Labor reintegration: approach to the reality of the transplanted patient

Abstract

Introduction: The quality of later life following kidney transplantation needs to be evaluated objectively, outplacement can be used as a tool to measure, however re-entry to the labor activity can be influenced by different variables even before the transplant.

Objective: To describe labor aspects of renal transplant patients transplant program at the Hospital of San José. **Methodology:** This is a descriptive study of crosscut, a validated tool for data collection in transplant patients attending follow - up monitoring program transplant Hospital San Jose in the first half of 2015 was used. For this project a total sample of 178 kidney transplant patients who applied within the inclusion criteria was taken, of which two patients were excluded due to incomplete filling of informed consent. S and developed in accordance with the Declaration of Helsinki international principles and resolution 8430 of 1993 Ministry of Health of Colombia considers this a research study with minimal risk.

Results: 55.1% of the population was male, 27.8% are university graduates, 46.6% are married, 48.8% were adult. 64.2% reported having started to work after kidney transplantation.

Conclusion: Characteristics such as male sex, young adult and free union, equal to or greater at higher education level, positively influence the reemployment of patients Transplant post and kidney. The underlying disease and family function had little influence on labor reintegration.

Keywords: transplant kidney, labor, return to work, quality of life

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Introduction

The term chronic renal failure is described as the process irreversible, intense and constant in the number of nephrons decrease and typically corresponds to the stages or steps 3 to 5 of CKD,¹ the presence of alterations in the structure or renal function during the less three months and with implications for health. HE It classifies according to the categories of FG, albuminuria and according to its aetiology.

Advanced chronic kidney disease (CKD) includes stages 4 and 5. Thus defined as chronic renal disease with serious decrease in glomerular filtration rate (GFR<30 ml/min).²

Therefore the human kidney transplant is the treatment of choice for advanced chronic renal failure, their focus of attention by the Transplantation Group is constituted by conditions of the donors and recipients of kidneys, both in the area of cadaver and live donation, with special attention to kidney transplant techniques, monitoring of cases and necessary treatments in the postoperative immediate and long term, together with the services of Urology and Nephrology, in a plan designed by each medical center and under a state program that ensures its order, fairness and legality.³

In Colombia, the Organ and Tissue Donation and Transplant Network is the set of entities related to the donation and transplant processes in the country. The National Institute of Health through Resolution 214 of March 2005, and in accordance with Decree 2493 of August 4, 2004, creates the donation and transplant group, which is in charge of the National Coordination of the Network Donation and

Transplant.⁴

Kidney transplantation is the treatment of choice for patients with advanced kidney disease, since it offers lower mortality rates and improves the quality of life compared to dialysis. The concept of rehabilitation, especially after renal transplantation has been developed, and return to work is now regarded as an objective measure of full recovery after transplantation.⁵ In a recent systematic review, return to work and other activities of life were more likely to be achieved by kidney transplant recipients compared with⁵ dialysis patients. Similarly, it is necessary to incorporate the transplanted patient into the activities of daily life, family and social incorporation, and each of those aspects that allow the patient to maintain lifestyles similar to those they maintained before transplant, including work activities in June. Thus, in transplant patients who value their health status as perfect the work situation is very similar to that maintained before being on dialysis, which highlights the importance of preventing the abandonment of work.

Objective

Describe labor aspects of renal transplant patients transplant program at the Hospital of St. Joseph in the first half of 2015 in the city of Bogotá.

Method

This is udio was descriptive and cross sectional character, which became part of the macro project evaluation social support network of transplant patients the hospital transplant program in San Jose

during 2015. The data collection was done anonymously, and with prior informed consent, made by graduate students of nursing and a resident of family medicine. It structured by the research team that addressed sociodemographic and labor aspects instrument was used.

Was sampled all kidney transplant patients included in the program Transplant Hospital of San José attending regular monitoring control during 2015, studied at the macro project, excluding patients who did not accept to belong to the study, They not informed consent and those with incomplete questionnaires. For analysis of the data shall Excel 2010 table.

Ethical considerations

This protocol was developed in accordance with international principles of the Nuremberg Code, Declaration of Helsinki, the Belmont report and according to resolution 8430 of 1993 Ministry of Health of the Republic of Colombia considers this a research study with minimal risk therefore it is elaborated informed consent. In compliance with Article 6 research it was developed in accordance with scientific and ethical principles that justify it. The data collection form and informed consent form were reviewed and approved by the ethics committee and research faculty of Medicine FUCS

Results

For this project a sample of 178 total trasplantados kidney patients who applied within the inclusion criteria, of which two patients were excluded because of incomplete diligenciamiento informed consent was taken. The characteristics are described in Table 1. The sociodemographic characteristics of these patients, the average age was 47.5 years (SD 12.14). 55.1% (97) were men. Of the sample of this study, 48.8% (86) of the patients were in the mature adult stage, of which 46.6% (82) are married and another 22.7% (40) are in free union. Within the study population 27.8% (49) had university studies, 20.4% (36) with full secondary is found. The distribution of occupation shows in the patients independent work 36.9% (65), employed 26.3% (46), and another 16.4% (29) is occupied in the home. He 64.2% (113) of the patients in the present study reported having had a job reinsertion, while the 35.8% (63) remaining states have not started to work. With respect to the perception that patients have of the income of their resources, 59.1% (104) state that they are the product of their work activity, 22.1% (39) report having no income and another 18.7% (33) refers income through pension, disability or various types of income. Within the analysis of the variables of labor insertion by sex, it is found that 73.2% (71) of the men had a labor insertion after the transplant, on the contrary with women this figure drops to 53.2% (42). In the same way, within the present study it is observed that at a higher educational level, there was a greater post-transplant labor insertion, the reintegration of the work reflected in university students is of 75.5% (37), decreasing in technicians to 73.1% (19) and in bachelors to 66.6% (24).

Regarding the labor reintegration and marital status of renal transplant patients for this study, it shows that 45.1% of the people who entered the labor activity (51) were married, 25.6% were in a free union (29), singles another 20.3% (23) while among the separated, divorced and widowed barely added 8.8% (10). When carrying out the specific analysis for each civil status, it reveals that within this investigation the married kidney transplant patients re-entered to work in 62.2%, for those living in free union they re-entered in 72.5% and in the singles, data that decreases slightly in the separated and widowed.

Table 1 Distribution of sociodemographic characteristics of kidney transplant patients

Variables	n	%
Sex		
Male	97	55.1
Female	79	44.9
Education level		
1st incomplete	19	10.7
1st full	27	15.6
2nd incomplete	19	10.7
2nd full	36	20.4
Technical	26	14.7
academic	49	27.8
Occupation		
Independent	65	36.9
Employee	46	26.3
Home	29	16.4
Retired	16	9.1
Cesante	9	5.1
Unemployed	6	3.4
Other	4	2.7
student	1	0.5
Labor reinsertion		
Yes	113	64.2
Do not	63	35.8
Perception of resource income		
By work activity	104	59.1
By pension	22	12.5
Work activity+Pension	8	4.5
Inability	2	1.1
Work activity+Pension+Disability	1	0.6
Does not receive own economic income	39	22.1

When analyzing the labor reintegration according to the individual life cycle shows that of the transplanted young adult patients began their work activities 78.4%(58), mature adults 59.3%(51), while only 26.7%(4) of the older adults began to work after the transplant. Of the 113 patients admitted to work after kidney transplantation, 51.3% are young adults.

Of the patients who participated in the study and started work activities after the transplant (113), it was higher in those who did not know the cause of CKD with 38.1% (43), followed by the group of patients with chronic diseases (DM, HTN) 36.3% (41), the other patient groups with diseases of the study comprise 25.6%. However, among the 58 patients with unknown underlying disease, 74.1% (43) began to work while 25% (15) of these patients did not start working again.

Discussion

The study made it possible to demonstrate some findings regarding the re-employment of renal transplant patients at the San José hospital in the first period of 2015. However, when carrying out the bibliographic search, the availability of reference material on the specific topic is limited of labor reinsertion in renal transplant patients in Colombia.

Returning to what was mentioned by Leila E et al. "Kidney transplantation is the medical treatment of choice for advanced renal disease. Improves life expectancy and quality of life, compared to dialysis. The preservation of jobs before transplantation and the resumption of work after a successful transplant is crucial from the economic point of view and self-esteem of the receiver. " In agreement with what De Baere et al.⁶ mentions regarding the use of the return to the work rate and social participation as more objective measures to measure the quality of life of the transplanted patients.

In the study by Sijrke F et al. found that women post renal transplantation have less participation in social activities, but clarifies that sex was not a significant predictor in the study, a concept shared by Messias A et al.⁵ however, in this study there is a difference to some extent between patients who began their post-work activities transplant being greater contribution by men, like the study of De Baere et al.⁶ where the variable sex is a key factor to initiate work after the transplant. It should be noted that the previous studies had a greater approach to predictive variables for the start of work.

Regarding the variable of educational level, in this study it is evident that the opportunity to work increases in the transplanted patients who have more education, with respect to those in which they have not passed secondary school or incomplete. The same result was evaluated in studies of Leila E et al. & M Eng et al.⁷ where higher education favoured the labor re-entry in transplant patients. Slakey et al.⁸ in their study disability after kidney transplantation: the link to drug coverage, failed to establish the perception of disability in transplant patients in relation to education, although like the other studies mentioned, it improves the onset in the work force. Within the study population of Sijrke et al. observed that patients with more education also have higher levels of social participation including mandatory work activity.

During the development of the present study having a stable relationship (married and free union) and having a job was a relevant fact, since they account for 70.7% of the patients studied with labor reintegration, however, due to the type of study you can establish how many of these relationships were formed before the kidney transplant. De Baere et al.⁶ in its study were more likely to enter the workforce if transplanted patients were married. On the other hand, as noted by Eng M et al.⁷ marital status does not appear to influence the work start, it was more important to you variables such as age, sex, type of donor, educational level, among other variables that are not They took for this investigation.

A key for the start of work activities after a kidney transplant factor was age, demonstrated both in this research and other studies. Messias A et al.⁵ is on the other hand, that younger patients are more likely to find a living donor and within the same study, a decrease of 4% was observed in the probability of return to work for each year of age. Leila E. Gual I concluded that people over 50 years with a longer period of 1 year pretransplant dialysis has a negative impact on labor activity after transplantation.

Despite the fact that in this study no greater difference was

observed with respect to labor income according to the underlying disease, which shows a scarce difference between patients who do not have a clear diagnosis on those who have a chronic disease, the studies Messias A et al.⁵ & Matas A et al.⁹ found that in patients with diabetes the chances of finding a job post transplant decreased.¹⁰⁻¹²

Conclusion

The present study demonstrates the effectiveness of renal transplantation in the reintegration of kidney transplant patients. Specifically in those patients, who are in the cycle vita individual young adult, with a high educational level, with a stable affective relationship (for this study married or free union), they have significantly higher labor reintegration rates compared to other similar studies. In this sense, nursing care must be planned from the moment the patient makes the decision to start the transplant processes, nursing must value and guide objectives and integral goals for the benefit of the patient, this in order to favour the care of the same, guaranteeing the quality of life of the patient and his family. It can also perform motivational interventions in patients of productive age for independent work or through associations to generate contact and contribute to the reintegration into the workforce of patients who do not easily access it.

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Conflict of interest

The author declares no conflict of interest.

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