



Positive and Negative Affects in Living Kidney Donors

C.-Y. Hsieh^a, C.-H. Chien^b, K.-L. Liu^{c,*}, H.-H. Wang^c, K.-J. Lin^c, and Y.-J. Chiang^c

^aDepartment of Nursing, Chang Gung Memorial Hospital, Tao-Yuan, Taiwan; ^bCollege of Nursing, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan; and ^cDepartment of Urology and Organ Transplantation Institute, Chang Gung Memorial Hospital, Linkou Medical Center, School of Medicine, Chang Gung University, Tao-Yuan, Taiwan

ABSTRACT

Objective. This study aimed to identify the factors influencing the positive and negative affects and the health-related quality of life (HRQOL) of living kidney donors.

Methods. With the use of a cross-sectional study design and a structured questionnaire, information on the basic characteristics, positive affect, negative affect, and HRQOL of 41 living kidney donors were compared.

Results. The negative affect in living kidney donors was similar to that of the general population, but the positive affect was slightly lower. The physical HRQOL of living kidney donors was slightly higher than that of the general population, and the mental HRQOL was similar. Female donors showed a greater positive affect than male donors. The donors who were siblings of the recipients showed a more negative affect. Donors without chronic disease and with good perceived physical health showed improved positive affect, negative affect, and mental HRQOL. Furthermore, living kidney donors with better positive and negative affects showed improved physical and mental HRQOLs.

Conclusions. Clinical health providers should evaluate and determine the positive affect, negative affect, and quality of life of living kidney donors, especially in men, siblings of the recipients, those with chronic disease, and those with poorer perceived physical health. Moreover, psychosocial interventions should be provided to improve these factors.

IN addition to hemodialysis and peritoneal dialysis, renal transplantation is a treatment option for patients with end-stage renal disease (ESRD) [1]. However, there is a shortage of donated organs for cadaveric renal transplantation worldwide, resulting in a long waiting time. Therefore, living renal transplantation is a possible option for ESRD patients. Living kidney donation is beneficial for recipients, but involves an invasive procedure for donors. Previous studies have indicated that most living kidney donors do not experience anxiety, depression, or poor quality of life after donation. However, some experience negative affect, including feelings of neglect, anxiety, and depression [2–5]. Therefore, the emotional status and quality of life of living kidney donors after donation are important issues that should not be ignored.

Negative affect is an emotional state in which an individual feels embarrassed and unhappy, experiencing anger, nervousness, and sadness [6]. Conversely, positive affect is an emotional state in which an individual experiences

optimism and joy [6]. Previous studies on the emotional status of living kidney donors showed that most donors do not reach the criteria of an anxiety or depression state. Nevertheless, a small number of living donors did experience anxiety and depression, particularly those with surgical complications [3,7]. Living kidney donors who were of younger age, unemployed, less optimistic, had a medical history of depression, or were under financial burden experienced more depression [4]. In addition, recipient graft failure was a key factor to predict the psychologic status of living kidney donors [2]. Studies have shown that positive affect is related to better day-to-day functioning in various

*Address correspondence to Kuan-Lin Liu, MD, MB, Assistant Professor, Division of Urology, Department of Surgery, Chang Gung Memorial Hospital, Linkou Medical Center, No 5, Fuxing St, Guishan Dist, Taoyuan City 333, Taiwan. E-mail: kuanlin@cgmh.org.tw

roles [8] and low mortality rate [9] in the general population.

Several studies have focused on the quality of life of living kidney donors after surgery [7,10–13]. Wirken et al [7] integrated and reviewed articles published from 2002 to 2014 by means of a systematic review and meta-analysis. The results showed that the quality of life of living kidney donors worsened 1–3 months after donation, then gradually recovered to baseline 3–12 months after donation. However, the quality of life of some living kidney donors was still lower than baseline after 12 months. Subsequent studies showed that the physical domain of quality of life in living kidney donors was similar to that in the general population [3,11,12]. In contrast, in the psychologic domain, the quality of life of living kidney donors was worse than [12] or similar to [11] that of the general population. Further studies examining the factors affecting the quality of life of living kidney donors should be conducted.

A number of studies have focused on the effect of negative affect on the quality of life of living kidney donors [12,14]; however, only a few studies have investigated the effect of positive affect or explored positive affect in living kidney donors and its associated factors. Therefore, the present study investigated the positive affect, negative affect, and quality of life of living kidney donors and the interaction among these factors.

METHODS

Design and Setting

The study was conducted at renal transplantation and urology outpatient clinics in a medical center of northern Taiwan. A cross-sectional study design was used. All of the living kidney donors enrolled into the study signed consent forms after being informed of the purpose and content of the study. The inclusion criteria included the following: patients who had undergone donor nephrectomy >3 months earlier, had clear consciousness, and were able to communicate in Chinese or Taiwanese. The exclusion condition was preoperative suffering from mental illnesses, including depression and bipolar disorder.

Survey Tools

A self-designed item was used to assess the perceived physical health of living kidney donors, with a score range of 0–100. A high score indicates perceived greater physical health. Age, gender, marital status, education grade, work status, religious, history of chronic disease, type of chronic disease, relationship with recipient, last serum creatinine, and 24-hour creatinine clearance rate (CCR) were also collected. The positive and negative affect schedule [6,15] was used to measure the positive affect and negative affect in the living kidney donors. A higher score indicates a more significant positive or negative affect, and has been shown to have good reliability and validity [6]. The Medical Outcomes Study 12-Item Short-Form Health Survey was adopted to measure physical health-related quality of life (HRQOL) by means of the physical component summary (PCS) and mental HRQOL by means of the mental component summary (MCS). A higher score implies a greater quality of life. This scale has also been shown to have good reliability and validity [16].

Statistical Analysis

SPSS for Windows software version 20.0 was used for data analysis. Inferential statistical methods included the Wilcoxon-Mann-Whitney test, Kruskal-Wallis 1-way analysis of variance ranks, and Spearman rank correlation. Results are presented as mean \pm SD.

RESULTS

Basic Characteristics

The mean age of living kidney donors was 49.79 ± 11.46 years. Most of the donors were married (78%), and the majority were women (61%). Most donors had an educational level below high school (75.6%), were employed (68.3%), had religious beliefs (70.7%), and were the parents of the renal transplant recipients (41.5%). Generally, the donors possessed good perceived physical health (mean, 84.63 ± 10.86). The mean time since kidney donation to study survey was 59.12 ± 49.90 months. The mean 24-hour CCR was <80 mL/min in 58.5% of donors, and the mean of the last serum creatinine was 1.01 ± 0.24 μ mol/L. Approximately 43.9% of donors suffered from chronic diseases, such as hypertension (12.2%), arthritis/degenerative joint disease (12.2%), heart disease (7.3%), gastroesophageal reflux (7.3%), and diabetes mellitus (4.9%).

Factors Influencing Positive Affect

The mean positive affect score of the living kidney donors was 31.49 ± 5.47 . Statistical analysis showed that the factors influencing the positive affect of the donors included gender, chronic diseases, and perceived physical health. Female donors showed greater positive affect than male donors ($P < .05$). Donors without chronic diseases also exhibited greater positive affect than donors with chronic diseases ($P < .05$). Good perceived physical health was also associated with higher positive affect scores ($P < .01$; Table 1).

Factors Influencing Negative Affect

The mean negative affect score of living kidney donors was 17.90 ± 4.82 . Statistical analysis showed that the factors influencing negative affect included the relationship with recipients, chronic disease, and perceived physical health. Donors who were siblings of renal transplant recipients showed greater negative affect than those who were the children of or in a couple with the recipients ($P < .05$). Donors with chronic disease also displayed greater negative affect than those without chronic disease ($P < .05$). When the perceived physical health of the donor was worse, the observed negative affect was higher ($P < .01$; Table 1).

Factors Influencing Health-Related Quality of Life

The mean PCS score of the living kidney donors was 49.69 ± 6.30 , and the mean MCS score was 53.04 ± 6.47 . Statistical analysis showed that the primary factor affecting the PCS of the donors was positive affect, and the factors affecting the mental HRQOL included work status, chronic disease, perceived physical health, positive affect, and

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات