

## Examining patient distress and need for support across UK renal units with varying models of psychosocial service delivery: a cross-sectional survey study

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### Background

Internationally, whilst calls for collaborative renal care models are increasing, large variations in the availability and type of renal psychosocial care have been reported across and within countries<sup>1</sup>. In the UK, a general renal psychosocial care model is lacking, reflecting a dearth of empirical studies on the delivery of these services that can inform evidence-based staffing standards and regulations<sup>2</sup>.

### Methods

This cross-sectional survey study is the first to examine in-centre haemodialysis patients' distress (as measured with the Distress Thermometer) and perceived need for support across seven main renal units with varying models of psychosocial service provision, in England, Wales and Scotland.

### Results

48.9% (95% Confidence Interval (CI): 44.5 – 53.4) of 509 respondents were categorised as experiencing distress. A significant association between distress and models of renal psychosocial service provision was found ( $\chi^2(6)=15.05$ ,  $p = .019$ ). Multivariate logistic regression showed that patients in units with higher total psychosocial staffing ratios [odds ratio (OR) 0.65 (95% CI 0.47-0.89);  $p=0.008$ ] and higher social work ratios [OR 0.49 (95% CI 0.33-0.74;  $p=0.001$ ) are less likely to experience distress, even after controlling for demographic variables. In addition, a higher patient-reported unmet need for support was found in units where psychosocial staffing numbers are low or non-existent ( $\chi^2(6)= 37.80$ ,  $p<0.0001$ ).

### Conclusions

The novel findings emphasise a need for increased incorporation of dedicated renal psychosocial staff into the renal care pathway. Importantly, these members of staff should be able to offer support for psychological as well as practical and social care related issues.