psychological intervention called, Positive Therapy (Hemalatha Natesan, 2004). It is a package based on the Eastern techniques of Yoga and Western techniques of Cognitive Behaviour Therapy. It has four strategies, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments. In the present study, Relaxation Therapy, Counselling involving Rational Emotive Therapy and Cognitive Restructuring and Behavioural Assignments were used.

Positive Therapy was given individually for 8 sessions to each subject. The subjects had 2-3 dialyses per week. Four sessions were given just before dialysis and 4 sessions, soon after dialysis. The duration of each session was 40-50 minutes. The subjects were provided with the Cassettes on Relaxation Therapy to help them practice the same at home. The subjects were asked to read the Positive Therapy Handbook, as Bibliotherapy.

After the completion of 8 sessions of Positive Therapy, the entire sample was re-assessed (Assessment II) using the Case Study Re-assessment Schedule, SI, BDI and WBI. The subjects were contacted individually on a regular basis to ensure adherence to Positive Therapy. At the end of the 4th month, it was intended to have a re-assessment, on the entire sample to verify the sustained effects of Positive Therapy. But out of 32, only 30 subjects were available for Assessment III, as one patient had

passed away and another was not available after kidney transplantation. Hence, Assessment III was done on 30 subjects, using the same tools.

The experimental design employed was, 'Before and after treatment without control group'. The data was analysed statistically.

CONCLUSION

1. The major cause of kidney failure was hypertension. Diabetes was found to be the second major cause of kidney failure.

2. The most common symptoms of the sample were oedima, loss of appetite, persistent sadness, headache, frequent urination, anaemia, vomitting, irritability, sleep disturbance, low level of energy and fatigue.

3. All the subjects had 'Very High'/ 'High' stress. Hence, the Null Hypothesis, 'There is no stress in kidney patients' is rejected.

4. There was a reduction in mean stress after Positive Therapy. The mean differences in stress between the 3 assessments were statistically significant. Therefore, the Null Hypothesis, 'Positive Therapy does not have any effect on the level of stress in kidney patients' is rejected.

5. The most common causes of stress were dialyses and the financial burden of the treatment.

6. The subjects had either 'Moderate to Severe'/ 'Severe' depression. So, the Null Hypothesis, 'There is no depression in kidney patients' is rejected.

7. The mean differences in depression between the 3 assessments were statistically significant. Positive Therapy had proved to be effective in reducing depression significantly. Hence, the Null Hypothesis, 'Positive

Therapy does not have any effect on the level of depression in kidney patients' is rejected.

8. The common causes of depression in the sample were helplessness and hopelessness due to the disorder, dependence on others and changes in life style.

9. All the subjects had 'Poor' well-being. Therefore, the Null Hypothesis, 'The well-being in kidney patients is not affected' is rejected.

10. The well-being of the subjects improved significantly after undergoing Positive Therapy. So, the Null Hypothesis, 'Positive Therapy does not have any effect on the well-being of kidney patients' is rejected.

11. All the subjects experienced negative emotions such as worry and anxiety. Hence, the Null Hypothesis, 'Kidney patients do not experience negative emotions' is rejected.

12. The number of subjects experiencing various negative emotions had reduced after the administration of Positive Therapy. Therefore, the Null Hypothesis, 'Positive Therapy does not have any effect on the negative emotions of kidney patients' is rejected.

From the present study, it is evident that, stress and depression are inevitable in chronic kidney patients. The action research has proved that Positive Therapy is effective in the management of stress and depression in kidney patients, as well as in improving their well-being. All these have changed their attitude towards their health conditions, facilitating expectance of positive treatment outcomes.

Limitations of the study

Not all hospitals were willing to give permission to conduct action research, as they thought that it would interfere with their treatment procedure. So, the study had to be restricted to one hospital.

As the kidney patients were already strained with the long-term treatment procedures in the hospital, yet another few more hours of stay at the hospital for psychological intervention was not appreciated by many of them. Though they were told that they would benefit from the psychological intervention, many patients expressed their unwillingness to cooperate with the research. Even when patients were cooperative, the continuity in the psychological intervention could not be maintained as some of them had the dialysis done elsewhere. Even when the hospital authorities permitted, they insisted on a time limit for the study. So, the sample size had to be limited to 32.

Double-bind method of re-assessment was not possible as the subjects were not willing to comply with a new investigator. Photographs could not be taken as the subjects expressed their unwillingness to be photographed during Positive Therapy. The dialysis process could not be videotaped, as the Management of the Hospital strictly prohibited it.

Recommendations

- In collaboration with WHO/ICMR, longitudinal research applying Positive Therapy can be conducted on larger and representative sample for the management of psychological problems of chronically ill patients with CHD, CKD, cancer, essential hypertension and diabetes.

- Dialysis Units can educate kidney failure patients and their family members on the causes, symptoms, effects, treatment and risk factors of kidney failure.
- The Dialysis Units should employ social workers/psychologists trained in Positive Therapy to counsel the kidney failure patients.
- As the nurses in the Dialysis Units have frequent contacts with the kidney failure patients, training them in Positive Therapy would prove beneficial to the kidney failure patients in helping them deal with their emotional problems.
- Hospitals can conduct Workshops on Positive Therapy to help kidney failure patients and their family members manage their stress and depression and thereby enhance the quality of their lives.
- Research should also be done on the psychological interventions in vogue for the management of emotional problems in end stage renal patients.