

Psychosocial Support and Interventions by Hospital Social Workers for End-Stage Renal Disease

Patients: Case Study Menelik the II Referral Hospital, Addis Ababa

A thesis submitted to Addis Ababa University School of Social Work in partial fulfillment of
requirement of master of social work

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Nov 2024

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Statement of certification

This is to certify that the thesis presented by TINBIT MINYASHAL entitled: Asses of Psychosocial Support and Interventions by Hospital Social Workers for End Stage Renal Disease Patients: The Case of Menelik II Referral Hospital, Addis Ababa and submitted in partial fulfillment of the requirement for the degree of masters of social work compiles with the regulation of the university and meet the accepted standards concerning originality and quality.

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Statement of declaration

I, Tinbit Minyashal, declare that this work entitled “Assessment of Psychosocial Support and Interventions by Hospital Social Workers for End Stage Renal Disease Patients: The Case of Menelik II Referral Hospital, Addis Ababa” is outcome of my own effort and that all source materials used for the study have been duly acknowledged. It is submitted for the partial fulfillment of the masters of Arts Degree in Social Work.

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Acknowledgment

First and foremost, I would like to express my deepest gratitude to the Almighty for granting me the opportunity to complete this thesis. I am also indebted to my advisor, Tenagne Alemu (PhD), for his invaluable guidance and support throughout this research. His insights and encouragement have been instrumental in shaping my work.

I am grateful to my friends, especially Befeker, for her unwavering belief in my abilities. Her encouragement was a constant source of motivation. I also want to thank graduate student Luam for her constructive feedback and thoughtful suggestions, which enriched my thesis. I also acknowledge my brothers and sisters, Japi, Kiyu, and Nati. Finally, I especially appreciate my sister, Mitu, whose unconditional love, support, understanding, and patience have been invaluable.

Abstract

End Stage Renal Disease (ESRD) is a critical health condition that significantly impacts patients' physical, emotional, and social well-being. Effective psychosocial support and interventions are essential in managing the comprehensive care needs of ESRD patients. This study aims to assess the role and intervention of hospital social workers in providing psychosocial support to ESRD patients at Menelik II Referral Hospital in Addis Ababa, Ethiopia. A qualitative data collection technique was employed. The study involved in-depth interviews with 10 ESRD patients receiving treatment at Menelik II Referral Hospital and two hospital social workers. Additionally, key informant interviews were conducted with four nurse professionals. The key informant study focused on the types and effectiveness of psychosocial support received by patients, while the in-depth interviews explored the social workers' perspectives on their roles, challenges, and the overall effectiveness of their interventions. The findings revealed that a significant proportion of ESRD patients received various forms of psychosocial support, including counseling, emotional support, and assistance with accessing financial and community resources. However, gaps were identified in the frequency and comprehensiveness of these interventions. Social workers reported challenges such as high caseloads, limited resources, and insufficient training in specialized psychosocial care for ESRD patients. Despite these challenges, patients generally expressed appreciation for the support received, highlighting improvements in their emotional well-being and coping strategies. Hospital social workers play a crucial role in providing psychosocial support to ESRD patients at Menelik II Referral Hospital. While the existing interventions are beneficial, there is a need for enhanced training, resources, and structured programs to improve the effectiveness and reach of psychosocial support. Addressing these gaps can lead to better patient outcomes and overall quality of life for ESRD patients

Keywords: End Stage Renal Disease, Psychosocial Support, Hospital Social Workers, Menelik II Referral Hospital, Patient Care.

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Acronyms

ACP Advance Care Plan

CBT Cognitive Behavioral Therapy

CKD Chronic Kidney Diseases

ESKD End-Stage Kidney Diseases

ESRD End Stage of Renal Disease

HD Hemodialysis

HIV Human Immunodeficiency Virus

KHDC kidney disease, hypertension, diabetes, and cardiovascular disease

LMICs Low and Middle-Income Countries

PHCP Profession Health Care providers

QoL Quality of life

SPGH St' Pulos General Hospital

SW Social Worker

TPE Therapeutic Patient Education

UK United Kingdom

ZMH Zewditu Memorial Hospital

Chapter one: Introduction

1.1 Background of the study

End-stage renal disease (ESRD) is a severe condition that profoundly affects patients' physical, emotional, and social well-being (Collins et al., 2015). ESRD represents the final stage of chronic kidney disease, where the kidneys fail to function adequately to meet the body's needs. Managing ESRD requires continuous medical interventions, such as dialysis or kidney transplantation, imposing significant demands on patients and their families. Dialysis, a life-sustaining treatment, often requires multiple weekly sessions that are both time-consuming and physically exhausting. Kidney transplantation, while potentially offering a more permanent solution, presents its challenges, including surgical risks and the lifelong need for immunosuppressive medications.

The psychosocial challenges associated with ESRD are substantial, involving emotional distress, anxiety, depression, and social isolation (Cukor et al., 2007; Griva et al., 2009). The chronic nature of the disease and the demanding treatment schedules lead to a considerable decline in patients' quality of life. Comprehensive support systems are essential to enhance these patients' quality of life and overall well-being (Franke et al., 2003). Effective psychosocial support can help patients manage the emotional burden of the disease, maintain social connections, and adhere to their treatment regimens.

Hospital social workers are vital in providing psychosocial support and interventions for ESRD patients. Their responsibilities include offering emotional support, counseling, resource coordination, and advocacy to address the complex needs of these patients (Levin et al., 2007). Social workers assist patients in navigating the healthcare system, accessing financial resources, and connecting with community support services. Effective psychosocial interventions by social

workers can significantly improve patients' coping mechanisms, treatment adherence, and overall psychological resilience (Cooke, 2010). By providing individualized support, social workers help patients and their families manage the stress associated with ESRD, thereby enhancing their capacity to cope with the disease's demands.

In Ethiopia, the healthcare system faces numerous challenges, including limited resources and a high burden of chronic diseases (Berhane et al., 2012). The country struggles with inadequate healthcare infrastructure, a shortage of trained professionals, and limited access to advanced medical technologies. Additionally, the research is crucial for informing policy and practice, ensuring that patients receive comprehensive care that addresses their medical and psychosocial needs (Griva et al., 2009).

The research title was chosen because this disease is highly demanding, and many studies highlight the challenges and impacts associated with ESRD. Through my work in various hospitals, I have witnessed many patients suffering from chronic kidney disease in the dialysis department. This experience motivated me to focus my thesis on this health issue, which has a substantial social, economic, and psychological impact on Ethiopian society.

Menelik the II Referral Hospital in Addis Ababa is a leading healthcare institution providing specialized care for ESRD patients. As a referral hospital, it serves a large population and offers critical services often unavailable in smaller healthcare facilities. Despite the essential role of hospital social workers in supporting these patients, there is limited research on the effectiveness and scope of their interventions in the Ethiopian context (Tesfaye, 2014). This knowledge gap highlights the need for a thorough assessment to ensure patients receive comprehensive care.

1.2 Statement of the problem

End-stage renal disease (ESRD) is the subject of numerous ongoing studies due to its significant psychological, social, and economic impact worldwide. The rapid rise in common risk factors like diabetes and hypertension is propelling ESRD into a global public health crisis, particularly for developing nations that lack the resources to manage the growing burden. Rising prevalence, high costs, and poor outcomes are placing a constantly increasing strain on healthcare systems (Jha, Wang & Wang, 2012).

Alshelleh, Alhourri, Taifour Abu-Hussein, Alwreikat, Abdelghani & Oweis (2022) investigated the impact of psychosocial factors on patients with chronic kidney disease. Their findings suggest that social support is the most effective method for reducing anxiety, and depression, and improving health-related quality of life. However, research efforts aimed at bridging the gap between theoretical knowledge and practical implementation in daily care remain hampered, hindering the potential to optimize patient care for those with kidney failure.

Patel, Peterson, and Kimmel (2005) research the prevalence of depression and anxiety and their impact on the quality of life in chronic kidney disease patients, the study looks into the vulnerability of chronic kidney disease (CKD) patients developing anxiety and depression as a result of physiological burns during dialysis treatment. Thus, the study findings support early diagnosis for psychiatric screening, which can or will improve patients' quality of life.

On the other hand, Harilall and Kasiram (2011) investigated the bio-psychosocial effects of renal replacement therapy in ESRD patients at a South African state hospital. Their research explored how long-term dialysis increased reliance on others, limited workability, altered family dynamics, and put additional strain on intimate relationships (particularly for hemodialysis patients). The study also found that patients expressed strong emotions such as anger and sadness as they struggled to accept the limitations imposed by their illness. As a result, the authors

suggest developing a comprehensive treatment plan to address the bio-psychosocial effects of ESRD.

In the Ethiopian context, Tadesse et al. (2021) conducted research exploring the experiences of patients undergoing hemodialysis in Bahir Dar City, Northwest Ethiopia. The study focuses on their lived experiences. Their narratives overflowed with negativity, highlighting serious concerns about the disease itself, struggles to access dialysis, financial strains, limitations on their lives, and an overwhelming sense of dependence. The research data findings could be used to develop comprehensive programs addressing patients' financial, social, and psychological needs, alongside their medical care. The study recommended further research needed to understand of CKD patients' challenges and develop interventions that truly address their holistic needs, improving their quality of life and well-being.

Atnafu et al. (2022) researched the challenges faced by end-stage renal disease (ESRD) patients in Ethiopia. People with ESRD in Ethiopia face a difficult battle due to limited access to healthcare and financial resources. On top of the disease itself, they often deal with other health problems like high blood pressure, diabetes, and anemia. The study also points out that social workers can play a key role in helping these patients manage the various challenges they face. Ultimately, the research suggests that healthcare systems should establish multidisciplinary teams specifically focused on supporting ESRD patients, acknowledging the complex web of financial, physical, emotional, and social factors that impact their lives.

In summary, this study aims to assess the psychosocial support provided by hospital social workers to ESRD patients at Menelik II Referral Hospital, addressing a gap in understanding the specific needs of this population in Ethiopia. By examining current practices, challenges, and outcomes, the research seeks to identify improvements to strengthen support

systems for ESRD patients. This study will offer valuable insights for healthcare providers and policymakers, ultimately enhancing the quality of care and support for this vulnerable group.

1.3 Research questions

1. What psychosocial challenges do patients with end-stage renal disease experience during dialysis treatment at Menelik the II referral hospital?
2. How do hospital social workers support end-stage renal disease patients at Menelik the II referral hospital in addressing social and emotional challenges, accessing resources, navigating healthcare, and engaging in community programs?

1.4 General Objective

- This research aims to assess the psychosocial support and interventions provided by hospital social workers for end-stage renal disease patients at Menelik II Referral Hospital in Addis Ababa.

1.4.1 Specific objectives

1. To identify the primary psychosocial challenges experienced by patients with end-stage renal disease during dialysis treatment.
2. To assess how hospital social workers address the social and emotional challenges faced by patients with end-stage renal disease through psychosocial support interventions.
3. To examine how social workers assist patients and their families in accessing necessary resources, navigating the healthcare system, and participating in community outreach programs.

1.5 Scope of the study

The study aims to assess psychosocial Support of End-Stage Renal Disease Patients and the intervention of Hospital Social Workers in Menelik II Referral Hospital in Addis Ababa. The research involves a Qualitative analysis of addressing the need of social and

psychosocial needs that can significantly improve the well-being and quality of life of ESRD patients, Enhance the effectiveness of social work interventions for ESRD patients and study assess the advocate for greater integration of social and psychosocial support within ESRD care.

1.6 Significance of the study

This study seeks to explore the psychosocial support needs of such patients, the research aims to enhance our understanding of holistic care requirements to go beyond medical interventions. This insight is pivotal for developing comprehensive healthcare strategies.

Furthermore, the study specifically focuses on hospital social workers' intervention, offering a unique perspective on the support systems operating within the hospital environment. This knowledge holds considerable value for healthcare institutions, policymakers, and practitioners, aiding in optimizing the delivery of psychosocial support services.

Conducted at Menelik II Referral Hospital in Addis Ababa within a specific setting, the study's contextual analysis is significant in acknowledging the influence of cultural factors on the psychosocial aspects of patients. This nuanced understanding contributes to the broader discourse on healthcare and social support.

The research findings in this field have the potential to inform healthcare policies and practices related to psychosocial support for end-stage renal disease patients. This is critical for enhancing the overall quality of care and improving patient outcomes.

In summary, the study's significance lies in its contribution to expanding the knowledge base on psychosocial support needs, and the intervention of hospital social workers in the realm of end-stage renal disease patients. The implications extend to influencing healthcare practices, policies, and future research in comparable settings.

1.7 Limitations of the Study

The study is conducted in a specific Setting, namely Menelik the II Referral Hospital in Addis Ababa, which may not directly apply to populations with different cultural backgrounds or in other geographic regions. Additionally, the study focuses on the intervention of hospital social workers; other healthcare professionals or external support systems that could contribute to psychosocial support are not extensively explored. It is important to note that the study is conducted within a specific time frame, and temporal constraints may restrict the depth of understanding regarding the long-term psychosocial needs of end-stage renal disease patients.

This research used a secondary data collection document and files were restricted because of patients' confidentiality the hospital refused to give this information. Additionally, some information was held about the reasons behind the discontinuation of the partnership with Menelik the II Referral Hospital, and the yeabe Medical Center.

1.8. Definition of Terms

- End-stage renal disease (ESRD): is a fatal condition in which the kidney no longer functions as a filter for blood regulation (Agarwal, R. 2016)
- Hospital Social Worker: A health care delivery worker or team concerned with not only biological problems but also physiological, social, and economic distress experienced by patients seeking hospital treatment (Beder, J. 2013).
- Social Factors: refers to an environmental factor that places a person in a difficult situation, such as income, education level, access to healthcare, social support network, and cultural background (Williams, D. R. Priest & Anderson, 2016).

Chapter two

Literature review

This literature review synthesizes current knowledge on psychosocial support and interventions provided by hospital social workers for end-stage renal disease (ESRD) patients. It lays the foundation for further research and the development of targeted interventions to alleviate the psychosocial impacts faced by these patients.

End-stage renal disease (ESRD) occurs when the kidneys lose their ability to function independently, necessitating dialysis or kidney transplantation for survival beyond a few weeks. ESRD marks the advanced stage of chronic kidney disease, where kidney function has deteriorated to the point of being life-threatening (Agarwal, 2016). This section discusses various subject areas related to the study topic, addressing international and national concerns about the rising prevalence and significant global impact of end-stage renal diseases. The discussion also explores different conceptual perspectives based on existing literature.

2.1 Epidemiology of ESRD

The global prevalence of end-stage renal disease (ESRD) is escalating rapidly, causing significant suffering, particularly in low and middle-income countries (LMICs), where millions lack access to essential treatment (Thurlow et al., 2021). In developed countries, chronic kidney disease (CKD) is predominantly linked to aging, diabetes, and related conditions, whereas LMICs, such as those in sub-Saharan Africa, face a broader burden exacerbated by infections, environmental toxins, and diseases like schistosomiasis and HIV (Trillini, Perico, & Remuzzi, 2017).

In Ethiopia, a majority of ESKD patients rely on private dialysis facilities where sessions often do not meet the recommended minimums (Seifu et al., 2023). The high prevalence of hypertension and diabetes further complicates care for these vulnerable patients. Limited access to kidney transplants, available only at one government hospital and reliant on living donors, presents significant barriers. Financial constraints prevent many from seeking overseas transplants, with men over 50 years old and unemployed disproportionately affected. Studies across Africa consistently identify hypertension and diabetes as major risk factors for ESKD (Seifu et al., 2023).

2.2 Psycho-social impact of ESRD

According to Patel, Peterson, and Kimmel (2005), end-stage renal disease (ESRD) significantly impacts patients psychologically during treatment, highlighting the importance of social support in helping individuals cope with chronic illnesses like ESRD and its demanding treatment, dialysis. Dialysis restricts patients' ability to work, travel, and maintain social interactions, posing substantial challenges. The research underscores that ESRD patients often experience psychological stress and depression due to the traumatic nature of their illness, with depression being a significant risk factor for mortality. Social support plays a crucial role in mitigating these effects, as perceived social support is linked to reduced depressive affect, greater life satisfaction, and improved survival rates.

Finnegan-John and Thomas (2013) further discuss how ESRD patients frequently struggle with negative self-image and body-image issues exacerbated by dialysis. Changes in physical appearance due to treatment procedures and medications can lead to decreased self-acceptance and quality of life. Psychological support during treatment is crucial, as highlighted by Finnegan and Thomas (2013), who advocate for enhanced collaboration between healthcare

and social services to better address the emotional and social challenges faced by ESRD patients. In Ethiopia.

Wonde and Baru (2019) point out the challenges in providing holistic care for ESRD patients in public hospitals, emphasizing the need for comprehensive support that addresses social, psychological, and economic needs. They highlight the crucial role of psychosocial workers in supporting chronically ill individuals, yet note systemic barriers that hinder patients from accessing adequate services. Overall, psychosocial support is essential for ESRD patients to manage the emotional and social burdens of their condition, underscoring the need for integrated healthcare approaches that prioritize holistic patient care.

2.3 The Financial Impact of ESRD

ESRD patients face significant financial burdens, as highlighted by Dan, Sanhui Jian, and GeWU (2018) in their study on the economic impact of dialysis in China. Despite improvements in medical insurance coverage, many patients still struggle financially, affecting not only themselves but also their families and the healthcare system. Kassa et al. (2020) further emphasize that ESRD patients often have multiple health issues, driving up the costs of hemodialysis and placing a heavy financial strain on healthcare systems worldwide.

In low-income countries, where hospital hemodialysis is predominant and financial resources are limited, providing adequate care becomes particularly challenging. Participants in various studies express concerns over the affordability of treatment, leading to cost-cutting measures such as reducing dialysis sessions and skipping medications. Governments, including Ethiopia's Federal Ministry of Health, are expanding government-funded dialysis centers and

implementing measures to regulate costs, aiming to make renal services more accessible and equitable (Gebrie et al., 2023).

Abebe et al. (2022) highlight that despite initiating hemodialysis treatment, many CKD patients in Sub-Saharan Africa, including Ethiopia, are forced to discontinue due to financial constraints, with withdrawal rates reaching as high as 85%. The scarcity of healthcare infrastructure and qualified professionals exacerbates the burden on family caregivers. Dialysis, being expensive, significantly strains patients and families financially, often leading to reduced treatment adherence and poorer health outcomes.

2.4 The Impact of ESRD on Religious Beliefs

Psychological factors such as patients' perceptions of medications and their chronic conditions, alongside social considerations like religious and cultural beliefs, significantly impact medication adherence behavior. In developing countries such as Ethiopia, where healthcare resources are limited and access to services is unequal, poor adherence to medical regimens can have severe consequences. Understanding individual beliefs about medication, illness, and health control provides valuable insights into non-adherence among patients with chronic diseases (Kasahun et al., 2022).

Research indicates that perceiving medications as inherently harmful or addictive poisons leads to lower adherence rates during ESRD treatment. Studies in Palestine support this, showing that individual beliefs directly influence medication adherence through their impact on harm perceptions (Kasahun et al., 2022). Despite challenges in adherence, Gebrie et al. (2023) found strong religious faith among hemodialysis patients, consistent with studies in Jordan, India, and Ghana, which highlight faith and religion as common coping mechanisms. A systematic review

underscores spirituality's role in helping patients derive meaning and strength in the face of illness. Integrating religious perspectives into hemodialysis care may therefore be beneficial.

However, Gebrie et al. (2023) also reveal contrasting religious beliefs among hemodialysis patients. While many find solace in their faith, viewing their treatment as divinely blessed, others perceive their illness as divine punishment, which limits their religious engagement. This complexity, observed in studies from Nigeria as well, underscores the diverse role of religious beliefs in influencing how patients cope with chronic kidney disease. Religious faith can serve both as a source of strength and a potential barrier to optimal treatment adherence, emphasizing the need for culturally sensitive and personalized care approaches that respect individual beliefs.

2.5 Social Work Intervention for Patients with ESRD

Social workers play a crucial role in facilitating advanced care planning (ACP) for patients with chronic kidney disease (CKD), including end-stage renal disease (ESRD). ACP ensures that patients' treatment preferences are communicated and respected throughout their healthcare journey (Senteio & Callahan, 2020). This ongoing process involves patients, families, and caregivers in discussions that adapt to evolving healthcare needs and personal preferences, enhancing patient empowerment and goal clarity.

In addition to ACP, social workers provide beneficial interventions for ESRD patients. These include cognitive-behavioral therapy (CBT), which has demonstrated improvements in depression, quality of life, and adherence to dietary and fluid restrictions (Cabness, Miller & Flowers, 2006). Therapeutic patient education (TPE) is also effective in enhancing quality of life

and reducing anxiety and depression among patients. Interventions based on social cognitive models and health beliefs further promote adherence to treatment regimens.

Promoting self-management is another vital role of social workers in ESRD care. Self-management empowers patients to take control of their health through symptom management, adherence to treatment plans, and lifestyle adjustments, ultimately improving health outcomes and quality of life (Richard & Shea, 2011; Gela & Mengistu, 2018).

Research underscores the need for tailored approaches to address the specific challenges faced by ESRD patients in low- and middle-income countries (LMICs). This includes improving access to affordable dialysis treatment and implementing effective social work interventions and self-management programs. In Ethiopia, further research is crucial to evaluate the current state of psychosocial support for ESRD patients, identify existing gaps in services, and understand the unique psychosocial challenges within the cultural and healthcare context. Such insights are essential for developing targeted interventions and health policies that enhance the well-being and outcomes of ESRD patients in Ethiopia and similar settings globally.

2.6 Theoretical Literature Review

End-stage renal disease (ESRD) poses a complex health challenge with significant physical, emotional, and social impacts on patients. This section examines relevant conceptual frameworks and theoretical perspectives on psychosocial support interventions for ESRD patients, with a particular emphasis on the role of hospital social workers.

2.7 Psychosocial Challenges of End-Stage Renal Disease

ESRD patients face significant psychosocial challenges due to the chronic nature of their illness and demanding treatment regimens such as dialysis or transplantation. These challenges include elevated levels of anxiety, depression, and social isolation (Cukor et al., 2007; Griva et al., 2009). Psychosocial theories, such as Engel's Bio-psychosocial Model (1977), highlight the interplay of biological, psychological, and social factors in understanding and managing chronic diseases like ESRD. This model emphasizes the importance of holistic care approaches that address not only the medical aspects but also the psychological and social dimensions of patient health.

2.7. Role of Hospital Social Workers in Psychosocial Support

Syed & Bhardwaj (2020) state that the biopsychosocial model is a way of looking at a patient as a whole, rather than just focusing on their illness. Instead of simply treating a disease, this model considers how a person's body (biology), mind (psychology), and social environment (society) all interact to affect their health and well-being. Hospital social workers are essential in providing comprehensive psychosocial support to ESRD patients. Their responsibilities include offering emotional support, counseling, facilitating communication between patients and their families, coordinating resources, and advocating for patient needs (Levin et al.)

Friedman & Allen (2011) highlight the importance of social support systems in the context of patient well-being, which include family, friends, and community organizations, and play a crucial role in providing emotional, practical, and informational support to individuals. By understanding the patient's social network and strengthening these connections, social workers can help improve their overall well-being. Systems Theory provides a valuable framework for understanding human behavior and social systems. By applying these theories to their practice,

social workers can develop effective interventions that address the complex needs of individuals and communities (Brandell, 2010).

2.8. Effectiveness of Psychosocial Interventions

Empirical studies demonstrate the positive impact of psychosocial interventions by social workers on ESRD patient outcomes. Effective interventions improve patients' coping mechanisms, adherence to treatment regimens, and overall quality of life (Mrazek, Hornberger, Altar & Degtiar 2014). According to Bandura's Social Cognitive Theory (1986), behavioral changes, such as adherence to medical recommendations, can be influenced by social cognition including family, friends, and healthcare providers, which can exert both positive and negative pressure on patients' behavior also Self-efficacy beliefs, or a person's belief in their ability to perform a particular task, also play a crucial role in behavioral change. Patients with high self-efficacy are more likely to adhere to medical recommendations because they believe they can successfully manage their condition (Hanouj, Khandan & Jahani 2023).

Social workers can help to enhance patients' self-efficacy by providing education, support, and opportunities for skill-building. By addressing both social influences and self-efficacy beliefs, social workers can play a vital role in supporting ESRD patients and improving their overall health outcomes moreover by understanding the importance of self-efficacy, educators can create interventions that are both relevant and effective for patients at various stages of their treatment journey (Ramezani et al.,2019).

2.9. Cultural Considerations and Contextual Factors

The effectiveness of psychosocial interventions can vary across cultural contexts and healthcare settings. Cultural competence in healthcare delivery is crucial to addressing diverse

cultural beliefs, values, and practices that impact patient care and treatment outcomes (Betancourt et al., 2003). The Cultural Competence Model, proposed by Cross et al. (1989), emphasizes the need to understand cultural differences and adapt interventions to meet the unique needs of patients from diverse cultural backgrounds.

This literature review explores the theoretical foundations and conceptual frameworks that inform the assessment of psychosocial support and interventions provided by hospital social workers for ESRD patients. It underscores the multifaceted nature of psychosocial challenges faced by ESRD patients, the critical role of hospital social workers in delivering support, and the theoretical underpinnings guiding effective intervention strategies. Understanding these theoretical perspectives is essential for designing and implementing interventions to enhance psychosocial care for ESRD patients at Menelik II Referral Hospital and similar healthcare settings.

2.10 Empirical Literature Review

Empirical studies investigating the evaluation of psychosocial support and interventions provided by hospital social workers to end-stage renal disease (ESRD) patients offer valuable insights into the effectiveness and results of these interventions across various healthcare settings. These studies use rigorous research methods to examine the impact of social work interventions on patients' psychological well-being, quality of life, adherence to treatment, and overall health outcomes.

By analyzing data collected through surveys, interviews, and observations, researchers can identify the specific components of social work interventions that are most effective in addressing the unique challenges ESRD patients and their families face. This knowledge can

inform the development of evidence-based practices and policies to enhance the quality of care for individuals living with ESRD.

2.11 Effectiveness of Psychosocial Interventions

Krespi, (2018). Research highlights how psychosocial interventions by social workers positively affect ESRD patient outcomes. Their study showed that interventions such as emotional support, counseling, and patient education notably enhanced patients' coping abilities and adherence to treatment regimens, thereby improving their overall quality of life.

2.12 Role of Hospital Social Workers

Research conducted by Levin et al. (2007) underscores the pivotal role of hospital social workers in delivering extensive psychosocial support to ESRD patients. Levin et al. emphasized the social workers' role in facilitating communication between patients and their families, addressing diverse psychosocial needs, and coordinating care across interdisciplinary teams. Beder's study highlighted advocacy and resource coordination as critical functions performed by social workers, essential for guiding patients through complex healthcare systems.

2.13. Cultural Considerations and Contextual Factors

Betancourt et al. (2003) conducted research examining the influence of cultural competence in healthcare delivery on patient outcomes. Their study indicated that culturally tailored interventions enhance patient satisfaction, promote adherence to treatment plans, and improve overall health outcomes across diverse patient demographics. This underscores the importance for hospital social workers to grasp cultural beliefs and practices thoroughly, enabling them to effectively address psychosocial needs and deliver culturally competent care.

2.14. Challenges and Opportunities in Psychosocial Care

Empirical studies also reveal challenges encountered by hospital social workers when delivering psychosocial care to ESRD patients. Barriers such as limited resources, high patient caseloads, and inadequate training opportunities hinder the quality and effectiveness of psychosocial interventions (Griva et al., 2009). Nonetheless, opportunities exist to enhance psychosocial care through enhanced training programs, interdisciplinary collaboration, and the integration of innovative practices.

The empirical literature reviewed underscores the critical importance of evaluating psychosocial support and interventions provided by hospital social workers for ESRD patients. Insights from these studies highlight the positive outcomes linked with effective psychosocial interventions, the essential role of social workers in improving patient care, and the impact of cultural competence on healthcare delivery. Addressing identified challenges and capitalizing on opportunities outlined in the literature is crucial for advancing the quality of psychosocial care for ESRD patients at Menelik II Referral Hospital in Addis Ababa and similar healthcare settings worldwide.

2.15. Conceptual Framework

The conceptual framework guiding this research incorporates several theoretical perspectives to provide a comprehensive understanding of psychosocial support and interventions for ESRD patients. The bio-psychosocial-spiritual model emphasizes the interconnectedness of biological, psychological, social, and spiritual factors in shaping health and illness. Systems theory highlights the impact of social environments and support systems on individual well-being, allowing social workers to address needs at various levels. Social

cognitive theory emphasizes the role of self-efficacy, observational learning, and social influences in shaping behavior and empowering patients to manage their condition effectively.

Finally, the cultural competence model underscores the importance of understanding and respecting cultural differences to provide culturally appropriate and effective interventions. By integrating these theoretical frameworks, this research aims to contribute to the development of evidence-based psychosocial interventions that address the complex needs of ESRD patients and improve their overall quality of life.

2.15.1 Bio-psychosocial Spiritual Model of Health

Engel's Bio-psychosocial Model (1977) is at the core of the conceptual framework, which suggests that interactions among biological, psychological, and social factors shape health and illness. For ESRD patients, this model highlights how physical symptoms such as renal function decline, psychological aspects like anxiety and depression, and social factors including social support and socioeconomic status collectively influence patient outcomes. Hospital social workers are pivotal in addressing these diverse health dimensions through targeted psychosocial interventions.

In the health sector by adopting a biopsychosocial-spiritual model, palliative care providers which includes any life-long treatment diseases, can offer more comprehensive and compassionate care to patients and their families. This approach recognizes the importance of addressing the patient's entire being, not just their physical symptoms. By understanding a patient's spiritual needs and providing appropriate support, healthcare providers can help them navigate the challenges of their illness with greater dignity and peace (Rego & Nunes 2019).

2.15.2 System Theories

The framework integrates Social Work Theories like Systems Theory (Bronfenbrenner, 1979), underscoring how social environments and support systems impact individual behavior and well-being. Hospital social workers utilize this theoretical approach to deliver comprehensive care, addressing needs across various levels of the individual patient and their family to the healthcare team and the broader community.

Systems theory can help us understand individuals within their broader social context, the concept of systems originated in the study of social systems and has been influenced by the work of biologists and psychologists. The ecosystems perspective is a specific application of systems theory that emphasizes the interplay between individuals and their environments. It allows us to draw on various theories from different fields to analyze complex human interactions Friedman & Allen (2011).

2.15.3 Social Cognitive Theory

Bandura's Social Cognitive Theory (1986) is also relevant to the conceptual framework, highlighting the significance of self-efficacy, observational learning, and social influences in influencing behavior and psychological outcomes. Social workers apply this theory to empower ESRD patients, helping them manage their condition effectively, improve treatment adherence, and build resilience in coping with the complexities of chronic illness.

2.15.4 Cultural Competence in Healthcare

According to Davis, (2020), The Cultural Competence Model (Cross et al., 1989) is incorporated into the framework to underscore the significance of comprehending and honoring cultural beliefs, values, and practices in healthcare provision. By embracing cultural competence, hospital social workers can customize interventions to meet better the diverse needs of ESRD

patients from various cultural backgrounds, thereby enhancing the efficacy of psychosocial support services.

2.16 Literature Review Summary

This literature review provides a comprehensive overview of the psychosocial impact of end-stage renal disease (ESRD) on patients and the role of hospital social workers in providing support. The review highlights the increasing prevalence of ESRD globally, particularly in low and middle-income countries, and the significant physical, emotional, and social challenges faced by patients.

The review delves into the psychosocial impact of ESRD, including anxiety, depression, social isolation, and financial strain. It emphasizes the importance of social support in mitigating these challenges and improving patients' quality of life. The role of hospital social workers is highlighted as crucial in providing comprehensive psychosocial support, including emotional support, counseling, patient education, and resource coordination.

The review also discusses the theoretical frameworks that underpin psychosocial interventions for ESRD patients. These include the bio-psychosocial-spiritual model, systems theory, social cognitive theory, and the cultural competence model. By integrating these theoretical perspectives, the research aims to develop evidence-based psychosocial interventions that address the complex needs of ESRD patients and improve their overall well-being.

Overall, this literature review provides a strong foundation for understanding the psychosocial needs of ESRD patients and the role of hospital social workers in addressing these needs. It highlights the importance of culturally competent and evidence-based interventions to improve patient outcomes and quality of life.

Chapter three

Research Methodology

3.1 Research Design

The study utilized a qualitative research design to investigate the social and psychological factors influencing the experiences of End-Stage Renal Disease (ESRD) patients and the role of hospital social workers in Menelike the II hospital in Addis Ababa. This approach was chosen to gain insight into the genuine challenges faced by ESRD patients and to highlight the crucial role of social workers, particularly within the Dialysis Department. It aimed to evaluate how hospital social workers support patients in addressing their needs, navigating resources, and implementing community outreach programs.

3.2 Research Approach

This study employed a case study approach, a qualitative research methodology, to delve deeply into the psychosocial experiences of end-stage renal disease (ESRD) patients at Menelik II Referral Hospital. This approach aligns with Baxter and Jack's (2008) definition of case study research, which involves an intensive exploration of one or more cases to understand their unique characteristics and processes.

By concentrating on a particular situation, this study aimed to capture the nuances of psychosocial support and interventions provided by hospital social workers, contributing to a rich and detailed understanding of the phenomenon. The research was conducted to assess the Interference of social workers in the case of psychosocial support to approve holistic treatment for ESRD patients in a specific hospital within a specific department and Situation.

This research utilized a descriptive case study approach, a qualitative methodology ideal for in-depth investigations of specific real-world occurrences or phenomena. By providing a detailed description of psychosocial support and interventions delivered by hospital social

workers at Menelik II Referral Hospital, Addis Ababa, this approach allows for a nuanced understanding of the situation and its implications for ESRD patients. This aligns with Yin's (2003) perspective on case study research, which emphasizes the importance of intensive exploration to gain insights into complex phenomena.

3.3 Description of Research Setting

Menelik II Referral Hospital is situated in Addis Ababa, Ethiopia's capital, near Jan Meda on Russia Street in Yeka Sub City, Woreda 4. Tola et, al (2017) researched Menelik II Referral Hospital about medical reports a total of 635 healthcare professionals, including 59 physicians, 203 nurses, 123 other healthcare workers, and 250 administrative staff, participated in the study. Data collection took place between September 2015 and April 2016.

This research findings indicate that the hospital plays a vital role in the community by providing accessible and affordable healthcare services, focusing on delivering high-quality care to underprivileged individuals. It also offers specialized treatments, such as dialysis. Currently, the hospital supports 96 End-Stage Renal Disease (ESRD) patients with 13 dialysis machines, 17 nurses, one nephrologist, two general practitioners, and one nutritionist.

This study focused on the significant social and psychological challenges associated with critical health conditions and the need for holistic support to address them. Participants were drawn from three groups: ESRD patients, hospital social workers, and leaders of the dialysis department (including nurses) directly engaged in patient care. Given the demands of treatment, ESRD patients were purposefully selected based on their health status, with participants chosen who were not severely ill or extremely weak. Selection also took into account their levels of post-treatment fatigue. Additionally, the participant group included two members from the

hospital's social work team and one representative from the dialysis department leadership (a nurse).

3.4 Sampling and Sampling Procedure

3.4.1 Criteria for Choosing the Hospital

Menelik the II Referral Hospital was selected for this research study for several reasons. Firstly, the hospital housed a substantial population of ESRD patients, ensuring the recruitment of an adequate sample size. Secondly, it maintained a robust social work department staffed with skilled professionals who were critical in delivering essential interventions to ESRD patients. Lastly, as a teaching and medical practice institution, Menelik II Referral Hospital Maintained, facilitating efficient data collection and analysis.

3.4.2 Sampling Techniques

Ritchie, Nicholls, and Ormston (2013) highlighted that purposive sampling is utilized to gather nuanced insights from individuals with varied perspectives, thereby enriching the study's findings and conclusions. This approach enabled the investigation of several variables such as patient age, gender, socioeconomic status, type of ESRD treatment, and previous experience with social work support.

According to Vehovar, Toepoel, and Steinmetz (2016), purposive sampling involves selecting participants based on specific criteria that best represent the studied characteristics. In this study, purposive sampling was employed to capture diverse perspectives on the experiences of living with ESRD and describe the role of hospital social workers.

3.4.3 Sample Size

The study employed purposive sampling to enlist a diverse cohort comprising 10 ESRD patients undergoing hemodialysis at Menelik II Referral Hospital, three healthcare professionals, one Nutritionist, and two social workers. Participants were selected to represent varying

socioeconomic backgrounds and experiences with social work support, aiming to gain a comprehensive insight into the intricate social and psychosocial needs of ESRD patients. Additionally, hospital social workers and pertinent healthcare professionals from the dialysis department were included to explore the potential benefits of hospital social work interventions. Recruitment continued until data saturation, ensuring sufficient information was gathered to address the research objectives comprehensively.

3.5 Data Collection Method and Instruments

This research incorporates both primary and secondary data. Primary data collection methods included in-depth interviews with ESRD patients, hospital social workers, and key informant interviews with health care providers. Additionally, observation was employed as a primary data collection method. Secondary data sources such as websites, articles, journals, and books were also consulted. This combination of methods allowed for a comprehensive and nuanced exploration of the psychosocial support needs of ESRD patients and the effectiveness of interventions provided by hospital social workers. Due to ethical considerations, restricted medical records were not used as a secondary data source.

3.5.1 In-depth Interviews

Thorsen et al. (2011) highlighted using semi-structured interviews as a qualitative data collection tool, emphasizing their adaptability to capture individual perspectives. These interviews involved one-on-one conversations where questions, though planned, could be adjusted to follow the participant's narrative. The researcher aimed to guide the discussion toward understanding the lived experiences of the respondents, focusing on their subjective experiences, including attitudes and emotional reactions to their situations.

Thorsen et al. (2011) emphasized the value of semi-structured interviews as a flexible tool for gathering qualitative data, allowing researchers to adapt questions to better capture

individual perspectives and lived experiences. This method supports a deeper exploration of personal attitudes and emotions, which was particularly relevant in this study. Here, in-depth interviews were conducted with ten ESRD patients and two hospital social workers to gain insights into their psychosocial support needs. Conducted over three weeks in the hospital, each 45-minute interview enabled participants to openly discuss their challenges, treatment experiences, and views on the support services available.

3.5.2 Key Informant Interviews

Semi-structured interviews provided researchers with a method to gather insights from key informants, who were experts offering valuable perspectives on specific individuals or situations, commonly utilized in hospital research. These informants shared general knowledge and beliefs on the topic, often supplementing their insights with relevant personal experiences when prompted (Pahwa, Cavanagh, & Vanstone, 2023).

The selection criteria for key informants included their specific levels of experience, roles within the study, and direct involvement in the intervention itself. Semi-structured interviews with key informants allowed researchers to capture insights from experts with valuable perspectives on specific individuals or situations, a common approach in hospital research (Pahwa, Cavanagh, & Vanstone, 2023). Sometimes sharing personal experiences when relevant. Selection criteria for key informants focused on their specific experience levels, roles in the study, and active involvement in the intervention itself. Including informants directly engaged in the intervention was essential for assessing its effectiveness and impact accurately.

3.5.3 Observation

Observation served as a robust data collection tool, going beyond mere visual perception to actively notice and systematically record details. When conducted meticulously, observation was instrumental in accurately describing findings (Mazhar et al., 2021). In this study,

observation was utilized as a method to collect data, offering the advantage of revisiting and verifying observations for accuracy, thereby enhancing research validity and ensuring alignment with the study's intended objectives.

Ensuring accurate observations was crucial as inaccuracies could undermine the validity of the study's conclusions. Rigorous checking and rechecking processes helped ensure that observations faithfully represented the studied phenomenon. Furthermore, enhancing reliability was essential for maintaining consistency in findings and minimizing random errors, thereby contributing to the study's repeatability (Mulhall, 2003).

At Menelik II Referral Hospital's dialysis department, I observed hospital social workers throughout patients' journeys, focusing on their interactions and roles within the interdisciplinary medical team. I observed them conducting thorough assessments to gather information about patients' social, emotional, and physical circumstances, identifying potential challenges and available resources.

3.6 Data Analysis

Data analysis played a pivotal role in managing the extensive and varied datasets collected during the research (Clarke & Braun, 2017). The researcher employed thematic analysis, which involved breaking down the data into codes and identifying common themes. This approach facilitated a structured organization of the data, making it more manageable for analysis.

Thematic analysis is a qualitative research method that not only describes data but interprets it through coding (Riger & Sigurvinsdottir, 2016). Initially collected in Amharic, the data was translated into English for thematic analysis, ensuring consistency and systematic categorization under sub-themes to avoid redundancy.

The collected data from diverse sources such as in-depth interviews, key informant discussions, and observations were analyzed in-depth to provide a detailed description of the participant's experiences (Alase, 2017). Direct quotes were utilized to illustrate findings and enhance clarity, while the analysis remained flexible to accommodate the influence of participant responses on subsequent interview questions.

The findings section of the study identifies seven overarching themes, each representing a different aspect of the experiences and needs of ESRD patients, as well as the roles and challenges faced by social workers. Each theme is supported by specific codes that capture particular issues, insights, or recurring topics within that theme. Here's a breakdown of the structure:

Table 1 Thematic Analysis

The Themes	The Sub Themes	The Codes
Service provision with partnership and challenges	<ul style="list-style-type: none"> - Service provision challenge without partnership - Service provision challenge with social workers - The Advantage of Service Provision Partnership 	Partnership Limitations, Resource Constraints, Staffing - Challenges, Ventilation and Infection Risks, Discontinuation of Services
Psychological effect and challenge	<ul style="list-style-type: none"> - Refusal of drugs and treatment - Anxiety and Depression 	Medication Refusal, Anxiety and Fear, Isolation and Depression, Self-Perception
Social challenges and effects on ESRD patients	<ul style="list-style-type: none"> - Fit into social life - Isolation and feelings of loneliness 	Social Isolation, Social Stigma, Changes in Social Roles, Community Support Networks
Financial Challenge in Different Perspectives	<ul style="list-style-type: none"> - Social Worker Perspectives on financial aspects - Patient Perspectives Financial Aspects 	Medication Costs, Transportation Expenses, Family Financial Strain, Dependency on Charity
Cultural and Religious Effects and Challenges		Spiritual Coping Mechanisms, Cultural Beliefs, Religious Conflict, Support from Faith Communities
Social Work Role and Intervention in ESRD Patients	<ul style="list-style-type: none"> - Social work approach and their intervention - Empowering ESRD Patients Through Holistic support 	Counseling Services, Resource Navigation, Crisis Intervention, Advocacy and Coordination
Social work perspective and approach	<ul style="list-style-type: none"> - Social work approach and their intervention - Empowering ESRD Patients Through Holistic Support 	Holistic Approach, Empowerment Strategies, Interdisciplinary Collaboration, Challenges in Social Work

3.7 Data Quality Assurance

The credibility of research findings was ensured through rigorous validation processes (Munafa & Flint, 2010). Data from in-depth interviews underwent cross-checking to ensure accuracy, and a triangulation approach was employed. This method involved verifying information across various sources and methods, enhancing the reliability of the research (Bans-Akutey & Tiimub, 2021).

(Mulhall, 2003) By using diverse data collection techniques and theoretical perspectives, the study applied triangulation to investigate and interpret findings thoroughly. This included employing different types of questions across semi-structured interviews, key informant discussions, and observations, reinforcing the research findings' accuracy and credibility

The study used a triangulation approach to boost the trustworthiness of the data by drawing on data collection methods and theoretical viewpoints. This broad approach enabled a detailed investigation and interpretation of the results, the study used different types of questions

Cross-check in-depth interviews, and key informants. Observations are used during the data collection. Additionally, literature was collected to provide detailed information and strengthen the study by comparing information from multiple sources and methods, the research strengthened the accuracy and reliability of the findings, ensuring their credibility.

3.8 Ethical Considerations

When gathering data for a qualitative study, the researcher upheld ethical standards to ensure participant well-being and integrity (Gajjar, 2013). Given the sensitive nature of qualitative research, where participants may recount distressing experiences, ethical considerations encompassed respecting personal morals, human rights, and social responsibilities.

Throughout this research, participants were treated with equality, honesty, confidentiality, and openness across all study aspects (Gajjar, 2013). The study strictly adhered to ethical codes and policies, including obtaining informed consent and ensuring confidentiality. Approval was obtained from the School of Social Work, Addis Ababa University, and Menelik II Referral Hospital's dialysis department, confirming the study's legality and ethical compliance.

Chapter Four

Findings of the study

The study focused on a diverse group of end-stage renal disease patients undergoing hemodialysis at Menelik II Referral Hospital. The research aimed to explore the impact of social work interventions on these patients, including their psychological, social, and financial well-being. To achieve this, the study involved hospital social workers, healthcare professionals, and end-stage renal disease patients. The dialysis department at Menelik the II Hospital offers comprehensive care, including medical treatment, social work services, and partnerships with various organizations to support patients in need.

4.1 The Dialysis Department Setting and Service

The dialysis department currently serves 96 End-Stage Renal Disease (ESRD) patients. They utilize 13 dialysis machines and have a team of 17 nurses, one nephrologist, two general practitioners (GPs), one nutritionist, and two social work roles by psychology graduates. To ensure comprehensive care, the department operates six days a week, with staff assigned to work 17 hours a week.

They offer psychological, nutritional, and biological treatment. If complications arise during dialysis for situations requiring further investigation, such as lab tests or additional medications, most patients leverage their community-based health insurance for these free services. Community-based health insurance is one of the supporting systems provided by the government to give health services. As a result, members save from unexpected expenses that may force them to sell their private properties. The goal is to increase the members' awareness of getting medical services without stressing financial issues and to increase health service coverage.

4.2 Partnership with Stakeholders

Menelik II Referral Hospital's dialysis unit relies on a team of social workers who collaborate with diverse stakeholders to ensure patients receive the comprehensive care they need. These stakeholders go beyond just providing resources. Their involvement extends to various aspects of patient well-being. For instance, some stakeholders might focus on facilitating access to vital medications for dialysis treatment. Others contribute towards covering the costs of the treatments themselves. Additionally, some stakeholders also step in to address the transportation challenges faced by patients undergoing dialysis, which often requires frequent hospital visits. This collaborative approach ensures patients on dialysis have a strong support system in place, encompassing not just medical needs but also social needs.

Social workers play a pivotal role in coordinating the efforts of various stakeholders to ensure that dialysis patients receive the necessary support. They serve as intermediaries, facilitating communication and collaboration among these organizations. In addition to their coordinating role, the social workers at Menelik the II Referral Hospital were instrumental in raising awareness and fostering partnerships.

They worked closely with the owner of Yeabe Medical Private Center, a partner organization, to develop and distribute proposals and invitations to potential stakeholders. These efforts involved reaching out to various organizations and individuals, encouraging them to visit the dialysis unit and learn more about the needs of the patients. Through their outreach and advocacy, the social workers helped to build a strong support network for dialysis patients.

The stakeholders in this collaboration hope to secure medication donations from several sources. These sources include Hope Health Center, Ethiopians living abroad (diaspora), Ebssa,

and public hospitals like St. Paulos, Zewditu Memorial, and Tikur Anbessa. Additionally, also contributes to medication by facilitating free and discounted medication.

4.3 Description of the research participants

This research focuses on a multicultural group of patients at Menelik II Referral Hospital's dialysis department. All participants have End-Stage Renal Disease (ESRD) and undergo hemodialysis treatment. The researcher aimed to create a well-rounded study by including patients from different socioeconomic backgrounds and with diverse experiences with social work services. To explore the full impact of hospital social workers' interventions on end-stage renal disease patients, the study expanded to involve these social workers alongside relevant healthcare professionals from the dialysis unit.

Table 2: Participant background

Patient No	Age	Gender
Patient 1	16	Male
Patient 2	15	Female
Patient 3	34	Female
Patient 4	36	Male
Patient 5	40	Male
Patient 6	56	Female
Patient 7	27	Male
Patient 8	30	Male
Patient 9	37	Female
Patient 10	45	Male

Table 3: Participant background

No SW	Age	Gender	Educational Back Ground	Experience
SW 1	26	Female	Psychology Degree	Two years
SW 2	23	Female	Psychology Degree	Ten months
No PHCP				
Nurse 1	28	Female	Public Health MS	Five Years
Nutritionist 2	31	Male	Nutritionist MS	Ten Years
Nurse 3	24	Female	Nursing Degree	One Year
Head of Nurse 4	38	Female	Nursing MS	Twelve Years

Drawing on the study's objectives and research questions, this paper presents the key findings, organized into seven overarching themes explored in detail. These themes are Service provision with partnership and challenges, psychological effect and challenge, social effect and challenge, financial effect and challenge, cultural and Religious Effects and challenges, social work role and intervention on end-stage renal disease patients, and social work perspective and approach.

4.4 Service provision with partnership and challenges

In Ethiopia, the burden of End-stage renal disease (ESRD) extends far beyond the patients themselves. It places a significant strain on healthcare systems, particularly public hospitals, due to the increased demand for specialized care, expensive medications, medical supplies, and dialysis treatments. The financial toll of managing ESRD can be overwhelming for both patients and hospitals. To address these challenges, public hospitals have increasingly recognized the value of collaborating with private medical centers.

These partnerships can help to alleviate the strain on public resources, improve access to care, and enhance the overall quality of treatment for ESRD patients. By working together, public and private institutions can leverage their respective strengths and resources to develop more comprehensive and sustainable solutions to the growing burden of ESRD.

End-stage renal disease has become one of the most demanding diseases, requiring increased attention from various angles. Before receiving free dialysis treatment at any public hospital in Addis Ababa, the kidney dialysis association prepares a waiting list that is found in Zewditu Hospital based on a deep assessment of the patients' economic, social, and biological states, as well as their age privilege to have a free dialysis service in a public hospital. Currently, there are over 1000 patients on this list who are waiting for free dialysis treatment.

4.4.1 Service provision challenge without partnership

Menelik II Referral Hospital the dialysis service faces a critical limitation. Only 13 machines are available for 96 patients, each requiring four scheduled hours per day. This limited capacity makes it challenging to safely move these vulnerable patients during treatment. The current ventilation system, particularly when transferring patients to other machines, increases the risk of hospital-acquired infections. This concern was evident during the researcher's data collection in the dialysis unit. Additionally, a participating

Nurse 1 highlighted the issue following:

The room is too small. We urgently need a larger area to provide this service effectively. We've already informed the relevant authorities, and they're working

on a solution. We can't stay here long-term due to the infection risk. We need a space with improved ventilation.

Other Head Nurse 4 participants also specifically mentioned that the area is not comfortable with performing a service that is free from infection she stated as follows:

Frankly, I'm not comfortable working in this current area. The previous location was significantly better. There, we had wide space and excellent ventilation, and access to the latest dialysis machines. This allowed us to focus only on monitoring patients' health and blood oxygen saturation during treatment, without any concerns about equipment malfunction. Here, unfortunately, the machines are not as modern, and the workload is heavier due to the six-day workweek, so managing this area is very challenging. Additionally, I'm concerned about the recent increase in side effects of infection among five patients. Three of them even required hospitalization. This situation is quite difficult.

While building partnerships can be beneficial, especially in healthcare, short-lived collaborations can leave patients vulnerable. The initial partnership between Yeabe Medical and Menelik Hospital is a prime example. Though it provided dialysis treatment to many, its discontinuation left Menelik Hospital struggling with limited resources, jeopardizing patient safety and treatment effectiveness.

4.4.2 Service provision challenge with social workers

During the collaborative partnership between Menelik II Referral Hospital and Yeabe Medical Private Center, a non-profit medical center, social workers played a crucial role in coordinating efforts and providing essential support to dialysis patients. However, due to recent

changes in the partnership, the social worker's involvement with the dialysis unit at Menelik II Referral Hospital has been discontinued. In her own words,

Social Worker 1 described the current situation as follows:

To be honest, sadly, as a social worker who was deeply involved in the partnership for two years, I had the privilege of building strong relationships with the patients. These relationships were more than just professional connections; they were like family. The patients and I shared a bond forged through mutual trust, empathy, and a shared commitment to their well-being. Due to the current unstable situation, we were forced to discontinue our work in the dialysis unit. This decision was influenced by several factors, including the fact that I and my partner was hired by Yeabe Medical Private Center. As a result, Menelik Hospital transferred the patients under its care to the private center. Unfortunately, we were not offered the opportunity to continue working in the dialysis unit at Menelik Hospital.

The research findings conclude that the collaborative partnership between Menelik II Referral Hospital and Yeabe Medical Private Center, while initially beneficial for dialysis patients, ultimately faced challenges that led to the discontinuation of social workers' involvement. The reasons for the partnership's dissolution remain unclear. The departure of the social workers, who had formed strong bonds with the patients, was a significant setback for the dialysis unit. The unstable situation and the transfer of patients to Menelik the II Hospital have created uncertainties for both the patients and the healthcare providers involved. The discontinuation of this partnership highlights the need for continued efforts to ensure that dialysis patients receive the necessary support and care, regardless of the specific healthcare setting.

4.4.3 The Advantage of Service Provision Partnership

The researcher's findings start from Yeabe Medical Private Center, a non-profit medical center, brought 30 new machines from a foreign country and began their service with Menelik II Referral Hospital, resulting in 96 end-stage renal disease patients receiving free complete dialysis treatment at Menelik II Referral Hospital. Through a partnership with Yeabe Private Medical Center, the hospital was able to provide free dialysis treatment for two years.

This partnership changed the lives of the people by providing treatment for patients who were financially struggling due to end-stage renal disease. However, the present research findings indicate that this cooperation has been temporarily discontinued. Nevertheless, Menelik Hospital has accepted these patients and is offering free dialysis services effectively.

4.5. Psychological Effect on ESRD Patients

The psychological effects of managing a chronic illness like kidney disease, which often requires lifelong dialysis, can be profound and challenging for patients. The emotional toll of regular treatments, the fear of complications such as infections, and the ongoing struggle with maintaining adherence to complex medication regimens can lead to feelings of frustration, hopelessness, and even depression. In this context, the supportive environment at Menelik II Referral Hospital plays a crucial role in mitigating these psychological burdens. Patients benefit from a strong sense of community and peer support, which can help alleviate feelings of isolation and despair. Positive interactions with fellow patients and healthcare professionals provide emotional encouragement, foster resilience, and enhance patients' motivation to adhere to their treatment plans, ultimately improving their mental well-being alongside their physical health.

4.5.1 Refusal of drugs and treatment

In this department, some issues are expected with the rejection of drugs and treatment. Patients in this department are likely to face challenges sticking to their medication and treatment

regimen. The chronic nature of the disease, often requiring lifelong dialysis, can be emotionally and physically draining. However, there are strategies to improve adherence. A strong team approach involving healthcare professionals, social workers, and even other patients can make a big difference. By working together, the team can provide education, support groups, and encouragement to patients. Sharing experiences with others who understand the challenges can help patients feel less alone and more motivated to stay on track with their treatment plans.

One case observed by the researcher involved a patient facing a specific challenge dialysis catheter stopped working because of an infection Nurse 1 explained as follows:

When we saw the patient refusing treatment, we called her. She said, *'I'm done. I give up. I'm not coming in Let God do what he wants. I want to die. Please don't call me again.'* After hanging up, we discussed the situation and asked another patient to reach out to her. He spoke with her and encouraged her not to give up. Thankfully, she came in for treatment the next morning. Although caregivers, we don't necessarily need to wait for social workers to address every challenge with medication adherence and treatment. We're a team, so we work together to find solutions that best support our patients' needs.

Working together as a group can significantly improve treatment adherence for dialysis patients, leading to better overall health outcomes. This approach has proven successful for the past two years in the dialysis department at Menelik II Referral Hospital. Patients there have formed a strong support system, offering encouragement and motivation to one another during challenging times. The research revealed instances where patients contemplated giving up, but positive interactions with fellow patients ultimately bolstered their resolve to continue treatment.

4.5.2 Anxiety and Depression

In the study of end-stage renal disease (ESRD) patients and social workers during their support the researcher found a disturbing reality: these patients experience relentless stress and fear. The constant worry of dying and the physical discomfort of sleeplessness created a vicious cycle. Many participants expressed a deep-seated fear associated with their condition, hindering their ability to rest and impacting their overall well-being.

Anxiety and depression are common in the patients Participant Patient 5 said in his own words:

I'm grateful for the free dialysis treatment and that it lifted the financial burden. However, I do have a fear. I recently heard about my friend's passing after his dialysis catheter failed, which is his body rejected the catheter because of infection it scares me that I might experience the same suffering and death. The thought of catheter failure worries me a lot, having one removed and a new one inserted in a different location during a previous experience added to my stress. It's difficult to express how much this concerns me. Thankfully, social workers are available to talk and provide counseling during such situations eases some of that burden.

Others stress and fear because they lost their daily routines. The inability to work and earn a living due to limited mobility becomes a significant burden. This loss of independence and financial security adds another layer of hardship to their already challenging situation.

A male patient 5 stated as follows:

This disease feels like a cruel twist of fate. After years of hard work and savings, the financial burden of dialysis has wiped out my savings. Now, the stress of being a dependent carries weight heavily on me. I don't want to become a burden on my loved ones, but this chronic illness demands constant support. The inability to contribute and the constant need for help are incredibly stressful. The constant thought, "How long will I have to live like this?" is incredibly difficult. It weighs heavily on me every day we need help not only from healthcare providers and social workers but also from each other. When I came to the hospital, it felt like I had a second family, and we support each other because we understand what it's like to deal with this disease.

A male patient 4 faced the same challenge and experience stated as follows:

This disease feels like a harsh turn of events. After dedicating years to working hard and saving money, the cost of dialysis treatments has drained all my savings. Now, the emotional strain of relying on others is overwhelming. I don't want to be a burden to my loved ones, but managing this chronic illness requires ongoing assistance. The inability to contribute financially or physically, coupled with the need for constant help, is incredibly challenging. The thought of "*How long will I have to endure this?*" haunts me daily. We need more than just medical and social support; we need to support one another. When I arrived at the hospital, it felt like gaining a second family. We lean on each other because we share the experience of living with this illness.

Participant SW 1 states that participants with ESRD patients frequently mention experiencing stress and fear, which are common psychological effects of the disease:

While the patient's illness is a concern, the bigger challenge they face seems to be psychosocial. Financial difficulties due to unemployment and the burden of their disease have caused significant stress, fear, and psychological strain. This highlights the need for social worker support to address these issues. She states by her word *“Unfortunately, the prevalence of financial problems makes it difficult to offer complete solutions, as resources may be limited. Dialysis patients: In addition to counseling time, we offer comprehensive support through in-depth assessments and close monitoring to help patients navigate their difficult situations.”*

Participate SW 2 also additionally stated as follows;

Dialysis patients often face a big mental challenge. They may feel hopeless and even consider giving up. This is understandable, as living with a lifelong illness can be tough. In my experience, some people want to take their life because they struggle with anxiety and depression on top of everything else, making it hard to cope. We try everything to make them feel like they're not alone. In addition to our support and assistance, we also foster a strong sense of community among our ESRD patients. By encouraging connections with each other, we empower them to build a support network and communicate openly as a group.

The study showed the participants were stressed and scared every day. They worried about how long they could keep living this way. They feared death and suffering, and also worried about their families. They felt like a burden to their loved ones because they couldn't work and make money. This made them feel helpless. Social workers also highlighted the severity of the psychological challenges faced by ESRD patients.

4.6. Social challenges and effects on ESRD patients

Patients undergoing dialysis often face significant social challenges that can be one of the greatest burdens of their treatment experience. Many participants report difficulties integrating into social life due to the demands and effects of dialysis. For instance, one patient described feeling misunderstood by others because, despite looking healthy on the outside, they experience extreme fatigue after treatment and need to rest. This can make using public transportation difficult, as others do not understand why they might need special accommodations, such as not waiting in line.

4.6.1 Fit into social life

The lack of societal awareness and understanding about dialysis and its effects leads to feelings of frustration and isolation, as patients feel judged based on their outward appearance rather than the invisible struggles they endure. This highlights the need for greater public education and empathy towards individuals living with chronic illnesses like kidney disease.

Participant male Patient 8 explained how difficult to be fit into social life in his words as follows;

You are the only one who knows about your situation when we get dressed, we look like we don't have a problem after treatment, I experience extreme fatigue and need to get home to rest. Using public transportation can be challenging. People often don't understand why we can't wait in line like everyone else. It's difficult to explain dialysis, especially when they have no prior knowledge of the condition. This is one of the biggest challenges I face every other day when I come to the hospital for treatment.

The participant explained the challenges of living a normal life. They feel judged by others based on their appearance, and the lack of societal understanding about their condition makes it even harder.

4.6.2 Isolation and feelings of loneliness

Patients with end-stage renal disease (ESRD) undergoing dialysis face profound social challenges that extend beyond the physical demands of their treatment. According to the experiences shared by some patients, the limitations imposed by their illness have significantly impacted their social lives. Two patients, who were once very socially active and enjoyed attending events like weddings, funerals, and casual gatherings, expressed the difficulty of accepting the fatigue and reduced mobility that now prevent them from engaging in these activities.

The constant tiredness makes even visiting family or friends a daunting task, leading to a withdrawal from the social life they once enjoyed. This loss of mobility and ability to participate in social events has become a significant source of sadness and frustration, contributing to feelings of isolation and loneliness. The researcher's findings highlight that these social challenges, including disrupted routines and weakened social connections, deeply affect the overall well-being and quality of life of ESRD patients.

34-year-old female patient participants explained her social life experiences as follows:

It's hard to accept the limitations my illness has placed on me. Before this, I was a social person who traveled to attend events - weddings, funerals, and even casual coffee dates with neighbors. Now, visiting loved ones when they're sick or simply going to see family can be exhausting due to the constant fatigue. I've withdrawn from the social life I used to have. It's difficult to be around others when I can't do the things I used to enjoy. The

inability to be mobile has become a significant source of sadness and frustration in my daily life.

37-year-old female patients have the same social experience explaining in her own words

“It’s difficult to come to terms with the restrictions my illness has imposed on my life. I used to be very social, always attending events like weddings, and funerals, and even just catching up with neighbors over coffee.” Even simple activities like visiting loved ones when they're unwell or spending time with family leave the patient drained due to constant fatigue. They have withdrawn from the social life they once cherished, finding it painful to be around people when they can't participate in the activities that bring them joy. The inability to move freely has become a major source of sadness and frustration.

The researcher's findings show that beyond the physical demands of dialysis, a significant social challenge burdens ESRD patients. Feelings of isolation disrupted routines, and difficulty maintaining social connections can take a heavy imprint on their well-being.

4.7 Financial Challenge in Different Perspectives

End-stage renal disease (ESRD) patients face substantial financial challenges due to high medical expenses. Despite receiving free dialysis treatment, patients often incur additional costs for medications, transportation, and special dietary needs, which significantly strain their finances. This financial burden affects not only the patients but also their families, who may need to provide financial support or reduce their work hours to care for their loved ones.

4.7.1 Social Worker Perspectives in Financial Aspects

A social worker highlighted the severe impact of ESRD, stating that it is a condition that can financially devastate. ESRD patients themselves reported that their financial struggles

remain unresolved. They expressed concerns about the high cost of medications and catheters, the permanent catheter costs 15,000-18,000 birr and lasts for a longer period of time, whereas the temporary catheter costs 5,000-6,000 birr and lasts for a shorter period of time. Which must often be purchased from private distributors. Although the hospital provides free treatment during emergencies, patients frequently face financial strain, sometimes having to rely on community assistance. There is hope, however, with recent news that the hospital may begin offering donated catheters, which could alleviate some of the financial burdens.

Participant SW 2 explains in her own words as follows:

“Financially it is devastating, it is a disease that makes the rich poor. Even with free dialysis treatment, patients face a constant drain on their resources. Transportation, special diets, and medications all add up, forcing some to sell their belongings to afford care”. ESRD goes beyond physical needs. It requires a holistic approach, addressing emotional and social well-being, without support for these aspects, patients struggle to maintain a good quality of life.

Participant SW 1 explains in her own words as follows:

“While most in our unit understand the financial burden ESRD patients face, our current support system focuses primarily on those in extreme poverty (“የኋላ ጽኑ”). However, this term doesn't fully capture the financial strain this disease creates”. Imagine the immense struggle someone faces with ESRD on top of already limited resources. Social workers try to find ways to support a wider range of patients facing financial hardship due to ESRD, but the hospital also has its limitations.

4.7.2 Patient Perspectives Financial Aspects

The study's findings underscore the significant financial difficulties faced by ESRD patients and highlight the need for a more comprehensive support system that addresses both financial and social determinants of health. This holistic approach would aim to improve the overall quality of life for ESRD patients by considering not just their medical needs, but also their emotional and social well-being. All ESRD patient participants also report that their financial problem is not solved.

Participant Patient 10 explained in his own words as follows:

“For me, it’s incredibly difficult when a catheter fails during dialysis. Thankfully, the hospital provides free treatment in those emergencies. However, other medications and catheters need to be purchased from private distributors, which can be very expensive”. The financial burden can be overwhelming, forcing the patients to ask for help from the community, and they start banging around church and mosque areas.

On a positive note, Participant Patient 4 explained in his own words as follows:

“Recently I heard that the hospital might be offering donated catheters. This would be a huge relief! I hope it continues as it is. You know my financial challenges go beyond just medication costs”. Many of them on dialysis also struggle with affording transportation, healthy food, and even keeping a roof over their heads. Without the ability to work, the financial burden becomes incredibly heavy, impacting not only themselves but their families as well.

This study's findings highlight the significant financial hardships faced by ESRD patients. Therefore, it is crucial to develop a comprehensive support system (holistic support) that addresses these financial and social determinants of health.

4.8 Cultural and Religious Effects and Challenges

The researcher's findings reveal significant cultural and religious challenges faced by social workers when counseling ESRD patients. During counseling sessions, social workers discovered that many ESRD patients frequently consume holy water, a practice rooted in their religious beliefs. This behavior presents a challenge because ESRD management requires strict adherence to restricted fluid intake and a balanced diet to help control waste products in the blood. Convincing patients to prioritize these medical guidelines over their religious practices, such as consuming holy water, has proven difficult. This situation underscores the need for more religion-sensitive education to help patients manage their condition while respecting their personal beliefs.

Additionally, social workers advised against using traditional medications due to potential safety concerns. The dosages of these remedies are often unknown, and they lack regulation, which makes it challenging to determine their safety or effectiveness. The reliance on unregulated traditional medications poses a risk to patients, as these remedies might not only be ineffective but could potentially cause harm.

Participant SW 2 explains in her own words as follows:

During our counseling session, a concerning trend emerged: a majority of ESRD patients mentioned consuming holy water. This presented a challenge, as their condition necessitated a restricted fluid intake and a balanced diet to manage waste products in the blood. Convincing them to prioritize these medical guidelines over the consumption of holy water proved difficult, highlighting the potential need for more religion-sensitive education about managing ESRD alongside personal beliefs. Additionally, we advised against using traditional medications because of potential safety concerns. The unknown

dosages and lack of regulation surrounding these remedies make it difficult to determine if they're truly beneficial or might even be harmful.

The social workers encountered significant cultural and religious challenges while counseling ESRD patients. The patients' reliance on holy water for spiritual and potentially therapeutic purposes clashed with the medically necessary restrictions on fluid intake. Similarly, the use of traditional medications with unknown dosages posed safety concerns.

These findings highlight the need for culturally sensitive education programs. The social workers encountered significant cultural and religious challenges while counseling ESRD patients. By providing information about managing ESRD within the context of patients' beliefs and practices, social workers can foster better understanding and encourage adherence to essential medical guidelines.

4.9. Social Work Role and Intervention in ESRD Patients

The research findings underscore the crucial role of social workers in the dialysis department, demonstrating how their support significantly impacts the well-being of ESRD patients. Many patients reported that social workers provide essential assistance that goes beyond just medical care, helping them manage the emotional, social, and practical challenges associated with their condition.

4.9.1 End-stage renal disease patient perspective

The Social Worker's Role and Intervention in the Department of Dialysis The researcher's findings indicate that many patients have been gaining a lot of support and a few of them reported that as follows:

27 years old patient Participant highlighted the benefits of counseling:

I appreciate the support that they are offering for us to be honest I have been suffering from sleepiness for a while but after starting counseling with social workers this problem has decreased.

Another patient highlighted the support received from social workers in the form of free medication, which significantly alleviated one of their biggest concerns. This kind of intervention demonstrates how social workers help reduce the financial burdens that often accompany ESRD treatment.

A 15-year-old patient participant expressed gratitude for the assistance provided:

I am very thankful for all the support I've received from social workers and Menelik Hospital. Before coming here, my family and I visited many mosques and churches, seeking financial help for my dialysis treatment. Thankfully, since arriving here, I no longer worry about the cost of treatment. Additionally, the social workers here have been incredibly helpful, even providing transportation assistance when I needed it.

Another 16 years of participants described their journey to treatment:

Before coming to Addis Ababa, life was incredibly challenging. My parents, who live in the countryside, couldn't afford my dialysis treatment there; to give me a better chance, they sent me here on their own. Thankfully, the founder of Yab Medical Center found me on the street when I was begging for money for dialysis. With the help of a social worker, I was finally able to start receiving free dialysis treatments. Not only that, but they even arranged for a place for me to live and placed me in a public school! This is different from what I thought it would be. Everything has been a blessing, and I'm incredibly grateful for the opportunity to get healthy and continue my education.

Another 45-year-old patient participant described the relief brought by the social workers' assistance:

“The social workers in this unit are incredibly helpful, especially when it comes to counseling. They even support me by providing medication free of charge, this is a huge relief for me because they make one of my biggest concerns easier”.

Overall, these findings illustrate that social workers in the dialysis department play a vital role in addressing the comprehensive needs of ESRD patients. They provide emotional support, practical assistance, and financial aid, which help patients navigate the complex challenges of living with ESRD, ultimately contributing to better health outcomes and an improved quality of life.

4.9.2 ESRD healthcare provider's perspective on social work intervention

The healthcare providers also mentioned social workers in this unit are invaluable resources for patients. They offer comprehensive support, especially through counseling to address emotional challenges. Additionally, they can help patients navigate the healthcare system, ensuring they understand and access the medications they need to manage their condition effectively.

One healthcare provider participant Nurse 3 explained how social workers are important:

While everyone in this unit plays a vital role in caring for ESRD patients, our focus as healthcare professionals is primarily on biological treatment and medication. However, due to the close relationships we build with our patients, they often feel comfortable confiding in us about psychosocial challenges. In these cases, social workers are crucial partners. Their absence would make it difficult to adequately address these non-medical but equally

important issues. In this department, I've witnessed many patients receiving significant support through social worker interventions.

The Head Nurse participants state as follow:

Social workers work alongside healthcare professionals, not in opposition to them. Their goal is to provide a holistic approach to care, ensuring the patient's needs are met beyond just the physical. This collaboration can Reduce patient stress and anxiety, identify social barriers, and Provide support. By acknowledging the social determinants of health, they can provide even better care for our patients, additionally, social workers aren't there to take away from our focus on biological care. They enhance it by providing a broader perspective.

The researcher's findings are broad seeing that teamwork between social workers and healthcare professionals is a win-win situation for both the medical team and, most importantly, the patients they serve. It ensures a more holistic approach to care, leading to better health outcomes overall. Ultimately, a strong healthcare team includes both medical professionals and social workers. Their combined expertise ensures patients receive comprehensive care that addresses all aspects of their well-being.

4.10 Social work perspective and approach for ESRD

The two social workers (SW) participants emphasized that their intervention with ESRD patients extends far beyond the conventional scope of healthcare. They understand that end-stage renal disease (ESRD) affects more than just a patient's physical health it also significantly impacts their emotional well-being and social life. To address this, the social workers provide

comprehensive psychosocial support, focusing on the underlying causes of the patients' challenges rather than focusing on medical treatment.

4.10.1 Social work approach and their intervention

The social work approach involves tackling social isolation by connecting patients with support groups, addressing financial strain by identifying available resources, and offering emotional counseling to help patients cope with the psychological burden of ESRD. This holistic strategy ensures that patients receive support on multiple levels, not just medically but also emotionally and socially, which is essential for their overall well-being.

However, the social workers acknowledge that their ability to intervene is sometimes constrained by financial limitations. While they may not always be able to directly resolve every financial issue faced by patients, they remain dedicated to their patient's well-being. They act as a bridge, helping patients access financially or support groups, and provide emotional support as patients navigate complex situations. Despite these limitations, social workers strive to be a consistent source of support, empowering patients to manage their challenges and enhance their overall quality of life.

The SW 2 participant in her own words:

“Our intervention in ESRD patients goes far beyond the typical healthcare circle. We recognize that end-stage renal disease (ESRD) impacts not just a patient's physical health, but also their emotional well-being and social life. By digging deeper, we provide comprehensive psychosocial support.”

The social work interventions for ESRD patients extend beyond traditional healthcare, addressing the root causes of their challenges. This includes connecting patients with support groups to combat social isolation, exploring financial resources to alleviate financial strain, and offering emotional counseling to help them cope with the emotional burden of ESRD. This holistic approach ensures that patients receive support not only medically but also on a psychosocial level, which is crucial for their overall well-being. While ideal, our interventions can sometimes be limited by financial constraints, and we may not always be able to directly address every financial burden.

The SW 1 participant also in her own words:

“Our commitment to patient well-being remains unwavering. We act as a bridge, connecting patients to available resources like financial aid programs or support groups. We offer emotional support and guidance as they navigate complex situations”. Even within these limitations, they strive to be a constant source of support, empowering patients to manage their challenges and improve their overall quality of life.

4.10.2 Empowering ESRD Patients through Holistic Support

One of the most crucial social work interventions in the dialysis department is empowering end-stage renal disease (ESRD) patients through comprehensive support. Despite the significant challenges posed by chronic kidney disease, social workers strive to equip patients with the knowledge, skills, and resources they need to manage their condition effectively. By addressing both the physical and psychosocial aspects of ESRD, social workers empower patients to take an active role in their care, improve their quality of life, and build resilience.

Social workers empowered ESRD by connect patients with support groups and community resources to foster social connections and reduce feelings of isolation, they offer counseling and support to patients and their families, helping them cope with the emotional and psychological impact of ESRD and They teach patients and their families healthy coping strategies to manage stress and improve overall well-being.

The SW 1 participants highlight that:

Our approach to caring for ESRD patients extends far beyond traditional medical treatment. We understand that this condition profoundly affects not only a patient's physical health but also their emotional and social well-being. To address these multifaceted challenges, we provide comprehensive psychosocial support, focusing on the underlying causes of their difficulties. This involves connecting patients with support groups to combat social isolation, exploring financial resources to alleviate financial strain, and offering emotional counseling to help them cope with the psychological burdens of ESRD. By addressing these interconnected aspects of their lives, we strive to empower patients to take control of their situation and improve their overall quality of life.

This study reinforces the importance of social worker interventions for ESRD patients. By providing comprehensive psychosocial support that goes beyond medical care, social workers can address the root causes of patients' challenges and improve their overall well-being.

Unit Five

Discussion, conclusion, and Implication

5.1 Psychosocial Challenges and Interventions

The study revealed that ESRD patients experience profound psychological distress, including anxiety, depression, and feelings of hopelessness. This is consistent with previous research indicating that chronic illnesses like ESRD can lead to significant emotional strain due to the constant fear of death, the physical discomfort associated with dialysis, and the overwhelming burden of treatment adherence (Patel, Peterson, & Kimmel, 2011). The presence of social workers in the dialysis unit has been instrumental in providing much-needed emotional support, counseling, and practical assistance, thereby alleviating some of these psychological burdens.

Social workers utilize a variety of therapeutic interventions, such as counseling and peer support groups, which help ESRD patients manage their emotional stress and foster a sense of community among them. These interventions are in line with the biopsychosocial model, which emphasizes the importance of addressing psychological and social factors alongside physical health to improve overall patient outcomes (Engel, 1977). However, the findings also suggest that there is a need for more tailored psychological interventions to address specific fears related to disease progression and treatment side effects.

5.2 Financial Burden and Support Mechanisms

The financial burden associated with ESRD is considerable, given the high costs of ongoing dialysis treatment, medications, transportation, and specialized diets. Despite the provision of free dialysis treatment at Menelik II Referral Hospital, patients continue to struggle

with the indirect costs of managing their condition. This finding is consistent with studies conducted in similar low-resource settings, where financial constraints significantly impact patients' access to comprehensive care (Kassa et al., 2020).

The financial impact of ESRD treatment is widely documented, particularly in resource-limited settings where dialysis and related healthcare costs are prohibitive (Dan et al., 2018; Kassa et al., 2020). Findings from this study confirm the heavy financial strain on ESRD patients in Ethiopia, where expenses for medications, transportation, and special diets often exceed family budgets. The partnership with Yeabe Medical Private Center at Menelik II demonstrates a model for resource-sharing to address financial gaps, supporting research findings that collaborative efforts can reduce treatment costs and improve access (Seifu et al., 2023).

Adding to this, Gebrie et al. (2023) highlight the relentless financial drain faced by ESRD patients, with costs extending beyond direct medical expenses. Patients often bear significant transportation costs due to frequent hospital visits, adhere to special diets that are more costly, and purchase multiple medications essential for their survival. This economic strain forces some patients to sell personal belongings or deplete their savings to afford the necessary care. The findings indicate and support the literature that ESRD patients often lose their savings and become extremely poor due to the financial demands of the disease.

The study's findings suggest that improving access to affordable and high-quality healthcare, along with targeted financial support programs, is crucial for alleviating the financial burdens faced by ESRD patients. Developing sustainable funding mechanisms and expanding insurance coverage could play a significant role in addressing these issues. Moreover, Social workers have been pivotal in helping patients navigate these financial challenges by connecting

them with available resources, such as financial aid and community support programs. However, the study suggests that more robust financial support systems are needed to ensure patients can access necessary medications and other essential services without financial hardship. Future policies should consider expanding insurance coverage and providing subsidies for associated healthcare costs to reduce the financial burden on patients and their families.

5.3 Cultural and Religious Considerations

The literature review highlights that cultural beliefs and religious values play a significant role in shaping ESRD patients' attitudes toward treatment and adherence. Studies by Kasahun et al. (2022) reveal that some patients view illness and treatment through a religious lens, which can either encourage adherence or result in resistance to medical interventions. This study's findings confirm that religious beliefs impact the experiences of ESRD patients at Menelik II, with some viewing their treatment as divinely influenced while others perceive illness as a form of divine punishment. Social workers at Menelik II are instrumental in navigating these complex beliefs by integrating culturally sensitive education to support adherence, echoing findings from Betancourt et al. (2003) on the importance of culturally competent care

Cultural and religious beliefs significantly influence patients' health behaviors and their adherence to treatment protocols. The study found that many patients rely on religious practices, such as consuming holy water, which can conflict with medical advice to limit fluid intake. This highlights the importance of culturally sensitive care that respects patients' beliefs while encouraging adherence to medical recommendations (Gebrie et al., 2023).

Social workers are in a unique position to bridge the gap between medical requirements and cultural practices. By providing education that integrates cultural competence, social

workers can help patients understand the importance of adhering to their treatment plans while respecting their cultural and religious beliefs. Developing culturally tailored educational materials and training healthcare providers in cultural competence could further enhance the effectiveness of these interventions.

5.4 Role of Hospital Social Workers:

Both the literature and the findings of this study underscore the essential role of hospital social workers in providing holistic care to ESRD patients. The literature reveals that social workers are vital in offering emotional support, counseling, and resource coordination, particularly in chronic illness management (Levin et al., 2007). At Menelik II, social workers were found to perform similar roles, facilitating access to financial support, advocating for patients, and building strong relationships that empower patients to manage the emotional and practical challenges of ESRD. This aligns with studies by Beder (2013) and others, who stress the importance of social workers in multidisciplinary healthcare teams to address the comprehensive needs of chronic patients

Hospital social workers play a pivotal role in addressing the psychosocial needs of ESRD patients. They provide essential services such as counseling, resource navigation, and community outreach programs, which are vital for improving patients' well-being. The research findings indicate that social workers help bridge the gap between medical treatment and holistic care, offering emotional support and practical assistance to patients and their families (Atnafu et al., 2022).

5.5 Systemic and Structural Challenges

The literature notes that systemic barriers such as limited healthcare resources, high patient-to-social worker ratios, and lack of specialized training undermine the effectiveness of

psychosocial support for ESRD patients (Griva et al., 2009; Tadesse et al., 2021). Findings from Menelik II highlight similar structural challenges, including restricted access to advanced resources, limited availability of dialysis machines, and financial constraints that strain social workers' capacity to provide optimal support. These findings reinforce the need for policy reforms and increased funding for psychosocial services, as advocated by Mrazek et al. (2014), to improve healthcare outcomes for ESRD patients in resource-limited settings like Ethiopia.

5.6 Conclusion

The study reveals the profound impact of End-Stage Renal Disease (ESRD) on patients, emphasizing the necessity for comprehensive psychosocial support alongside medical treatment. The findings at Menelik II Referral Hospital in Addis Ababa indicate that ESRD patients face significant emotional, social, and financial challenges. These challenges include psychological stress, social isolation, and substantial financial burdens due to the high cost of hemodialysis and related treatments. The integration of hospital social workers into the care teams has been identified as crucial in addressing these multifaceted needs. Social workers provide vital services such as counseling, resource navigation, and support in managing the psychosocial aspects of the disease.

However, the current healthcare system in Ethiopia faces significant barriers that hinder the provision of adequate psychosocial services. The study underscores the need for policy reforms that support the inclusion of social workers in healthcare teams and ensure sufficient funding for these services. Additionally, the research highlights the importance of addressing the financial impact of ESRD, suggesting the need for improved healthcare funding and insurance coverage to alleviate the economic burden on patients and their families. The role of cultural and

religious beliefs in patient care is also noted, with the need for culturally sensitive interventions that respect individual beliefs and practices.

Therefore, the study calls for a holistic approach to ESRD treatment that integrates medical, psychosocial, and economic support. By addressing these comprehensive needs, healthcare providers can significantly improve the quality of life for ESRD patients, ensuring a more supportive and effective care environment.

5.7. Implication of the study

5.7.1 Implication for Social Work Practice

Social workers play a critical role in addressing the psychosocial aspects of health, particularly for patients with chronic illnesses like End-Stage Renal Disease (ESRD). They provide comprehensive support that goes beyond medical care, including counseling to address emotional challenges, connecting patients with support groups, exploring resource options for financial strain, and offering emotional counseling. This holistic approach ensures patients are supported both medically and psychosocially, improving their overall well-being.

It is challenging to provide effective social work services, as the findings indicate that social work roles are currently by psychology graduates. The hospital requires trained social workers to fully meet the needs of ESRD patients also the study reveals a need for additional training in areas like cognitive-behavioral therapy, cultural competence, and chronic disease management, which would allow social workers to offer more specialized care tailored to the needs of ESRD patients. Expanding these capabilities would strengthen social workers' effectiveness in helping patients adhere to treatments and maintain mental resilience.

5.7.2 Implication for Policy

The findings of this study underscore the need for a more holistic approach to ESRD care that incorporates not only medical treatment but also psychosocial support, financial assistance, and cultural competence. Hospital social workers are vital in providing comprehensive care to ESRD patients, but there are opportunities to enhance their role through additional training and resources.

The study highlights systemic challenges, such as limited access to financial resources and insufficient healthcare infrastructure, which hinder effective psychosocial support for ESRD patients. Policymakers must recognize the importance of integrating psychosocial services within healthcare policy frameworks, particularly for chronic disease care, to ensure a holistic approach. Improved government support for psychosocial services in public hospitals would not only enhance patient outcomes but also reduce healthcare disparities by making these essential services more accessible.

5.7.3 Implication for Research

This study points to several areas for further research, particularly in evaluating long-term outcomes of psychosocial interventions for ESRD patients. Comparative studies examining different models of psychosocial support across hospitals could offer insights into best practices, while studies on the impact of culturally tailored interventions would help refine approaches for diverse patient populations. Further research can also assess the effectiveness of multidisciplinary approaches and inform better integration of psychosocial care within healthcare systems.

5.7.4 Implication of Social Work for Education

Education for social workers should include training on the psychosocial aspects of chronic illnesses and the importance of holistic care. This includes understanding the social determinants of health, advanced care planning, cognitive-behavioral therapy, and self-management training. Educational programs should also emphasize the importance of collaboration with healthcare professionals to provide comprehensive care for patients.

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Appendix

I Annex

Study Title: Psychosocial Support and Intervention by Hospital Social Work for End-stage Renal Diseases Patients: The Case of Menelik the II referral Hospital, Addis Ababa

Researcher: Tinbit Minyashal Phone No - 0902413817 Gmail- tinbit2018@gmail.com

Introduction

You are invited to participate in a research study conducted by Tinbit Minyashal as part of a Master's Thesis at Addis Ababa University School of Social Work. Before you decide whether to participate, you need to understand the study's purpose, procedures, and any potential risks or benefits involved. Please read this information carefully, and feel free to ask any questions.

Purpose of the Study

This study aims to assess the psychosocial support and interventions provided by hospital social workers for patients with end-stage renal disease (ESRD) at Menelik II Referral Hospital in Addis Ababa, Ethiopia. The focus is to understand the roles, challenges, and effectiveness of social workers in helping ESRD patients cope with the social and emotional burdens associated with their treatment, especially as these patients often face considerable psychological, social, and financial challenges.

Procedures

If you agree to participate, you will take part in one-on-one interviews lasting approximately 25 minutes. These interviews will explore your experiences and perceptions regarding the support provided by hospital social workers. The information will be gathered in the form of responses to open-ended questions, allowing you to share your views freely. Observational data may also be collected to capture the environment and interactions within the dialysis department.

Voluntary Participation and Withdrawal

Your participation in this study is completely voluntary. You may refuse to participate or withdraw at any time without any penalty or loss of benefits. You may also choose not to answer specific questions.

Risks and Benefits

There are minimal risks associated with this study. Some interview questions may touch on sensitive topics regarding your experiences with illness and support systems, which might cause discomfort. You are free to skip any questions that make you uncomfortable. The insights gained from this study could help improve psychosocial support services for ESRD patients, potentially leading to better healthcare policies and support systems that address patients' comprehensive needs.

Confidentiality

Your responses will remain confidential, and any personal information will be anonymized to protect your identity. Data collected will be securely stored, and accessible only to the researcher and their advisor. All information will be reported in aggregate, and no identifying details will be disclosed in any reports or publications.

Consent Statement

I have read and understood the information provided above. I voluntarily agree to participate in this study and understand that I can withdraw at any time.

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

II Annex

In-depth interview questions for End-Stage Renal Disease Patients

1. Background information

- a) Age
- b) Sex
- c) Place of birth
- d) Family status
- E) Education Background
- F) Employment Status

2. Hospital visiting hours for the treatment of hemodialysis

- a) Why and how did you come to the hospital? What is your health or other problem you are facing currently? For how long often do you receive the dialysis service? How often you come for the service?
- b) What are the major problems that you faced with these diseases in terms of physiological, social, economic, cultural, and religious?
- c) Have you ever had a problem with medication or treatment adherence? Explain
- d) Have you ever received counseling from social workers in terms of medication or treatment adherence? Explain
- f) What are the available services in the dialysis department that are accessible to you? what is the Psychosocial Support that you are receiving from the social workers?
- g) Are you satisfied with the dialysis department services provided to you? Explain.
- h) How do you feel about the social work intervention in Psychosocial Support, which addresses your holistic treatment?

III Annex

In-depth interview questions for hospital social workers

1. Background information

- a) Age
- b) Sex
- c) Place of birth
- d) Educational Back ground
- e) Experiences

2 To assess the social work intervention on End-Stage Renal Disease Patients

- a) What professional services are available in the dialysis department from social workers?
Could you please describe them?
- b) What is your professional reflection on the available services provided by the hospital to this department?
- c) How would you assess the current activities undertaken and their effect on the well-being of ESRD patients from your professional point of view?
- d) What kind of psychosocial impact is faced by the patient? Explain the interims of social, economic, cultural, and religious.
- e) How can you manage to problem with medication or treatment adherence? Explain
- f) How quickly is the ESRD spreading throughout Ethiopia? how do social workers intervene in primary, secondary, and tertiary prevention mechanisms?
- g) One of the most effective mechanisms is to raise awareness about ESRD; therefore, are there any activities being carried out by social workers?
- h) Who are the stakeholders or other partners that are working in collaboration with the hospital social worker department to support the ESRD patients? How do you assess the collaboration?

- i) What kinds of intervention practices are undertaken in the dialysis department through the stakeholders or other partners that are working in collaboration with the hospital social worker department to support ESRD patients?
- j) There are 96 ESRD patients in the dialysis department at Menelik II Referral Hospital, so how can you manage holistic support with only two social workers?
- k) What do you think about the challenges and limitations of the hospital in practicing social work interventions in ESRD patients?
- l) What do you suggest to have better practices of social work interventions in the dialysis department?

IV Annex

In-depth interview for Key Informants: Health Providers

1. Background information

- a) Age
- b) Sex
- c) Place of birth
- d) Position
- e) Educational Back Ground
- f) Experiences/Professional Background

2 Experiences in the hospital the dialysis department

- a) What are your roles in the dialysis department? How do you see your role in achieving the goals of the holistic treatment for ESRD patients?
- b) How do you see social work intervention in this department? Explain
- c) What kind of service is given by health care providers during drug and treatment adherence? Explain
- d) What kind of challenges are faced by healthcare providers and social workers giving holistic support to ESRD patients?
- e) How do you see and understand the various problems and limitations that is given by health care providers and social workers?
- f) How do you describe the collaboration between healthcare providers and social workers in terms of giving support to ESRD patients?
- g) What would you suggest as better solutions for the observed problems in the department for improved achievements in the overall activities?
- h) What do you think are the challenges and limitations of the dialysis department in practicing social work interventions in the case of ESRD patients?

V Annex

OBSERVATION CHECKLIST

With the permission of patients and clients, social workers, and other informants, the researcher will note and observe the following

- The dialysis department setting in the hospital
- Throughout a patient's journey the researcher will observe the hospital social workers:

Building rapport and trust: Connecting with patients and families to understand their needs and concerns.

Comprehensive assessment: Gathering information about patients' social, emotional, and physical circumstances to identify potential challenges and resources.

Implementing interventions: Providing various forms of support, such as counseling, advocacy, resource connection, and crisis intervention, to address identified needs.

Facilitating discharge: Ensuring a smooth transition from hospital to home or other care settings, coordinating necessary services and support systems.

Continued support: Following up with patients and families after discharge to monitor progress and address any emerging issues.

- Hospital Social workers interact with clients, other professionals in the hospital, and different department
- Hospital Social workers' roles in the interdisciplinary medical teams during service provision to clients/ patients and collaboration with their partners/stakeholders

Thank you for your participation!!

Annex

ቃለ መጠይቅ ጥያቄዎች

መግቢያ

ጤናይስጥልኝ ስሜ ትንቢት ምንሻል እባላለሁ የመጣሁት ከአዲስ አበባ ዩንቨርሲቲ ማህበራዊ ስራ ትምህርት ክፍል ሲሆን የድህረ ምረቃ ትምህርት ተማሪ ነኝ። በሚኒሊክ ሪፎራል ሆስፒታል አዲስ አበባ የማህበራዊ ስራ ስራተኞች የኩላሊት በሽታ የመጨረሻ ደረጃ ህክምና ያላቸው ታካሚዎችን የሚደረግላቸው የ ማህበራዊ እና የስነ ልቦና ድጋፍ ጥናታዊ ፅሁፍ ለማከናወን ሲሆን ለዚህ ጥናታዊ ፅሁፍ ስለ ተገኛቹ በግል ላመሰግናችሁ እወዳለሁ።

ለጥናቱ ወጤታማነት የማህበራዊ ስራ ስራተኞች የኩላሊት በሽታ ህክምና ያላቸው አስተዋፀ ማህበራዊ እና የስነ ልቦና ድጋፍ በተመለከተ ጥያቄ አቀርብላቸዋለሁ

የኩላሊት በሽታ የመጨረሻ ደረጃ ህክምና ያላቸው ታካሚዎችን በተመለከተ ዳሰሳው

- በቤተሰብ ሕይወት ውስጥ
- በማህበረሰብ ውስጥ
- ከተለያዩ ባህላዊ እና ኢኮኖሚያዊ ዳራዎች ካሉ ሰዎች ጋር በማህበራዊ ግንኙነቶች ውስጥ
- እንዲሁም ለኩላሊት እጥበት ሆስፒታል በሄዱበት ወቅት ይመለከታል ።

ለ ሆስፒታሉ ማህበራዊ ስራተኞች በተመለከተ ዳሰሳው

- ስለ በሽታው ግንዛቤ በመፍጠር
- አስፈላጊውን ሀብት ፍለጋ እና የሀብረተሰቡ ተደራሽነት እንዲሁም
- የማህበራዊ ስራተኞች ጣልቃ ገብነት ስርዓት እና የዕርዳታቸው አስፈላጊነት ይመለከታል

ምስጋናዬን እየለገስኩ ለሚስጥራዊ ማረጋገጫቼህ የሚከተሉትን እንድታውቁልኝ እፈልጋለሁ

- በየትኛውም ሪፖርት እና ፅሁፍ ማንነቱ አይገለፅም
- ከየትኛውም ቃለ መጠይቅ በፊት የእርሶ ፈቃድኝነት ይፈለጋል
- ማንነቱ በተመለከተ የገለፁበት እንደ ስም የመሳሰሉ ዝርዝር አይገለፅም
- የተመዘገበው ደህንነቱ በተጠበቀ የተቆለፈ ቦታ ይቀመጣል

ለመጨረሻው ደረጃ የኩላሊት በሽታዎች የተደረገ ጥልቅ ቃለ መጠይቅ

1. የዕድገት መረጃ

ሀ/ዕድሜ

ለ/ ያታ

ሐ/የትውልድ ቦታ

መ/ የቤተሰብ ሁኔታ
2. ለኩላሊት እጥበት የሆስፒታል ቆይታ ሰዓቶች

ሀ/ እንዴት እና ለምን የሆስፒታል መጣህ/ሽ? አሁን ያለህ/ሽ የጤና ሁኔታ እንዴት ነው? በአሁኑ ሰዓት ያለ የጤና እክል አለ? ለሌሎች እጥበት ምን ያህል ጊዜ ቆይተሃል/ሻል?

ለ/ በሽታውን በተመለከተ የደረሰብህ/ሽ ስነ -ልቦናዊ ፤ ማህበራዊ፤ ባህላዊ፤ ምጣኔ ሃብታዊ ፤ እና ሃይማኖታዊ ተፅእኖ አለ?

ሐ/ በህክምና ወይም መታከም ላይ የደረሰብህ/ሽ ችግር አለ//* ግለፅ

መ/ በህክምና ወይም መታከምን በተመለከተ ከማህበራዊ ሰራተኞች የተቀበልከው የምክር አገልግሎት አለ// ግለፅ

ሰ/ በዳያሊስስ ክፍል ውስጥ ለእርስዎ ተደራሽ የሆኑ አገልግሎቶች ምንድናቸው///

ከማህበራዊ ሰራተኞች ያገኘህው የስነ ልቦና ድጋፍ ምንድነው///

ረ/ ለእርስዎ በሚሰጥዎ የዳያሊስስ ክፍል አገልግሎት ረክተዋል? አብራራ::

ሸ/ ለጠቅላላ ህክምና የስነ ልቦና እና የማህበራዊ ድጋፍ የ የማህበራዊ ሰራተኞች ጣልቃ ገብነትን እንዴት አየህው//

ማጣቀሻ 2

ለሆስፒታሉ ሰራተኞች የተደረገ ጥልቅ ቃለ መጠይቅ ጥያቄ

1. የዕድገት መረጃ

ሀ/ ዕድሜ

ለ/ ያታ

ሐ/ የትውልድ ቦታ

መ/ የትምህርት ደረጃ

ሰ/ የስራ ልምድ

2.. ለመጨረሻ የኩላሊት በሽታ በሽተኞች የማህበራዊ ሰራተኞች ጣልቃ ገብነት ግምገማ

ሀ/ ከኩላሊት እጥበት ክፍል ለማህበራዊ ሰራተኞች የሚኖር ምን ሙያዊ አገልግሎት አለ// ልትገልጻቸው ትችላለህ//

ለ/ ሆስፒታሉ ለዚህ የስራ ክፍል ለሚሰጠው አገልግሎት ምን ሙያዊ እይታ አለህ///

ሐ/ ካለህበት ሙያ አኳያ አሁን ያሉ እንቅስቃሴዎችን እና በኩላሊት በሽተኞች ላይ ያለውን ተፅእኖ እንዴት ትገመግመዋለህ/ሽ //

መ) በመድሃኒት ወይም በህክምና ላይ ያለውን ችግር እንዴት መቋቋም ይችላሉ? ግለፅ

ሰ) በሽተኛው የሚያየው የስነ ልቦና ተፅዕኖ ምን ዓይነት ነው// ግዚያዊ ማህበራዊ፤ ኢኮኖሚያዊ፤ ባህላዊ እና ሃይማኖታዊ ተፅዕኖችን ግለፅ

ረ/በህክምና ወይንም መታከም ላይ የደረሰብህ/ሽ ችግር አለ//* ግለፅ

ሸ/ የኩላሊት በሽታ በምን ያህል ፍጥነት ኢትዮጵያ ውስጥ እየተስፋፋ// መልሱ አዎ ከሆነ ማህበራዊ ሰራተኞች የመጀመሪያ ፤ ሁለተኛ እና ሶስተኛ መካከል ሂደት ላይ ያላቸው ሚና ምንድነው//

ቀ/አንደኛው ውጤታማ መንገድ ስለ ኩላሊት በሽታ ግንዛቤ መስጠት በዚህ ምክንያት በማህበራዊ ሰራተኞች የሚሰሩ ስራ አለ ማለት ነው//

በ/ የESRD ታካሚዎችን ለመደገፍ ከሆስፒታሉ ማህበራዊ ሰራተኛ ክፍል ጋር በመተባበር የሚሰሩ ባለድርሻ አካላት ወይም ሌሎች አጋሮች እነማን ናቸው? ትብብርን እንዴት ይገመግማሉ?

ተ/ በዳግማዊ ምኒልክ ሪፈራል ሆስፒታል እጥበት ክፍል ውስጥ 96 የESRD ሕመማን አሉ፤ ታዲያ በሁለት የማኅበራዊ ጉዳይ ሠራተኞች ብቻ ሁለንተናዊ አካሄድን እንዴት መምራት ይቻላል?

ረ/የኩላሊት በሽታ በሽተኞች ለመደገፍ የማህበራዊ ሰራተኞች ጣልቃገብነት የሆስፒታሉ ተግዳሮት እና ውስንነት ምንድነው//

ቸ/ በሆስፒታሉ የኩላሊት እጥበት ክፍል ውስጥ የማህበራዊ ሰራተኞች ሊኖራቸው የሚገባ ሚና ምንድነው ብለህ ታስባለህ//

ማጣቀሻ 3

ለበሽተኛ ተንከባካቢዎች የተደረገ ጥልቅ ቃለ መጠይቅ ጥያቄ

1. የዕድገት መረጃ

ሀ/ ዕድሜ

ለ/ ያታ

ሐ/የትውልድ ቦታ

መ/ የትምህርት ደረጃ

ሰ/ የስራ ልምድ

2/ በሆስፒታሉ የኩላሊት እጥበት ክፍል ውስጥ ያላቸው የስራ ልምድ

ሀ/በኩላሊት እጥበት ክፍል ውስጥ ያለዎት ሚና ምንድነው///የኩላሊት እጥበት ታካሚዎች ሁለንተናዊ ህክምና ለማሳካት ያለዎት ሚና ምንድነው///

ለ/በዚህ ክፍል ውስጥ የማህበራዊ ስራተኞችን ጣልቃገብነት እንዴት ያዩታል// ግለፅ

ሐ/ መድሃኒት እና ህክምና በሚሰጥበት ጊዜ የጤና ተንክባካቢዎች ምን ዓይነት አገልግሎት ነው የሚሰጡት//ግለፅ

መ/በጤና ተንክባካቢዎች እና በማህበራዊ ስራተኞች ያለባቸው ውስንነት እና ችግርን እንዴት ትረዳዋለህ//

ሰ/ሁሉንም እንቅስቃሴዎች የተሻለ ግብ እንዲኖራቸው በክፍል ውስጥ ያሉ ችግሮች እንዲሻሻሉ ምን ትመክራለህ

ረ/የኩላሊት በሽታ በሽተኞች ለመደገፍ የማህበራዊ ስራተኞች ጣልቃገብነት የሆስፒታሉ ተግዳሮት እና ውስንነት ምንድን ነው//

ለተሳትፎዎ እናመሰግናለን!!

የታየ የማረጋገጫ ዝርዝር

በበሽተኞች፣ ደ ነበሮች፣ የማህበራዊ ሰራተኞች፣ እና ሌሎች የሚመለከታቸው ሰዎች ጥናቱ የሚከተለውን ተመልክቷል

- በሆስፒታሉ ውስጥ ያለውን የኩላሊት እጥበት አቀማመጥ

- በበሽተኛው የህክምና ሂደት የጥናቱ ባለቤት የሆስፒታሉ ማህበራዊ ሰራተኞች ይመለከታል፤ ተአማኝነት ያለው ሪፖርት ያጠናክራል፤ የበሽተኞች ፍላጎት እና ጉዳያቸውን ለማወቅ ከበሽተኞች እና ቤተሰቦቻቸው ጋር ግንኙነት ይፈጥራል።

- ጥልቅ ግምገማ፡ ስለ በሽተኛው ማህበራዊ፣ አካላዊ እና ስሜት መረጃ ይሰበስባል፤ ችግሮቹን ከነምንጮቻቸው ይለያል።

- የትብብር ዕቅድ፡ በጤና ቡድን ውስጥ በመስራት የህክምና እና የማህበራዊ ሰራተኞችን የሚመለከት ዕቅድ ያዘጋጃል ይህም በሽተኛው ጤንነት እና ማገገምን ማዕከል ያደረገ ነው።

- ጣልቃገብነትን ትግበራ የተለያዩ ዓይነት ድጋፍ መስጠት፡ ለምሳሌ ያህል የምክር፣ ድጋፍ፣ የአቅርቦት ግንኙነት መፍጠር፣ ጉዳት ማስወገድ፣ የተለየ ፍላጎትን ማየት፣ በሽተኛ ሲወጣ ማስተባበር፣ ከሆስፒታል ወደ ቤት ወይንም ወደ ሌላ ማዕከል ያለውን ሽግግር ማሳለጥ አስፈላጊ ድጋፍ እና አገልግሎቶች ማስተባበር፤ ቀጣይነት ያለው ድጋፍ በሽተኛው ከወጣ በሃላ አዲስ ሁኔታ መከሰቱን ለማየት ክትትል ማድረግ

- የሆስፒታሉ የማህበራዊ ሰራተኞች ክሊኒኮች፣ የሆስፒታሉ ባለሙያዎች እና የተለያዩ ክፍሎች ጋር ያላቸው ግንኙነት

- ለደንበኞች ወይንም በሽተኞች በሚሰጠው አገልግሎት በህክምና ቡድን ውስጥ ላለው የውስጥ ዲሲፕሊን የሆስፒታሉ ማህበራዊ ሰራተኞች ያላቸው ሚና እና ከሌሎች ባለድርሻ አከላቶች ጋር ትብብር ማድረግ