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# Stressors and coping strategies of 20–45-year-old hemodialysis patients



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## KEYWORDS

Coping strategies;  
Early adult;  
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## Summary

**Objectives:** This study attempted to describe stressors, levels of stress, and coping strategies of 20–45-year-old Taiwanese patients undergoing chronic hemodialysis.

**Methods:** A cross-sectional descriptive design was used. A convenience sample of 88 patients with a mean age of 38.55 years was recruited at six dialysis centers in southern Taiwan. Data were collected using the Hemodialysis Stressor Scale and the Jalowiec Coping Scale.

**Results:** The results show that this group of patients had higher levels of stress than those reported in previous studies. The three most frequently reported stressors were limitations of liquids, limitations of food, and fatigue. The two most frequent coping methods were trying to find meaning in the situation and trying out different ways of solving problems to see which works the best. These patients had more physiological stressors than psychosocial stressors and used more problem-oriented coping strategies than affective-oriented ones. Additionally, the longer the patients had received hemodialysis, the lower stress level they had, and patients with jobs, with partners, or with children used significantly more coping strategies than those without jobs, partners, or children. Gender differences were not found in the total stress level or coping strategies of these patients, except that female patients had greater psychosocial stressors than male patients.

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*Conclusions:* The 20–45-year-old hemodialysis patients experienced considerable levels of stress and had a unique ranking order of stressors and coping strategies. These findings will provide healthcare professionals with detailed information to identify priority areas for future intervention development.

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## Background

In Taiwan, the rate of new dialysis cases in 2009 was approximately 347 per million population, and the prevalence rate of end-stage renal disease (ESRD) was 2447 per million people (US Renal Data System, 2011). This prevalence rate was the highest in the world. The numbers of dialysis patients of different ages have grown in recent decades, and older patients ( $\geq 65$  years) exhibited the greatest increases (Yang, Hwang, & Taiwan Society of Nephrology, 2008). However, 5706 (13.7%) dialysis patients were 20–44 years old in Taiwan in 2005 (Huang & Taiwan Society of Nephrology, 2008). Before requiring renal transplantation, ESRD patients depend upon dialysis, either hemodialysis or peritoneal dialysis, to sustain their lives. Around 90% of patients with ESRD receive hemodialysis which is currently the primary treatment in Taiwan (Bureau of National Health Insurance, 2012).

According to previous studies, patients undergoing hemodialysis experience both physiological and psychosocial stressors. Frequently reported physiological stressors include itching and fatigue (Logan, Pelletier-Hibbert, & Hodgins, 2006; Mok & Tam, 2001; Tsay, Lee, & Lee, 2005; Yeh & Chou, 2007). Frequently reported psychosocial stressors include limitations of fluids, limitations of food, sleep disturbances, uncertainties about the future, vacation limitations, activity limitations, decreased social life, limits on time and place of work, length of dialysis treatment, and cost factors (Cinar, Barlas, & Alpar, 2009; Logan et al., 2006; Mok & Tam, 2001; Tsay et al., 2005). Studies also found that patients undergoing hemodialysis experience more physiological stress than psychosocial stress (Lok, 1996; Mok & Tam, 2001).

When facing external or internal conflicts or demands, individuals make cognitive and behavioral efforts to confront stressful situations. Several studies demonstrated that patients undergoing hemodialysis experience considerable stress, and they use various strategies to face their stressful situations (Logan et al., 2006; Mok & Tam, 2001; Welch & Austin, 2001; Yeh, Huang, & Chuo, 2008). Their methods of adapting to stress include affective-oriented and problem-oriented coping strategies. Affective-oriented coping strategies involve dealing with the distressing emotions caused by stressful situations, while problem-oriented coping strategies involve handling the stressful situation itself (Jalowiec, Murphy, & Powers, 1984). Previous studies indicated that hemodialysis patients use more problem-oriented coping strategies than affective-oriented ones (Mok & Tam, 2001; Welch & Austin, 2001). However, one recent study (Yeh & Chou, 2007) found that Taiwanese hemodialysis patients used more affective-oriented methods than problem-oriented strategies to adapt to their sources of stress.

The majority of studies involved dialysis patients of all age groups, resulting in an average participant age of over 50

years, with an age range of 15–95 years (Cinar et al., 2009; Ersoy-Kart & Guldu, 2005; Takaki et al., 2003; Udaya Kumar, Amalraj, Soundarajan, & Abraham, 2003; Welch & Austin, 2001; Yeh et al., 2008). However, one study tried to identify the types of stressors experienced by older hospitalized hemodialysis patients ( $\geq 65$  years old) (Logan et al., 2006). Unfortunately, few studies have examined the stressors and coping strategies of 20–45-year-old hemodialysis patients. In this age group, developmental tasks focus on developing the ability to share intimacy, establishing a family, finding a job, and making career decisions. They are also major contributors to society. In addition, 20–45-year-old adults are the economic providers for their families, so their financial situations may be at risk after they acquire their illnesses. Accordingly, when they face a long-term chronic illness such as ESRD and need to routinely receive dialysis to survive, their stressors and coping mechanisms may differ from those of individuals in other age groups. Identifying stressors and coping strategies may inform areas for future interventions to support this vulnerable population. Therefore, the purpose of this study was to describe the stressors and levels of stress experienced by 20–45-year-old hemodialysis patients and the coping strategies that they use to deal with stressful situations.

## Methods

### Design

This was a cross-sectional, descriptive survey study.

### Sample and data collection

A convenience sample was recruited from four dialysis centers in local hospitals and two freestanding dialysis centers in southern Taiwan. The inclusion criteria were as follows: the participants had to (1) be aged between 20 and 45 years old; (2) have received hemodialysis for at least 1 month; (3) have no acute illness during the survey; (4) be alert and oriented to time, place, and person; and (5) be able to understand or read Chinese. Six participating centers provided the name lists of eligible patients. The head nurses of the dialysis centers approached the eligible patients and introduced the researchers to them. Then, the researchers explained the purpose of the study and procedures to them. Questionnaires were given to participants who agreed to participate in the study after signing an informed consent form. The completed questionnaires were placed by patients in a sealed box located beside the door of the dialysis centers. Two research assistants emptied the box at the end of the evening shift every day during the data-collection period. Of 991 ESRD patients in the six dialysis centers, 109 met the inclusion criteria and 105 consented to participate.

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