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Research Paper

The Effect of Counselling Techniques on the Quality of Life of End-Stage Renal Disease Patients

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ABSTRACT

Background: End-stage renal disease (ESRD) is a chronic condition that severely compromises kidney function, impacting the physical, psychological, social, and spiritual dimensions of patient health. **Objective**: This study aimed to evaluate the impact of structured counselling interventions on the Quality of Life (QoL) of ESRD patients and to examine the influence of age on QoL outcomes. **Method**: Utilizing a quasi-experimental design, 200 dialysis patients were selected via purposive sampling and divided into counselling (n=100) and control (n=100) groups. The experimental group received six to seven sessions of Cognitive Behavioral Therapy (CBT) and psychoeducation over three months. QoL was measured using the QOL-SSNN scale. **Results**: Independent samples t-tests revealed that patients who received counselling reported significantly higher QoL scores (M = 89.32) compared to the control group (M = 83.74, p = 0.001). Additionally, younger patients (ages 28–42) demonstrated significantly better QoL than middle-aged patients (ages 43–58). Conclusion: Structured psychological interventions are vital for enhancing the well-being of ESRD patients and should be integrated into standard clinical renal care.

Keywords: *End-stage renal disease, counselling intervention, quality of life, dialysis patients, psychological support*

Kidneys are essential organs which eliminate waste from the blood, maintain the body in equilibrium, and regulate various body functions. Most individuals possess two bean-shaped kidneys. They are approximately 150 grams each and 10–12 cm in length. They are located below the ribcage on either side of the spine (National Institute of Diabetes and Digestive and Kidney Diseases, 2018) (Health, 2010). It is most essential to maintain healthy kidneys because if they function poorly, it can contribute to severe health issues (Centres for Disease Control & Prevention, 2022). Kidney failure, also known as endstage renal disease (ESRD), is the final phase of chronic kidney disease (CKD). Kidney failure means that the kidneys are no longer working well enough to keep a person alive without dialysis or a kidney transplant (Carroll, 2006).

The rising number of people with ESRD throughout the world is a serious issue for public health.

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According to estimates, around 50 patients per million people over the globe are on dialysis (International Society of Nephrology, 2021). CKD affects between 8% to 16% of the world's population, however both patients and doctors often get the diagnosis wrong (Shafi & Coresh, 2018). Clinically, chronic kidney disease (CKD) is characterized by signs of kidney damage, such as hematuria or polycystic or dysplastic kidneys, lasting over three months, or a glomerular filtration rate (GFR) < 60 mL/min/1.73 m² and albuminuria ≥30 mg per 24 hours (Kidney Disease, 2013).

Individuals in low- and middle-income nations are more likely to have CKD than those in high-income countries. This is mostly because they don't have easy access to healthcare and are exposed to more environmental risks (Sedgewick, 2017). The etiology of CKD varies geographically. Diseases and kidney disease are common in Asia, sub-Saharan Africa, and other developing regions, as are environmental exposures such as air pollution, pesticides, and herbal medicines. Conversely, diabetes mellitus and hypertension continue to be the most universal etiologies worldwide of CKD (Jha et al., 2013). Serial screening tests, including blood chemistry studies and urinalysis, are used to detect chronic kidney disease (CKD), but incidentally some are discovered (Hocher & Adamski, 2017). At advanced stages, patients may have various symptoms, including dyspnea, pruritus, fatigue, anorexia, nausea, vomiting, metallic taste, and altered mental status (Wandile, 2023). Adequate screening of probable cases of chronic kidney disease (CKD) includes the investigation of urinary symptoms, systemic signs and symptoms, comorbidities (hypertension, diabetes, autoimmune diseases, and chronic infections), renal disease family history, and hereditary conditions such as sickle cell trait (Naik et al., 2014). In addition, nephrotoxic exposure such as chemotherapy, antibiotics, phosphate bowel preparation, NSAIDs, and some herbal remedies (e.g., aristolochic acid) should be considered.

Hypertension, diabetes, NSAIDs, acute renal injury, and nephrolithiasis are the main things that cause CKD (Hallan & Orth, 2010). Diabetes is responsible for around 45% of new occurrences of kidney failure, and high blood pressure is responsible for another 20% (Kurella et al., 2005). Other risk factors include biological characteristics (obesity, low birth weight, and age groups) and lifestyle factors such as smoking, drinking, not exercising, and eating poorly (Gelber et al., 2005).

According to the Gujarat State Organ and Tissue Transplant Organization (GSOTTO, 2023), there have been more than 1,200 kidney transplants in Gujarat since 2015. Ahmedabad has the most living and deceased donors in the state. The numbers show that renal replacement treatments are becoming more common in the region, and that dialysis patients and those waiting for dialysis require psychological support.

In addition to the medical problems, people with ESRD typically have mental health issues, problems with their daily lives, and a worse quality of life. So, counselling is a big part of making patients feel better (Thomas et al., 2009). Patient counselling is when you provide patients or their caregivers information on medications, either verbally or in writing. This information includes how to take the medicine, possible adverse effects, safety precautions, how to store it, and how to change their lifestyle. Medication Therapy Management (MTM) is a group of services that pharmacists provide to help people utilize their medications safely and effectively. Counselling is typically an element of MTM. Structured counselling strategies may help patients take charge of their condition, maintain their treatment and enhance their standard of living. Counselling is a planned therapeutic encounter that helps people deal with their emotional, mental, and behavioral problems. Counselling helps

dialysis patients deal with the stress and despair that comes with the therapy, stick to their treatment plan, and find new ways to cope with the changes that dialysis makes to their lives. Research indicates that ongoing counselling treatments might significantly enhance the emotional stability and subjective the standard of living for those suffering from end-stage renal disease (ESRD).

By promoting emotional, social, everyday well-being, this research will demonstrate how organized counselling might enhance the standard of living for those suffering from end-stage kidney disease. Research unique feature is that it will rigorously assess how counselling might improve patients' coping mechanisms and general well-being, emphasizing the value of including psychological assistance into standard ESRD therapy.

RESEARCH REVIEW

1) Thomas et al. (2009) conducted a prospective interventional study to examine the effect of patient counselling on the health-related quality of life (QoL) of haemodialysis patients in India. The study utilized the Karnofsky Performance Status (KPS) scale to assess QoL in both the test (counseled) and control (non-counseled) groups. Data collection was performed over a period of six months to evaluate the longitudinal effects of counselling interventions. The results showed that patients in the counselling group demonstrated a consistent 2% improvement in their QoL scores, while awareness regarding treatment, diet, and medication adherence also increased significantly. The authors emphasized that patient counselling, as part of medication therapy management (MTM), is an effective strategy to enhance QoL and treatment compliance among ESRD patients. They further recommended that such counselling services should be mandated in India to improve clinical outcomes in chronic kidney disease.

2) (Mushtaque et al., 2024) investigated the quality of life and disease acceptance in End-stage chronic renal disease (ESRD) patients, including the moderating effects of death anxiety. The cross-sectional design was implemented. It consisted of 240 people. Individuals over 20 years of age with end-stage renal disease on hemodialysis were addressed. A self-administered survey was utilized for data gathering. The findings indicated that COVID-19 significantly affects patients' quality of life and their acceptance of the condition. Covid-19 impacted patients' overall health, psychological well-being, and social interactions. that death worry adversely influences the correlation between quality of life and sickness acceptance in ESRD patients. the necessity of delivering suitable psychosocial treatment and supportive therapies to individuals with end-stage renal illness who are undergoing mental distress during and the COVID-19 pandemic.

3) Phang, K., Abdul Latif, A., Lee, K. W., Ching, S. M., & Ooi, P. B. (2022) conducted a systematic review and meta-analysis to examine the effects of psychotherapy on the quality of life (QoL) among patients with end-stage renal disease (ESRD). Given that individuals with ESRD often experience significantly reduced physical and psychological well-being, this study aimed to determine whether psychotherapy could serve as an effective supportive intervention.

4) (Petricone-Westwood et al., 2019) The development of chronic illnesses globally damage quality of life, generate economic and medical expenditures, and make it vital to seek for methods and solutions that enable persons with chronic diseases (PwCDs) to continue an active working life. As part of the CHRODIS Plus Joint European Action project, a systematic review was undertaken to identify studies on treatments that assist the

maintenance of employment and return to work (RTW) among workers with chronic diseases. Diabetes, cardiovascular disease, metabolic vascular syndrome, respiratory illnesses, musculoskeletal disorders, mental disorders, and neurological disorders should be the focus of these therapies for workers. A comprehensive search for English language studies was conducted in PubMed, EMBASE, and PsycINFO. Included in this analysis were 15 randomized controlled trials (RCT) for adult workers (aged 18+).

5) (Mousa et al., 2025) Due to their lifetime kidney transplant dependency, depression in ESRD patients is underdiagnosed. Patients' attitudes and lives are affected by many renal function, family role, time, money, and employment losses, and death anxiety. Hemodialysis-related depression and risk factors. From April 1 to June 30, 2024, Imam AL Hussein Medical City in Karbala ESRD hemodialysis patients participated in a cross-sectional study. People over 18 were interviewed sequentially using a PHQ-9-based semi-structured questionnaire. Of 300 haemodialyzed patients interviewed, 59.3% were men and the rest women. People averaged 51.59 years. 67 percent sad. Depression was higher in divorced, bereaved, and unemployed patients. Sadness dominated PHQ-9 symptoms (82%). Two-thirds of ESRD hemodialysis patients had depression due to divorce, widowhood, or unemployment. Depression screening every 6–12 months and longitudinal, multi-center research of predictors and outcomes are recommended for this population.

6) (Evoh et al., 2024) ESRD patients, especially those on dialysis therapy, experience many physical and psychological symptoms that lower their quality of life. Symptoms include nausea, vomiting, insomnia, pruritus, anxiety, depression, and anorexia. Polypharmacy, medication non-adherence, and potentially harmful drug-drug interactions can result from the use of various medications (e.g., anticholinergics, antihistamines, tricyclics, benzodiazepines, and Z-drugs), especially in older patients with end-stage renal disease (ESRD), who have agerelated drug metabolism declines, multimorbidity, and polypharmacy. Mirtazapine, a noradrenergic and selective serotonin antagonist (NASA), may help end-stage renal disease patients with varied symptoms. An integrated approach can reduce polypharmacy, reduce drugdrug and drug-disease interactions, minimize healthcare costs, and improve end-stage renal disease patients' quality of life. A comprehensive randomized pragmatic double-blind controlled study is needed to evaluate Mirtazapine as a prospective pharmacotherapeutic intervention for many debilitating gastrointestinal and cognitive symptoms in elderly ESRD patients.

7) Abbas et al., 2024) Assessment of quality of life in patients with end-stage renal disease (ESRD). The patients' quality of life may be significantly diminished due to the requirement for lifetime treatment through renal replacement therapy or hemodialysis. the quality of life (QOL) of patients undergoing hemodialysis utilizing WHO QOL criteria. A cross-sectional descriptive study was conducted at the Dr. B. R. AMCH dialysis unit with 134 patients, of whom 34 declined to provide permission, over a period of three years from September 10, 2018, to September 10, 2021. The WHO QOL is a reliable instrument for evaluating quality of life in individuals with end-stage renal disease. the advancement of the condition adversely affects both mental and physical health, while also imposing financial burdens and straining interpersonal connections.

8) (Raoofi et al., 2023) Adults with end-stage renal illness receiving dialysis therapies encounter stressors that affect their quality of life (QoL). It examined literature from 147 studies encompassing 623,728 patients, analyzing data from many databases between 2000 and 2020. The health-related quality of life (HRQoL) scores was evaluated with the Short-

Form 36 (SF36) and Kidney Disease Quality of Life (KDQOL) questionnaires, yielding an average KDQOL score of 64.25. Mental health scores exceeded physical health ratings. The best quality of life was seen in Japan (66.96) and Brazil (58.03). They offer doctors methodologies to evaluate quality of life by taking into account various physical, mental, and environmental elements.

9) (Jiakponna et al., 2024) examined the significant influence of psychosocial factors on chronic disease management, emphasizing their effect on treatment adherence, quality of life, and overall health outcomes. It diverse psychosocial factors including social support, coping strategies, health attitudes, and mental health comorbidities, addressing their implications for health psychology interventions. the comprehension of these elements through the synthesis of contemporary research and illustrative case examples, while promoting holistic strategies in chronic disease treatment. Integrating psychosocial and medical interventions enables healthcare providers to improve patient well-being and optimize long-term health outcomes, thereby developing resilience and empowering individuals to manage their long-lasting illnesses successfully.

10) According to (Scott et al., 2023) Anxiety and depression are common co-morbid conditions in chronic illnesses. It evaluated the effectiveness of cognitive and behavioral therapies (CBTs) for various diseases by reviewing 56 randomized controlled trials (RCTs). Moderate enhancements were observed, with effect sizes of g = 0.61 for depression and g = 0.56 for anxiety. Methodological considerations, like the type of control group and the outcomes assessed, moderated these effects. Although CBTs shown efficacy, outcomes must be approached with care owing to possible biases and recommended improvements in research technique for further research.

The researchers systematically searched Medline, PubMed, and SAGE Journals from inception to April 10, 2020, including only randomized controlled trials published in English with full-text availability. After screening, eight studies were included in the systematic review, and five were eligible for meta-analysis. A random-effects model was used, and outcomes were reported using weighted mean differences (WMD) with 95% confidence intervals.

The meta-analysis demonstrated that patients receiving psychotherapy reported significantly better QoL than those in the control groups. Improvements were observed in both the physical component summary (PCS) (WMD = 2.52, 95% CI [0.48, 4.57]) and mental component summary (MCS) (WMD = 4.22, 95% CI [1.54, 6.89]). Importantly, heterogeneity across studies was minimal ($I^2 = 0\%$), suggesting consistent effects across included trials.

Overall, the findings highlight psychotherapy as a beneficial intervention for enhancing both physical and psychological aspects of QoL in ESRD patients. The authors conclude that psychotherapy should be integrated into routine management to support holistic care and address the emotional and physical challenges associated with ESRD.

Objectives

1. To examine the differences in dialysis patients' quality of life by age groups.
2. To compare the dialysis patients' quality of life who were counselled and not counselled.

METHODOLOGY

Research Design

The present study followed a **quasi-experimental research design** with two groups (counselling and non-counselling groups). Purposive sampling was used to select the participants. The **independent samples t-test** was applied to examine the difference in Quality of Life scores between groups.

Sample and Sampling Technique

The sample of 200 patients was purposively selected and divided into two types of independent groups—age groups-based (100 young age (age 1-28 to 42), 100 middle age (age 2-43 to 58)) and counselling-based (100 counselling, 100 non-counselling). Each hypothesis was tested separately using independent samples t-tests. The data was collected from several hospitals in Ahmedabad, including both government and private dialysis clinics, so guaranteeing a broad representation of patients from various socioeconomic backgrounds.

Inclusion and Exclusion Criteria

- **Inclusion Criteria:**

clients who end-stage renal disease (ESRD) who between ages 28 and 58 and have been receiving dialysis for at least six months, who are willing to engage and capable of comprehending and responding to counselling sessions and questionnaires.

- **Exclusion Criteria:**

Patients with severe cognitive or mental impairments, those who are in critical icus , and persons unwilling or unable to finish the study.

Data Collection Procedure

The QOL SSNN (Sarika Sharma & Dr. Nakhat Nasreen Quality of Life Scale) consists of 42 items (34 positive and 8 negative) with three response options: Always, Seldom, and Never. The scale measures different dimensions of quality of life including physical, mental, social, and emotional well-being. The reliability coefficient of the scale is reported to be **0.80**, indicating good internal consistency. The scale has also demonstrated satisfactory content validity and has been widely used in psychological and health-related research for assessing quality of life.

Ethical Consideration

Ethical approval for the study was obtained from the administrative authority of the dialysis center before the commencement of data collection. Permission was granted by the center administration to conduct the research with ESRD patients. All participants were informed about the purpose and procedures of the study, and written informed consent was obtained from each patient prior to participation. Participants were also assured that their personal information would remain confidential and used only for research purposes.

Counselling Intervention Protocol

In the present study, counselling intervention was provided to 100 ESRD patients, while the remaining 100 patients did not receive counselling and served as the comparison group. The counselling program was conducted over a period of three months, and each patient received approximately six to seven structured counselling sessions. Each session focused on improving coping skills, treatment adherence, and emotional adjustment. The intervention mainly applied techniques from **Cognitive Behavioral Therapy**, along with elements of

Psychoeducation and **Supportive Counselling**, to enhance patients' psychological well-being and overall quality of life.

Data Analysis

IBM SPSS was used to evaluate the data that was gathered. Demographic data and quality of life (QoL) assessments were described using statistical tools like mean, standard deviation (SD), and frequency. to evaluate the effect of counselling on QoL and compare QoL scores among young age (age 1) and middle age (age 2) patients, inferential statistics were used, including independent samples t-tests. p-value below 0.05 was considered statistically significant.

RESULTS

Demographic characteristic of participants

Variable	Category	Frequency (N)	Percentage (%)
Age Group	Young Adults (20–40 yrs)	96	48%
	Middle Age (41–60 yrs)	104	52%
Counselling Group	Received Counselling	100	50%
	No Counselling	100	50%

H_{01}: There is no relationship between age groups and the Quality of Life improvement among ESRD patients.

Table 1 Independent Samples t-test Results (Age groups and QoL Scores)

Variable	Group	N	Mean	SD	t-value	pvalue	Mean Difference	Significance
Quality of Life	Young age (age1)	100	89.20	13.83	3.078	0.002	5.34	Significant
	Middle age (age2)	100	83.86	10.47				

According to Table 1, young age (age 1) patients had higher Quality of Life (QoL) scores (89.20) than Middle age (age 2) patients (83.86). The difference of 5.34 points is statistically significant, as shown by the t-value (3.078) and p-value (0.002). Therefore, the null hypothesis was rejected. This means that age groups affects QoL, and young age (age 1) patients showed better quality of life than Middle age (age 2) patients.

Young patients reported significantly higher Quality of Life (QoL) scores compared to middle-aged patients. This finding suggests that increasing age may be associated with greater physical, psychological, and social challenges that can negatively influence overall well-being. Similar trends have been reported in health research indicating that younger individuals often demonstrate better adaptability and functional capacity in managing chronic illness.

H_{02}: There is no significant difference in Quality of Life scores, such that ESRD patients who received counselling have higher QoL scores than those who did not.

Table 2 Independent Samples t-test Results (Counselling and QoL Scores)

Variable	Group	N	Mean	SD	t-value	pvalue	Mean Difference	Significance
Quality of Life	Counselling Given	100	89.32	12.02	3.224	0.001	5.58	Significant
	Counselling Not Given	100	83.74	12.45				

Table 2 shows that patients who received counselling had higher QoL scores (89.32) than those who did not (83.74). This difference of 5.58 points is statistically significant ($t = 3.224$, $p = 0.001$). Therefore, the null hypothesis was rejected, meaning counselling clearly improves the quality of life of ESRD patients. This result can be due to counselling sessions that helped raise patients' emotional stability, compliance with medication, and ways of coping, which ultimately improved their physical, social, and psychological lives.

The findings show that age groups affects quality of life in ESRD patients, with young age scoring better than middle age. Counselling also greatly improved QoL, as patients who received counselling were healthier and emotionally, socially, and spiritually better than those who did not.

CONCLUSION & DISCUSSION

The findings of this study provide empirical evidence that structured counselling interventions and age-related factors significantly influence the Quality of Life (QoL) of patients with End-Stage Renal Disease (ESRD).

The Efficacy of Counselling Interventions

The primary finding reveals that patients who received structured counselling reported significantly higher QoL scores ($M = 89.32$) compared to the control group ($M = 83.74$) . This improvement suggests that the integration of Cognitive Behavioral Therapy (CBT) and psychoeducation helps patients manage the emotional burden of dialysis. These results align with Thomas et al. (2009), who noted that counselling as part of Medication Therapy Management (MTM) improves treatment compliance and dietary adherence in the Indian context. Furthermore, the study supports the meta-analysis by Phang et al. (2022), which concluded that psychotherapy significantly enhances both the physical and mental health components of QoL in chronic kidney disease patients. By addressing stressors such as death anxiety and treatment-related distress, counselling empowers patients to develop more resilient coping mechanisms.

The Role of Age in Quality of Life

The second objective focused on age-related differences, finding that younger patients (ages 28–42) reported significantly higher QoL scores than middle-aged patients (ages 43–58). This finding ($p = 0.002$) suggests that age-related declines in drug metabolism and increased multimorbidity may complicate the recovery process for older individuals. From a sociocultural perspective, younger patients in India often benefit from more robust familial caregiving and emotional support. In contrast, middle-aged patients frequently face the "double burden" of managing a chronic illness while maintaining financial responsibilities and family roles, which may lead to higher levels of depression and stress.

Clinical Implications and Recommendations

These results emphasize that psychological support is not merely an "optional" service but an essential component of holistic renal care. Integrating structured counselling into routine clinical protocols can help reduce the prevalence of undiagnosed depression, which affects nearly 67% of ESRD patients. Healthcare providers should prioritize multi-disciplinary approaches that combine medical treatment with psychosocial interventions to optimize long-term health outcomes.

Limitations

1. Limited to Ahmedabad region
2. Short-term follow-up; long-term effects not measured
3. Purposive sampling reduces generalizability
4. Self-report measures may introduce bias
5. Only t-tests used; advanced statistical models not applied

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Conflict of Interest

The author(s) declared no conflict of interest.

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