Can a Social Work Intervention Reduce Kidney Donor Anxiety? A Pilot Test

Background

- Living donor kidney transplant (LDKT), when medically appropriate, is optimal treatment for kidney failure (Abecassis et al., 2008; Tarantino, 2000)
- LDKT is less costly than dialysis and results in lower morbidity, mortality, and hospitalization (Danovitch, 2008; Tonelli et al., 2011)
- LDKT also addresses the international phenomenon of a shortage of kidneys for transplant from deceased donors
- Psychosocial evaluations are often required prior to LDKT because of the potential physical and emotional consequences of donating a kidney
- Transplant teams, including social workers, can work with potential LDKT donors to address psychosocial barriers to donation

(Rajapurkar, Browne, & Savage, 2013)
Research Question

- Can a social work intervention reduce kidney donor anxiety, help ameliorate a portion of the barriers to LDKT, and provide a way to encourage more living donor kidney transplantation?

- Hypothesis: Providing a tailored social work counseling intervention to prospective living kidney donors will reduce self-reported anxiety compared to donors who receive social work care as usual

(Rajapurkar, Browne, & Savage, 2013)
Methods

• Setting: Muljibhai Patel Urological Hospital in Nadiad, Gujarat, India
• Participants: 60 individuals registered as possible kidney donors
• Design: between-group design, the participants randomly assigned to one of two groups (intervention and control); statistical analysis showed there were no significant differences between the demographic composition of control and intervention groups
  ▪ 30 potential kidney donors selected to receive counseling by a nephrology social worker during the kidney donation process
  ▪ 30 potential kidney donors selected for a control group did not receive counseling beyond the usual course of care

(Rajapurkar, Browne, & Savage, 2013)
Methods (cont.)

- Measures: Comprehensive Anxiety Test (CA Test) ; 90-items, explores the biological, psychological, and sociological correlates of anxiety; widely used in India
  - Phase 1: Both control and intervention groups completed the CA test
  - Phase 2: Both control and intervention groups completed the CA test; intervention group completed after the counseling session in Phase 2
  - Phase 3: Both control and intervention groups completed the CA test; intervention group completed after the 3rd counseling session. Control group completed the CA test after the standard (usual care) first counseling session in Phase 3.

(Rajapurkar, Browne, & Savage, 2013)
**Intervention**

- **Phase 1**: (time of registration/pre-intervention)
  - Participants in both groups received hospital’s standard kidney donor psychosocial assessment and standard social work interventions

- **Phase 2**: (pre-transplant)
  - Participants in both groups received typical course of social work care
  - Participants in the intervention group also received:
    - 2 additional counseling sessions with MSW aimed at alleviating donor anxiety
    - Discussion of appreciation of efforts and cooperation during medical testing; feelings and concerns about kidney donation; pre-hospitalization issues

*(Rajapurkar, Browne, & Savage, 2013)*
Intervention

• Phase 3: (post-transplant)
  ▪ Participants in both groups received 1 counseling session soon after LDKT to discuss level of pain/discomfort; reassure and encourage donor to resume daily activities when medically advised
  ▪ Participants in the intervention group also received 2 additional counseling sessions with MSW
    • One month after to discuss lifestyle changes and well-being
    • 6 months after to discuss perceived state of health, emotional and medical impediments; encourage medical follow-ups and help-seeking
Findings

- The mean scores of the CA Test for the intervention group and control group were compared at the three phases of kidney donation
  - In Phase 1, there was no significant difference in the anxiety level between the control group and the intervention group
  - In Phase 2, there was a significant difference in the anxiety level between the control group and the intervention group; with the average score being 7.1 points higher (e.g., more anxiety) for those in the control group
  - In Phase 3, there was a significant difference in the anxiety level between the control group and the intervention group; with the average score being 7.3 points higher for those in the control group

(Rajapurkar, Browne, & Savage, 2013)
Findings (cont.)

• Thus, the intervention group, which received the social work counseling, had significantly lower anxiety scores than the control group, which received usual care.

• These results suggest that counseling by a nephrology social worker during the kidney donation process may lower donor fears and anxiety related to LDKT.

• In addition, kidney donors in the intervention group reported feelings of increased self-worth and positive regard throughout the counseling relationship.

(Rajapurkar, Browne, & Savage, 2013)
Implications for Practice

- Assessments with living donors for kidney transplants should address donor anxiety as a barrier and offer social work counseling.

- Counseling kidney donors can provide an empathetic counseling relationship which may result in lower comprehensive anxiety and help ameliorate the fear and anxiety normally associated with kidney donation.

- Helping donors cope with the significant choice to donate an organ may help promote more LDKT.

- Counselling kidney donors may promote a greater sense of fulfillment from helping someone in need of a kidney, and contribute to better outcomes.

(Rajapurkar, Browne, & Savage, 2013)
Implications for Future Research

• Future research is needed to:

• Examine the effect of social work interventions on the recovery process after a donation, especially longer term (more than six months after transplant)

• Explore the relationship between cultural and family belief and values and how they may promote or discourage LDKT

(Rajapurkar, Browne, & Savage, 2013)
References


(Rajapurkar, Browne, & Savage, 2013)