

Influences of spirituality on quality of life and well-being in patients with end-stage renal disease (ESRD)

13 Annual Interdisciplinary Research Conference Trinity college, 7-8 November, 2012

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A-36-year old postgraduate research student, University of Stirling, UK Education- BSc degree in Nursing, Jordan University of Science & Technology, Jordan, 1998- MSc in nursing, Glasgow Caledonian University, UK, 2006- Graduate Diploma in Nephrology Nursing, Glasgow Caledonian University, UK, 2006 I have more than 8 years working as a staff nurse in intensive care units, accident and emergency and outpatient departments. I was involved in the teaching and delivering training for healthcare professionals within the NICHE program at Glasgow Caledonian University. I have been married for 10 years and have with four girls. Currently a postgraduate research student at the University of Stirling and spending most of my time as other research students do; studying. My main areas of research interest are the link between spirituality and quality of life in dialysis patients.

Abstract

Background

Studying spirituality and its effect on health and well-being is increasingly emerging; however, there is lack of research addressing spirituality and its contribution to adjustment in patients with ESRD.

Aims

To explore the influences of ESRD on patients' quality of life (QoL) and well-being; to examine the relationship between spirituality and the QoL and well-being of patients with ESRD.

Method

A cross-sectional survey was conducted among 72 patients in dialysis units across Scotland. Medical Outcomes questionnaire (SF-36v2) was used to measure QoL; Spirituality Well-Being Questionnaire was used to measure spirituality. PASW 18.0 was used for data analysis.

Patients were included if they had been on dialysis for ≥ 6 months, English speaking and ≥ 18 years old. Patients experiencing distress or psychological communication problems were excluded.

Ethical approval was obtained from the author's institution and from the National Health Services.

Findings

72 patients completed the survey from an original sample of 364 (19.8%). These patients reported markedly reduced QoL compared to the United Kingdom population. The Vitality and Mental Health scores were close to UK population norms. Social support and hope were associated with improved well-being. Increasing age was associated with reduced physical activities; but better mental well-being. No statistically significant associations were found between spirituality and QoL. The importance of religion was associated with better overall MCS scores and Social Functioning.

Conclusions

To work with ESRD patients' to help maintain their physical, psychological and social health and to help them better anticipate any decline in their health before it becomes acute.

Implications

Further research is required to obtain a better understanding of the influences of ESRD on

patients QoL and well-being; and to examine the influences of spirituality on QoL and well-being of patients with ESRD.

Authors

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Session

Adult Healthcare: Palliative (15:00 - Thursday, 8th November, Seminar Room 0.55)