

INVESTIGATING THE ROLE OF SOCIAL SUPPORT IN CHRONIC DISEASE MANAGEMENT

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Abstract

Consequently, this study showed how social support in Qazvin City dialysis patients moderates the association between death dread and resilience. In Qazvin City, 347 dialysis patients participated in a descriptive-analytical cross-sectional study. The instruments utilized to collect the data were a few questionnaires. They employed convenience sampling. The data was analysed using descriptive statistics using SPSS software version 22 and M Plus software version 7.2. These comprised mean and standard deviation for continuous data and counts and percentages for categorical/nominal data. Regression analysis and tests were used to look at how the variables interacted. Through the mediating variable of social support, the SEM analysis demonstrated that there were substantial direct and indirect relationships between resilience and death anxiety. The study found that the relationship between death anxiety and resilience is significantly mediated by social support.

Keywords: demonstrates, significantly, Structural Equation Modelling

1. INTRODUCTION

The kidneys gradually degenerate or lose their capacity to filter blood as efficiently as they can in healthy kidneys when they have chronic kidney disease (CKD). The body consequently builds up toxins and excess fluid, which can result in a number of health issues like heart disease and high blood pressure [1]. Between two and three percent of people worldwide currently suffer from chronic renal failure [2]. About 2.6 million individuals have adopted alternative treatments like haemodialysis and kidney transplant worldwide, and the estimated number is likely to be 5.5 million by 2030. Haemodialysis is one of the treatments adopted for controlling and managing CKD. Psychosocial problems are far more common among dialysis patients, according to numerous studies [11]. From 20 to 60% of haemodialysis patients in the country suffer from anxiety. With increased treatment time and lack of support system among haemodialysis patients, they become incapable of handling stressful conditions and experience a rise in anxiety. The idea of death can be frightening, and most people don't like to think about it. Because of the stressful nature of their life, patients receiving haemodialysis also fear dying. Being resilient is one of several aspects that can help prevent anxiety associated with chronic illness [12]. As an active process, resilience can help people with chronic illnesses adapt positively to adverse living circumstances and manage stress and anxiety-inducing situations more skilfully [3]. Personal strength, emotional stability, and self-worth can all be enhanced by resilience. Resilient people are very capable of handling the difficulties posed by their sickness [4]. These patients can fend against stressors, anxiety, and psychological problems by strengthening their resilience. Giving patients social support can help them become more resilient.

Social support is when a patient receives both emotional and physical assistance, usually from friends, family, coworkers, religious counsellors, doctors, and members of the community [16]. These patients are among the most vulnerable members of society due to the disease's extensive effects on many facets of life, and they desperately need the social support of friends, family, and other people in their lives. In addition, with the long-term treatment of dialysis, individuals experience impairments in their ability to perform daily activities and social functioning. Consequently, their interactions decrease on a daily basis, and their social support needs increase.

2. REVIEW OF LITERATURE

Therefore, it is essential to build and strengthen mental health in patients with chronic illnesses in addition to enhancing physical health. Increased resilience in CKD patients is linked to improved medication adherence, better patient outcomes, and greater acceptance of the illness[5]. But the findings of this study by show conflicting findings about these two elements. Because the researchers believe that even people who have had traumatic events can be flexible and hopeful, they did not find any difference in resilience scale ratings between the two groups in this study that received different amounts of social support.

Patients may become more resilient and capable of self-adaptation as a result. Social support is crucial for psychological adaptability and resistance to chronic illnesses, as several studies have shown. After a chronic disease, social support lowers the risk of many physical and mental problems and helps people get through challenging times in life. It is still largely unknown how social support can make dialysis patients feel less fearful of dying and more resilient, and its role as a modulator of death anxiety and resilience has gotten less attention globally [6]. Additionally, there aren't many studies conducted in Iran that go beyond summarizing how this condition affects patients' general quality of life. In the capacity of patient supporters, especially in the case of patients who are undergoing dialysis, nurses can assist in the establishment of a sufficient social support system for the patients and have a significant impact on improving the resilience and recovery of the patients [13]. Dialysis nurses also have a significant role in putting together the medical and psychiatric sides of patient management so they can chart better care for the issues encountered by the patients. Following a comprehensive explanation of the study's goals and procedures, all participants who met the eligibility requirements were asked to sign up [10]. Written informed permission was acquired by each subject. The study required participants to be proficient in reading and writing, speak Persian, provide their agreement to participate, and have CKD confirmed by an expert. Unwillingness to complete the questionnaires at any stage of the response process, incomplete questionnaires, and an inability to speak in Persian were among the exclusion factors. The questionnaires for the study were filled out by the researcher during participant interviews. Convenience sampling was the sample technique employed. The information was gathered. A minimum of five people per item was considered due to the large number of questionnaire items and variables being studied, as well as the use of Structural Equation Modelling (SEM) analysis. A minimum sample size of 347 people was established after taking participant attrition and sample size criteria into consideration.

3. MATERIALS AND METHODS

According to the study, social support considerably lessened the relationship between death dread and resilience in hemodialysis patients. Research on Pakistani chronic patients indicates that social support is essential for assisting them in coping with life-threatening situations. For hemodialysis patients, social support is crucial to a speedy recovery. One of the most effective strategies for long-term therapy and illness adaption is social support, which is usually provided by friends, family, coworkers, coworkers' coworkers, spiritual counsellors, mental health professionals, and community members. Patients who had high levels of anxiety and depression received less assistance from friends, family, and significant others [7]. Support from friends, family, coworkers, and medical professionals had a major impact on self-care behaviours, according to Cha's study on the self-care model of haemodialysis patients. Self-consciousness, love, affection, self-expression, and a sense of belonging are all made possible by social support, which is also a potent coping strategy and a source of effective adaptation. In certain situations, it can't totally eliminate unpleasant experiences, but it makes individuals happier by lowering anxiety and increasing self-esteem. Additionally, it can help people deal with challenging circumstances and come up with fresh ideas, which will increase their level of life satisfaction [14].

Resilience was substantially correlated with the reciprocal effects of social support and death dread. An investigation of such a moderator would help with incorrect treatment for death phobia. Positivity, self-assurance, and the ability to regulate unpleasant emotions are all traits of an emotionally robust individual. Using SPSS software version 22 and mplus software version 7.2, the data was analysed using descriptive statistics like counts and percentages for categorical/nominal variables like gender and mean and standard deviation for continuous variables like age. Using tests and regression analysis, the relationships between the variables were investigated [8]. To find both direct and indirect correlations between independent and dependent variables, SEM analysis was employed. To ascertain the extent of the regression between the latent and observable variables, the SEM analysis model, which consists of two parts—the measurement model and the structural model—applies the maximum likelihood (ML) technique[17].

In a similar vein, other studies found that haemodialysis patients with lesser incomes also experienced higher levels of mortality concern. Greater wealth is a protective factor that influences death fear and a significant indication of quality of life. This finding may be explained by the fact that people with more wealth and

educational attainment have easier access to information on death, which reduces patients' dread of dying [9]. Furthermore, the results of the study showed no statistically significant relationship between gender and death anxiety. In contrast, studies by Shafiei et al. and Fathi et al. revealed that males were more likely to experience fear of death and higher levels of mortality anxiety, potentially as a result of men suppressing emotions like terror.

4. RESULT AND DISCUSSION

In the US and around the world, diabetes is one of the chronic conditions with the fastest rates of growth. 90% of all occurrences of diabetes globally are type 2 diabetes, which is avoidable but still contributes to higher rates of disability, lost productivity, mortality, and increased health care expenses.

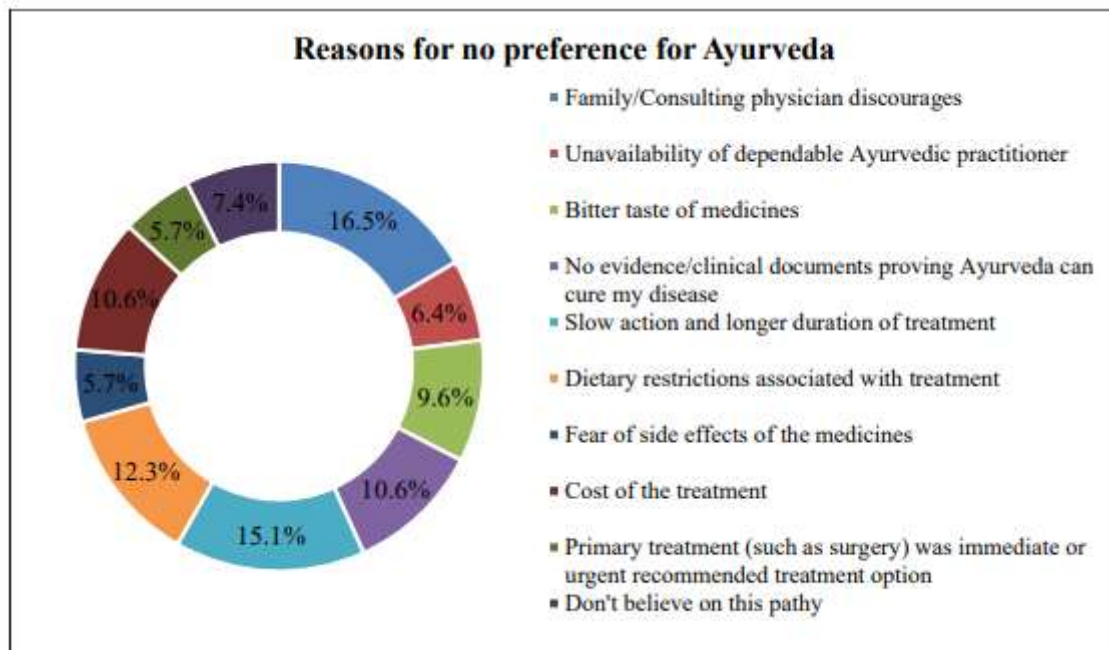


Figure 1: Reasons for no preference for Ayurveda

Effective disease management is necessary to improve outcomes associated to diabetes. Despite data linking social support to better clinical results, less psychosocial symptomatology, and the adoption of healthy lifestyle choices, little is known about its impact in diabetes management [15]. The purpose of this systematic study is to investigate how social support affects outcomes for individuals with type 2 diabetes.

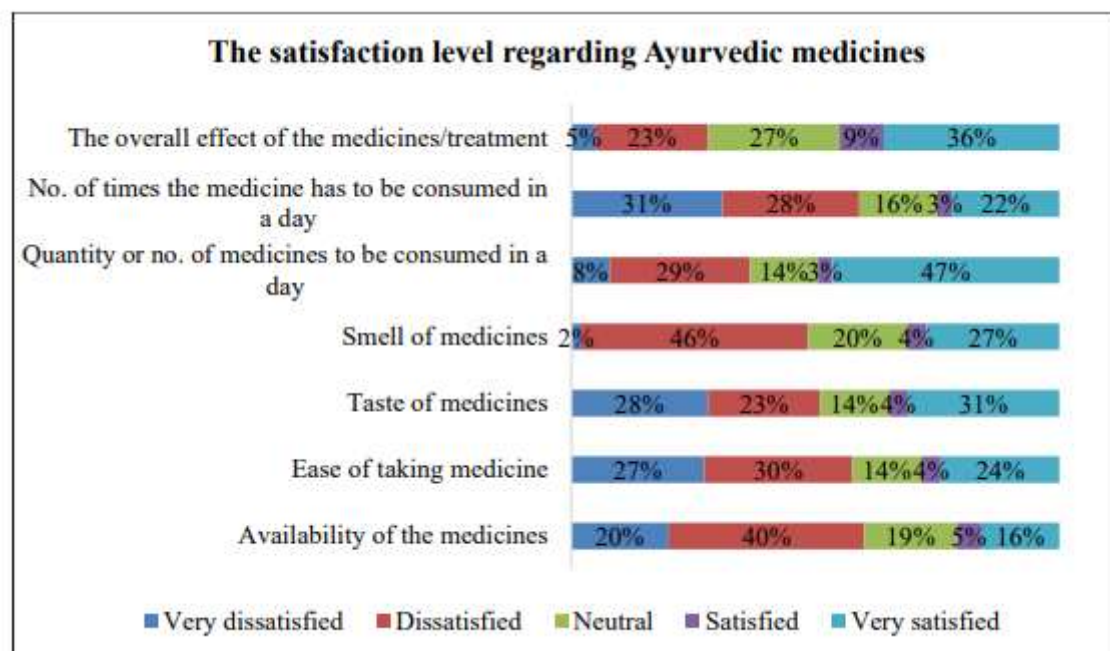


Figure 2: The satisfaction level regarding Ayurvedic medicines

One of the most prevalent and quickly growing chronic diseases, diabetes affects over 346 million people globally. Because of the sharp rise in overweight, obesity, and physical inactivity, it is becoming a global epidemic. Diabetes is the primary cause of blindness, amputation, and renal failure globally due to a combination of low knowledge, restricted access, inadequate care, and insufficient funding.

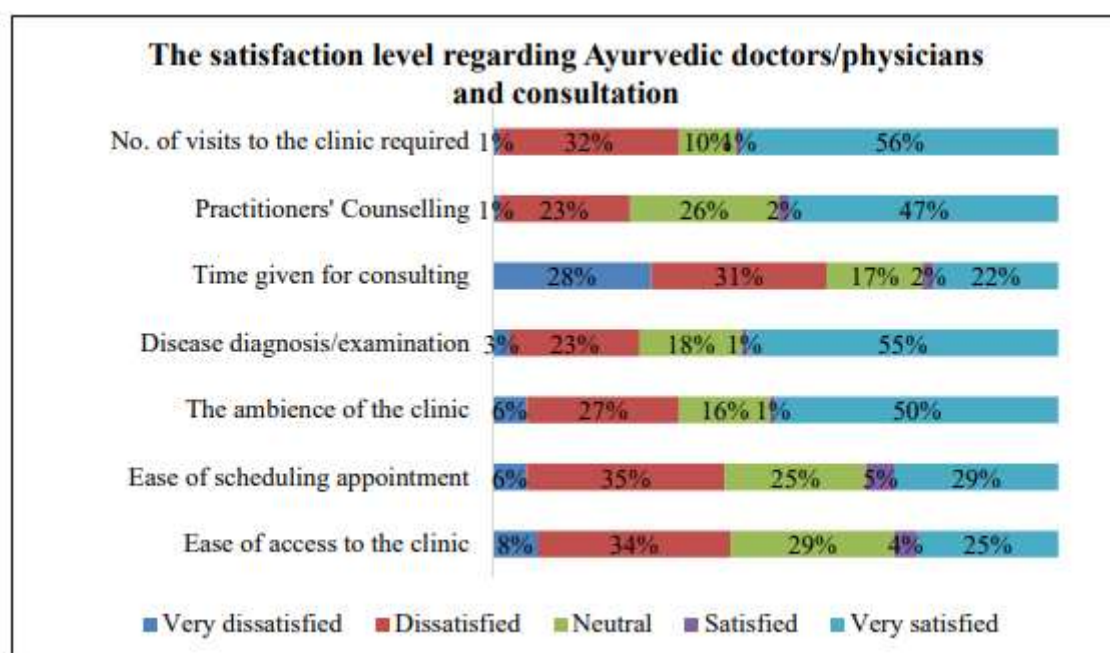


Figure 3: The satisfaction level regarding Ayurvedic doctors/physicians and consultation

Cardiovascular disease (CVD) is responsible for between 50% and 80% of diabetic deaths, and over the next ten years, this number is expected to rise by more than 50%. Because of these causes, diabetes has become a major cause of preventable disease and mortality in most countries, and it is predicted to become the sixth leading cause of death globally by 2030. Furthermore, in 2010, diabetes was responsible for 11.6% of all medical expenses. By 2030, it is anticipated that global health care spending for the treatment and prevention of diabetes and its consequences would surpass US\$490 billion, or almost \$561 billion (in foreign currencies).

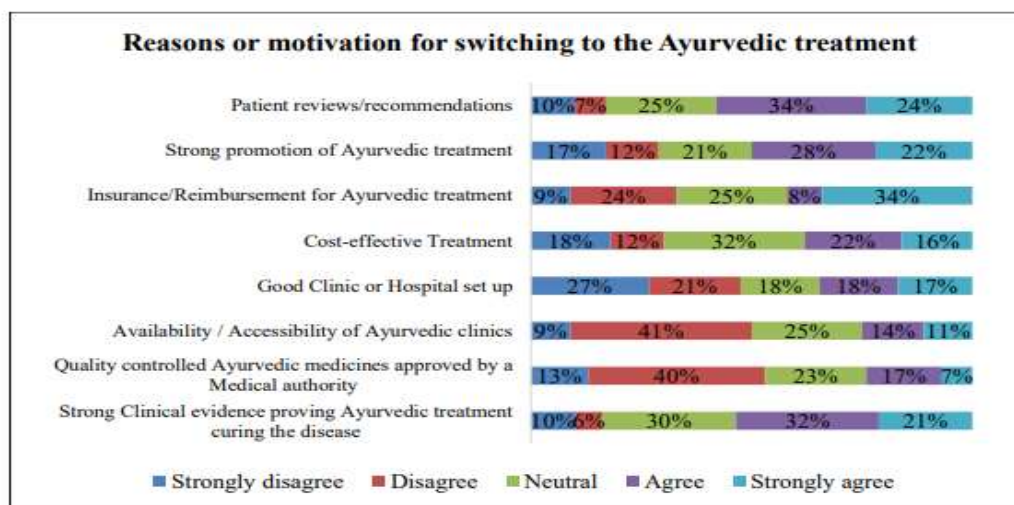


Figure 4: Reasons or motivation for switching to the Ayurvedic treatment

When working with groups that show lower levels of support, online communities may be of great interest due to recent technological advancements and quantifiable barriers to health care (i.e., access, logistics, cost, language, etc.). Social support has a good correlation with haemodialysis patients' resiliency.

5. CONCLUSION

According to the study's findings, there is a connection between resilience and death dread, and this relationship is considerably mediated by social support. In order to manage chronic illnesses and improve patients' health-promoting behaviours, resilience is essential. Additionally, social support can help haemodialysis patients become more resilient. Thus, practical measures can be implemented to help these patients' overcome stressors, cope with their dread of dying, and lessen their death anxiety while taking into account the moderating influence of social support. Given the speed at which new technological developments are emerging, researchers need to consider how atypical neighbourhoods—like online communities, tablet application comrades, and mobile messaging groups—can help people with type 2 diabetes find social support. Having access to these contemporary "neighbourhoods" could foster an atmosphere that is more favourable to change and successful results. For some communities, these interactions may result in increased adherence, a reduction in economic and cultural barriers, and the creation of new resources. Additionally, this networking system might enable researchers to broaden the scope of social support by establishing environments that support, validate, and encourage desirable lifestyle changes in unconventional contexts. These values and beliefs should also be incorporated into T2DM treatment in order to enhance diabetes-related outcomes and self-care behaviours. The intricacies and dynamics of social support should be addressed by future scholars and health care professionals who are adept at evaluating population requirements; ideally, this review will offer recommendations for practical approaches. These studies provide evidence that participants who receive more social support experience more favourable results. Targeting certain areas of improvement and important determinants should be the focus of this study, especially randomized trials. Improved comprehension of the role social support plays in diabetes care is likely to assist individuals better control their condition and lessen the worldwide burden of diabetes.

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