



Psychological Predictors of Cooperation in the Chronic Treatment of Kidney Transplantation Patients

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ABSTRACT

Introduction. A patient who complies with doctor recommendations is an indicator of proper cooperation in treatment. It is affected by environmental factors, soft competences of the doctors, and properties of the human personality. We investigated the psychological characteristics of patients that may facilitate human contact and promote healthy behaviors. The aim of the study was to analyze the importance of psychological factors for the occurrence of health-related behaviors necessary for cooperation in treatment.

Material and Methods. The study was conducted in a group of 105 patients (62 males and 43 females) aged from 25 years to 82 years old (mean, 50.4 years) after kidney transplantation who remained in follow-up at the Outpatient Transplant Clinic. We used two questionnaires: one for the patients and one for their doctors, including an assessment of healthy behaviors listed in 10 categories. The patients also completed the tests exploring the sense of self-efficacy (generalized self-efficacy scale), optimism (life orientation test – revised) and the control of emotions (Courtauld emotional control scale) in a Polish adaptation by Zygfryd Juczynski. In the statistical analysis, the Spearman rank correlation coefficient and the Kanoniczna analysis were used, adopting the significance level of $P < .05$.

Results. We found significant correlations between psychological factors and behaviors of the patients. The patients controlling the expression of anxiety often concentrated on cleanliness and hygiene ($P = .013$). The patients controlling the expression of anger ($P = .008$) and anxiety ($P = .049$) were less likely to perform self-observation, being of the opinion that the role of the physicians was to evaluate the development of the disease and advances in treatment. The patients with higher levels of optimism were perceived by the physicians as better cooperating in conducting self-observation ($P = .024$) and adherence to hygiene ($P = .047$); they were also less frequently struggling with ophthalmic problems ($P = .004$). The relationship between the factors associated with the disease and treatment (pressure, the efficiency of the transplanted kidney, and duration of treatment) and psychological factors (optimism, emotional control, and self-efficacy) has been confirmed. The emerged factors significantly affected each other, which indicated the matching of the model ($P = .08$).

Conclusions. The analysis of the results shows that psychological and somatic functioning of patients has a strong relationship with certain pro-health behaviors that determine the collaboration in treatment. This can serve as a basis for modifying the rules of managing the patients.

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ADAPTATION of patients to chronic treatment is complex, deep, and dynamic. It touches every aspect of the patient's life: cognitive, emotional, physiological, and behavioral [1]. The need to adjust to the new situation in life changes the hierarchy of values, previously used responses, and methods of coping with difficulties. In the process of treatment, the physician assumes the role of behavior matching the patient's needs. Patients expect professionalism, understanding, and motivation to cooperate from their doctors. Expectations of the staff from the patient focus on cooperation, which involves adherence to the recommended treatment, and sometimes requires a change in lifestyle. Each person reacts differently to the challenges of the situation. There are important objective characteristics of the situation, but the way in which a person perceives this situation and assesses his ability to influence it differs. The personal characteristics, also called resources or health potentials, are responsible for the individual perception of the situation and for the adaptive responses [2-4].

Optimism is a dispositional personality trait, which means that it expresses a constant tendency of a man to hold positive expectations for his future. These expectations may be specific – and therefore dedicated to only one situation – or generalized, based on one's conceptions of the consequences of one's behavior. Optimists explain their failure to be specific, temporary, and dependent on external factors. Optimism promotes more activity in dealing with the difficulties of life and commitment to overcoming obstacles to the implementation of the doctor's recommendation. It has a protective role in situations of stress; therefore, it is essential for the overall health of the individual: optimism is associated with mental and human somatic health. Research indicates that optimistic people are less likely to succumb to disease [5-7]. For situations in which they need to deal with a serious disease, optimists use more adaptive strategies to better adapt to changing circumstances [8,9].

Self-efficacy is a factor that relates directly to human activity. A person can change his behavior if he has specific expectations regarding the development of the situation – anticipation that certain behavior results in the outcome and belief that he is able to perform a certain action [10-13]. Self-efficacy is associated with motivation: it determines whether a person is able to initiate action and continue it despite the obstacles, setbacks, and fatigue. People with a high sense of efficacy treat difficult situations as a challenge and not as threats; instead they attempt to avoid those situations that exceed their capabilities. However, if such a situation happens, they then explain their failure by claiming too little commitment and too little knowledge or skills, and they double their efforts to meet the demands of the situation. The regulatory role of the sense of efficacy is confirmed by tests on the relationship with a tendency to engage in health activities and the introduction of consistent changes in lifestyle [13,14].

Emotions express the relationship of a man to specific elements of the world: people, events, and circumstances. The way emotions are expressed starts to shape in the early

stages of human development and has a rather high stability during the course of life [15,16]. In the process of shaping, the tendency to suppress the expression of emotions, especially anger, plays an important role in socialization [17], and we often observe the phenomenon of social accounting to result from an insufficient control of emotions [18]. However, the results of clinical trials from a study by Levenson indicated that individuals having a low expression of emotions were physiologically more reactive than those characterized by a strong tendency to express emotions [19]. In addition, refraining from emotional expression is most often the cause of growing tension [20], which may be associated with health. Especially, not expressing negative emotions, such as anger, fear, and sadness, may favor the development of psychosomatic diseases [13,21,22].

The presented characteristics of selected psychological resources show that they are important in the activation of health behavior in cooperation recommended in therapy.

The aim of the study was to analyze the importance of the patient's psychological resources for the prevalence of health behaviors necessary in cooperation during treatment.

It was decided to conduct an analysis by answering the following questions:

1. Is there a connection between the selected personality resources of the patients and their assessment of health behavior?
2. Is there a relationship between personality resources of the patients and the opinions of doctors about their health behaviors?
3. Is there a relationship between personality resources and subjective and objective assessment of the kidney functioning?
4. Are there any medical factors (duration of conservative treatment, hemodialysis (HD) treatment after transplantation, estimated glomerular filtration rate, hypertension, and diabetes) that are related to health behavior?

MATERIAL AND METHODS

The study was conducted in a group of 105 patients (62 males and 43 females) after kidney transplantation who remained in follow-up at the Outpatient Transplant Clinic. The study included two specialists in the field of transplantation with many years of experience. Table 1 shows the characteristics of the patients in the study group.

We developed two similar surveys that were completed by the patients and their doctors. The questionnaires described 10 healthy behaviors recommended in the treatment process. They were based on two guides for patients [23,24]. The healthy behaviors included:

1. Reliable attendance at follow-up visits
2. Taking prescribed drugs
3. Self-observation of the body (temperature, body weight, blood pressure, heart rate, and urine and fluid balance) and reporting the changes to the physician
4. Using diet
5. General hygiene of the skin, hair, and nails and cleanliness of the clothes
6. Functioning of the eyes
7. Oral hygiene

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