Psychosocial adjustment to renal failure
and consequent dialysis

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Does hope predict adjustment to ESRF and consequent dialysis?

The term end-stage renal failure (ESRF) describes the cessation of kidney functioning. The kidneys remove excess fluid and toxins from the body and without treatment, ESRF is life-threatening. Transplantation is the favoured treatment option, due to the improved health prospects. There is a perennial shortage of donor organs, however, and so the majority of people with ESRF are treated via dialysis. This is time consuming and burdensome, with consequences in terms of vocational, psychological and social functioning. It is therefore important to consider the impact of ESRF on individuals who live with the condition, as well as ways of promoting well-being.

This thesis includes a critical review of the literature on predictors of psychosocial outcomes in ESRF. Factors found to influence psychosocial outcomes include treatment mode, cognitive factors and social support. The difficulties in summarising a diverse body of research, and also the lack of clarity surrounding terms such as adjustment and quality of life are discussed. Hope research is also presented, as an emerging area in the chronic illness literature.

The research paper quantifies the contribution of hope to adjustment to ESRF. Questionnaires were distributed to 241 individuals, and 135 responses were obtained. Predictor variables included demographic and illness-related factors, locus of control, social support, and hope. Anxiety, depression and quality of life (QoL) were taken to constitute a multidimensional measure of adjustment. Significant multiple regression models emerged for each outcome variable. The most significant independent predictors of adjustment overall were hope and age. Thus, the hypothesis that hope would significantly predict adjustment to ESRF was accepted. Ideas for further research and clinical implications are discussed.