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# **The social and psychological problems experienced by people with chronic diseases in Algeria (Patients with kidney failure as a model)**

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**Abstract**---The chronic diseases constitute pathological social phenomena as they have an impact on the organic construction for individuals; They make their roles and functions in the society regress and weak due to the results made by these diseases on their social, psychological, and economic lives as well. They make several problems which lead to struggles be it the patient with himself or with people surrounding him. Amongst the most known and dangerous diseases is kidney failure which is included at the last stage of kidney disease; The kidney completely loses its function and work leading by this to dialysis with medical equipments and apparatus. Undoubtedly, the patient, at the time of being acquainted with the disease, is exposed to psychological trauma such as: not accepting and not adapting to the disease. Following by social problems by time owed to the fact that the patient will not play his ordinary role whether inside the family or outside it leading him accordingly to pressures preventing him from adapting to the social reality. Therefore, we pose the following question: What are the major psychological and social problems that patients with kidney failure are suffering from?

**Keywords**---psychological struggle, social pressures, family disintegration, financial setbacks.

## **1- Introduction**

All societies suffer from various and serious health conditions that affect their lifestyle, hindering individuals from performing their roles and functions within society. Therefore, studying these diseases is important to understand the factors and effects on individuals' lives, especially those living with the illness for an extended period. One of the most prominent chronic diseases includes cancer, respiratory diseases, diabetes, heart disease, and chronic kidney disease, which we are currently studying to understand its severity.

Chronic kidney disease is one of the chronic diseases that has spread widely in societies. Its study has not been limited to biological aspects only but has extended to social and even psychological aspects. It goes beyond the organic dimension to other dangerous dimensions that affect individuals' lives. Algeria is among the countries suffering from the spread of these chronic diseases, causing 57% of recorded deaths in Algeria. The majority (66%) of these deaths occur in the age group of 30-69 years, resulting in early mortality (Algerian News Agency, January 31, 2021).

Chronic diseases have contributed, in one way or another, to the emergence of various problems from organic to social and psychological. If we focus on chronic kidney disease, we find a large segment of Algerian society suffering from its hardships. It is not limited to a specific category but transcends age and gender variables. The effective organic treatment lies only in kidney dialysis performed several times a week, unlike an ordinary person whose kidneys function 36 times a day. Comparing these numbers reveals a significant variation in organ function between a healthy person and a dysfunctional person. This disease generates numerous cumulative problems for the affected individuals, and their ability to adapt to the condition varies depending on their social and psychological circumstances.

To understand the social and psychological challenges faced by individuals with chronic kidney disease, we pose the following questions:

- What are the social problems faced by individuals with chronic kidney disease?
- What are the psychological problems faced by individuals with chronic kidney disease?

## **2- Study hypotheses:**

- Patients with kidney failure suffer from social problems.
- Patients with kidney failure suffer from psychological problems.

## **3- Study Importance**

The importance of this study lies in the presented topic regarding the social and psychological problems experienced by individuals with this chronic disease (kidney failure). This is crucial due to its impact on individuals, affecting not only their physical and mental health but also their social well-being and their relationship with the surrounding environment.

- Attempting to uncover the extent of their acceptance and adaptation to the disease, as they are patients who do not lead their lives in a normal manner compared to healthy individuals.
- Understanding the differences in age, gender, and geographical origin and their relationship to the emergence of these problems.

#### **4- Objectives of the study**

The study aims to identify the most important psychological and social problems associated with the lives of patients in order to investigate the reality of this segment.

#### **5- Definition of Concepts**

##### **5-1 Social Problems**

Some researchers argue that a social problem is an issue or matter related to the emergence of a trend, inclination, or position among human situations that concerns one or more groups. It is a social difficulty that requires attention, discussion, debate, and may require arousal, research, and decision-making. It may lead to reformative, compensatory, or adaptive action (Melhas Estetia, Sarrhan: 2012, p.18). Paul Horton defines a social problem as an undesirable social situation that affects a large number of people in undesirable ways, making them feel the need to do something about it, addressing it through collective social efforts (Mohammed Hassan, July 01, 2021, p.81). Practically, it is a condition experienced by individuals suffering from chronic diseases, including kidney failure patients, which affects them in a way that is not satisfactory to them. It involves non-acceptance, adaptation difficulties, or coping with the disease in reality. It carries various social pressures, including financial constraints, family problems, and social isolation.

##### **5-2 Psychological Problems**

Psychological problems are those that cause internal conflicts within oneself or external conflicts with those around them in society. These conflicts and crises usually lead to a weakened personal harmony and deprive individuals of the joy of a happy and healthy life (Al-Azhar University, October 2015, p.746). Practically, they are the internal and spiritual conditions experienced by chronic kidney failure patients that negatively impact their morale, manifesting as irregular behaviors such as anxiety about the future, depression, introversion, psychological conflict, and imbalance.

##### **5-3 Chronic Diseases**

Chronic diseases are a type of illness characterized by continuity. Doctors distinguish between chronic diseases and acute diseases that appear suddenly and humans recover from quickly. Chronic diseases encompass a large number of diseases that differ in origin, cause, symptoms, treatment, and cost. They grow slowly, and their treatment takes a long time. Additionally, this type of disease is a source of death and a cause of various types of disabilities, posing a general

threat to the population's health and increasing the overall medical cost (Guarrah, Sali, March 2017, p.50). The World Health Organization (WHO) defines chronic diseases as "long-term conditions that usually progress slowly and require long-term treatment and care" (Chassang, Gautier, 2019, p.13).

#### **5-4 Kidney Failure**

It means the complete failure of both kidneys to perform their essential functions, which include filtering the blood from toxic substances and expelling them through urine, is meant by this. Individuals suffering from this chronic disease often live by undergoing dialysis sessions to filter the blood through hemodialysis (Hemodiqlyse) (Rizki, Amziane, Jouan, 2018, p. 233).

### **6- Previous Studies:**

#### **6-1 Social Problems of Patients with Chronic Diseases (Field Study in Baghdad) by Mya Mohammed Hassan**

This study aims to identify the social problems resulting from chronic diseases faced by patients, including the loss of social status. The researcher used a social survey approach after selecting a sample of 100 subjects, utilizing observation, interviews, and questionnaires. The results revealed that most subjects experienced social problems due to their illness, including weakened relationships with relatives and friends.

6-2 Management of Chronic Kidney Disease and Its Impact on Social Relationships of Patients (Sociological Study in the Department of Chronic Kidney Disease Patients Treated with Dialysis at Bni Messous Hospital, Algeria) by Bashah Nawal. The researcher explored the social representation of chronic kidney disease in treated patients, along with causal explanations, social, economic, and physical effects of the disease, and the recovery situation. The qualitative method was employed using tools such as observation and interviews, with a sample of 20 patients. The results indicated that the disease has an impact on family relationships.

#### **6-3 Depression and Its Relationship with Psychological Resilience in Patients with Kidney Failure in Riyadh by Ilaaf Bint Mohammed Bin Abdulaziz Al-Ghafili**

This study aimed to understand the relationship between depression and psychological resilience in kidney failure patients, examining differences based on gender, age, education level, and marital status. The researcher used a descriptive-correlational method to analyze the relationship and comparative methods to identify statistical differences. The study, with a sample of 235 male and female patients, found a statistically significant relationship between depression and psychological resilience.

## **7- Utilization of These Studies**

These studies are relevant to our current study, particularly in the social and psychological aspects. The theoretical aspect will be utilized for analysis and sociological interpretation by comparing the results of the current study with these models that share a common aspect – psychological and social problems. The field in which these studies were conducted naturally varies.

## **8- Methodological Procedures of the Study**

### **8-1 Methodology**

We adopted a descriptive methodology in our study, aiming to describe the situation or reality that reflects numerous problems faced by individuals with this chronic disease and how to deal with this sociomedical phenomenon.

### **8-2 Sample**

Our goal in this study was to obtain the maximum amount of information through a comprehensive survey of all patients undergoing filtration at Mohamed Benani Hospital in Ras El Oued (Bordj Bou Arreridj). However, the relevant authorities did not permit this. After persistent requests, they allowed us to conduct a session with one group consisting of 22 patients. However, some patients in critical condition could not be interviewed, as the treating doctor did not permit it. Unlike others, the doctor allowed us to meet with them before, during, and after the filtration process. There were 15 individuals, and this meeting took place on December 3, 2022, in the kidney filtration unit.

### **8-3 Tools Used in the Study**

#### **8-3-1 Questionnaire**

We relied on a questionnaire through interviews in our study. The interaction with the subjects during the questioning process helps us deduce many things that the questionnaire alone cannot answer. This includes observing the patients closely, noting their expressions during the questions, and their hesitancy in answering some questions. Additionally, there are elderly individuals who cannot read or write, necessitating our presence to explain and simplify the question formulations. During the filtration process, they cannot write due to the equipment used.

#### **8-3-2 Observation**

Observation is a crucial tool in our research, aiding in the analysis of the field aspect of the study and drawing on it.

### Characteristics of the Research Community

Table No. 01: Represents Gender

Gender	Repetition	The ratio
Male	06	40%
Female	09	60%
TOTAL	15	100%

The above table represents, according to the gender variable, the general data of the surveyed sample, showing a percentage of 60% for females and 40% for males.

Table No. 02: Represents the Age Variable

Age	Repetition	The ratio
(28 - 35)	2	13.3%
(36 - 44)	3	20%
(45 - 53)	4	26.7%
54 and above	6	40%
TOTAL	15	100%

The data in Table No. 02, according to the age variable, indicates that the majority of the sample, representing 40%, falls within the age group of 54 and above. This is followed by a percentage of 26.7% for the age group of 45-53, then 20% for the age group of 36-44. The lowest percentage, 13.3%, represents individuals aged 28-35.

Table No. 03: Illustrates the Income of the Sample Individuals

Income	Repetition	The ratio
Without income	07	46.7%
Less than 13,000	04	26.7%
From 15,000 to 25,000	02	13.3%
From 35,000 to and above	02	13.3%
TOTAL	15	100%

The above table illustrates that the largest percentage represents respondents with no income, accounting for 46.7%. This is followed by 26.7% with an income less than 13,000. Additionally, equal percentages of 13.3% are found for those with income ranging from 15,000 to 25,000, and for those with income of 35,000 and above.

The lack of income for individuals affected by this disease deprives them of meeting some of their daily and health requirements, negatively impacting them, especially with the current steep rise in prices. Moreover, the social security law denies monthly allowances to affected women if their husbands are employed. Therefore, the largest percentage in the table represents such cases. Not receiving

an allowance forces the patient to depend on their family to cover their expenses, whether medical or daily.

For those earning less than 13,000 Algerian dinars, this amount is the state grant provided to this group, amounting to 10,000 Algerian dinars. This amount often fails to meet the basic living conditions, especially if the patient is the head of the household. The lack or insufficiency of income always makes the patient feel like a burden to their family, as expressed by the respondents during the interviews.

Table No. 04: Illustrates the Occupation Variable among Sample Individuals

Occupation	Repetition	The ratio
Not working	12	80%
Working	03	20%
TOTAL	15	100%

Through the data shown in the above table, it becomes clear to us that a high percentage, representing 80% of the sample, are non-working individuals, compared to 20% who stated that they have a job. Human activity is integrated, and any dysfunction in one of its organs leads to weakness in the entire body. The biological component has a significant impact on the psychological and social aspects of the individual. Therefore, we find that most individuals affected by this disease do not work, especially in strenuous jobs, due to the presence of fistula, a medical device in one part of the body that is susceptible to damage. The inability of the individual to work and provide an income to secure basic necessities places them in an unstable psychological and social state, affecting family stability.

First Hypothesis: Social problems have an impact on the category of individuals with kidney failure:

Table No. 06: The impact of the financial level on the patient according to gender.

Physical level Sex	Has impact		Doesn't have an impact		Total	
	I	P	I	P	I	P
Male	03	50%	03	50%	06	100%
Female	06	66.7%	03	33.3%	09	100%
Total	09	60%	06	40%	15	100%

The financial aspect is considered one of the forms of living standards. Therefore, it plays a role in meeting human needs. If an individual's financial situation is good, it contributes to fulfilling various needs. Conversely, if the financial situation is not good, it will undoubtedly affect the provision of many needs, especially when the individual is afflicted with a chronic disease.

Through statistical data, we observe that the general trend indicates that respondents who answered about the impact of the financial aspect on kidney failure patients are 60%, compared to 40% of those who stated there is no impact. Notably, 66.7% of female respondents acknowledged the impact of the financial

aspect, while 33.3% stated no impact on their kidney failure. Among males, 50% supported the impact, and 50% opposed.

The 60% indicating an impact of the financial aspect on chronic kidney disease patients can be explained by the fact that most affected women stay at home, according to their responses in the questionnaire. Economic conditions, such as income, its weakness, and the lack of a good financial source, contribute to problems that make patients with chronic kidney failure suffer from the inability to provide many of their medical necessities. Through questions posed to respondents about the impact of the financial aspect as a problem for kidney failure patients and considering the respondents' income, it is noted that the majority have no income, accounting for 46.7% (refer to Table No. 03).

According to multiple responses in this aspect, many patients see the financial impact in their inability to afford the costs of medicine and treatment. This is consistent with the findings of a study by Ibrahim and Abbas (2009) on the economic and social effects of the suffering of those with chronic diseases in Iraq, indicating that the economic and social problems resulting from the presence of a chronic disease include the patient's inability to support themselves, bearing family and social burdens, and the state's need to allocate a portion of its budget to treat this category of patients.

In conclusion, the majority of those with kidney failure believe that there is a relationship between the financial aspect and its impact on the chronic disease.

Table No. 07: Illustrates the reasons for the suffering of kidney failure patients.

Cause of suffering	Repetition	The ratio
Failure to adapt to the disease	06	54.55
Socially unacceptable by the family and society	01	9.09%
Not integrating into the society in which you live	04	36.36%
TOTAL	11	100

#### **4 did not answer this question**

Through what we observe in the table, a high percentage of kidney failure patients, estimated at 54.55%, answered that the reason for their suffering lies in their inability to adapt to the disease. In contrast, 36.36% answered that they do not integrate into the society they live in, while a small percentage of 9.09% expressed that they have become socially unacceptable by both family and community.

This variation in percentages is attributed to the fact that most kidney failure patients have not adapted to the disease due to their lack of adjustment to the new reality. They were required to adopt new behaviors that they were not accustomed to when they were in good health. This is what is referred to in psychology as "adjustment disorder," where individuals struggle to accept new changes and adapt to the living reality.



Some patients mentioned that the adaptation issue was associated with the onset of their illness, but over time and with their familiarity with kidney dialysis machines, they adapted normally and accepted their illness. Additionally, the presence of individuals sharing the same illness, symptoms, and problems in the hospital, led some patients to feel that they are living as one family, sharing their burdens and thereby contributing to alleviating their suffering. This was observed during the distribution of the questionnaire in the study field. Most patients do not exhibit a lack of acceptance of the illness through their body language. They also demonstrate a full understanding of the operation of dialysis machines and various types of medications used in their treatment.

In conclusion, the majority of patients struggle with the issue of non-adaptation to kidney failure. As Emile Durkheim stated, "Illness is a conduit, not consciously willed, which compels us to delve into ourselves, governs us, and the patient is metaphysical despite himself."

Table number 08: Illustrates the knowledge of the disease and its relationship with the family.

Relationship with the family upon learning of the person infected with the disease	Repetition	The ratio
Loss of the ability to control and guide the family, especially the children	05	55.56%
Neglect by family members towards you – the breakdown and destruction of family relationships.	04	44.44%
TOTAL	09	100

### **6 individuals from the sample did not answer this question**

Through the statistical data in the table above, it is evident that there is a high percentage, estimated at 55.56%, of respondents who answered with the loss of the ability to control and direct the family, especially the children. In contrast, 44.44% answered that there is neglect by family members in addition to the disintegration and destruction of family relationships.

We can interpret this variation as the patients suffering from the problem of losing control over directing the family, especially the children. This is an indication of a functional dysfunction in performing roles within the family for those suffering from chronic kidney disease. The resulting functional dysfunction (the disease) has made the patient lose their physical ability that previously played a role in imposing a kind of authority within the family. Consequently, it affects the rights and duties entrusted to them within the family, and the disease becomes a weakness point in front of family members, especially the children, allowing them the freedom to do whatever they please without restraint.

Others expressed the existence of neglect and the breakdown of relationships within the family. "Relationships are affected later, making the patient more affected by the situation he reached due to the disease, and new emotions may prevent him from continuing married life," **according to some respondents who**

**mentioned leaving their spouse due to the inability to handle the psychological pressure and anxiety that started to affect them after contracting the disease.** Here, we observe that "the supervision of the patient over his family weakened due to the aftermath of the disease... creating a gap between him and his family, and perhaps this pushes his children or those close to him to seek other sources to receive attention from," as stated by some respondents (Mohammed Hassan, 07-2021, p.83).

Additionally, some respondents expressed their suffering by saying that some family members ask them, "Are you still not dead?" while others complain about the lack of inquiries from their family members even though they are living under the same roof. This is consistent with the findings of the previous study by Meya Mohammed Hassan (see page 04).

In conclusion, the majority of patients with kidney failure suffer from the problem of losing control over directing the family, especially the children.

Table No. 09: Illustrates the employment issues of the respondents (those affected).

	Repetition	The ratio
Inability to continue working	09	64.28%
Doing the work	02	14.29%
searching for work	03	21.43%
TOTAL	14	100%

**\*01 of the respondents did not answer this question**

Based on the statistical data provided in the above table, we observe a significant percentage of 64.28% of respondents who are unable to continue working. This is followed by a percentage of 14.29% for those who face difficulties in performing work, while a lower percentage of 21.43% indicates those actively searching for employment.

From these proportions, it is evident that the majority of the affected individuals struggle with the inability to sustain employment due to health-related barriers associated with this disease. The impact on the vitality of other organs is notable, and it is observed that most affected individuals, both males and females, are not employed, accounting for 80% of cases (refer to Table 05). Additionally, the presence of a device known as "the fistula" is mentioned, which is implanted as a slice in one of the patient's external organs when they start undergoing dialysis treatment. Given its sensitivity, the fistula can cease to function if the patient engages in strenuous work.

Furthermore, fatigue experienced by patients, especially after undergoing kidney dialysis for several hours, contributes to their inability to continue working. Many female patients have expressed that, upon returning home from the hospital, they engage in household chores without assistance, impacting their physical ability to sustain employment. These findings are evident in our survey and the recorded observations. On the other hand, another group faces challenges in finding

employment, coupled with the reluctance of employers to accept such affected individuals, as revealed in the responses of some respondents.

Society's perception	Repetition	The ratio
Casual look	06	40%
A look of pity	09	60%
TOTAL	15	100%

Based on the data in the table above, we find a significant percentage of 60% of respondents expressing that society views them with compassion, compared to a lower percentage of 40% who perceive a normal view. Analyzing the statistics, it becomes apparent that society's perception of individuals with renal failure is one of compassion, considering them physically weak and unable to perform their tasks in the usual manner. Consequently, they receive treatment that oscillates between approval, sympathy, and assistance for such individuals. Some respondents even mentioned that when they go to crowded places like government or private hospitals, people give up their places for them due to their health condition. One respondent stated, "When you have dialysis, people clear the way for you," which some appreciate.

On the other hand, this compassion has made affected individuals feel its impact as a problem they endure. They sense a deficiency, as expressed by some respondents. This perception affects how they see themselves and their ability to carry out their roles in a manner they consider normal. It even leads some to refrain from immersing themselves in social life and integration. In contrast, another group answered that society's view of them is quite ordinary, causing them no distress or problems.

**Data related to the second hypothesis:** Kidney failure patients suffer from psychological problems.

Table No. 11: Illustrates the psychological issues for kidney failure patients and future concerns.

Kidney failure and anxiety about the future	Repetition	The ratio
Yes	13	86.7%
No	02	13.3%
TOTAL	15	100%

From the percentages indicated in the table above, we find that 86.7% responded that they suffer from anxiety about the future when diagnosed with kidney failure, compared to a small percentage of 13.3% who do not experience future concerns.

This noticeable difference can be explained by the pressures and psychological conflicts that the affected individuals endure, making them constantly think and worry about potential negative outcomes. This observation was noted through our interviews with them and in the responses of some individuals. The anxiety about the future is primarily associated with a continuous negative expectation of what

might happen. Therefore, we find that "those with a humanistic perspective believe that anxiety and fear of the future, with the threats it poses to human existence and identity, are a result of human expectations of what might happen. Anxiety is not caused by an individual's past" (Ziyab Muqdad, 2015, p. 26). Some even categorized anxiety about the future under attachment anxiety (marriage), fearing the potential failure of marital and family life in general.

In conclusion, the majority of kidney failure patients suffer from the problem of anxiety about the future.

Table Number 12: Illustrates the psychological shock experienced by patients when they first learn about their diagnosis of kidney failure.

Exposure to psychological trauma	Repetition	The ratio
Yes	12	80%
No	03	20%
TOTAL	15	100%

The data in the above table indicates that the majority of patients experienced severe psychological shock, accounting for 80%, compared to a lower percentage of 20% who reported not being exposed to psychological shock.

The explanation for this variation in participants' responses lies in the chronic organic diseases, which have various effects on the human psyche. This is evident through the lack of self-confidence, weakened faith, feelings of inadequacy, and suicidal thoughts among many individuals. These psychological disturbances result from the initial shock experienced by patients with chronic diseases, including those with kidney failure. Any organic disorder may be accompanied by a psychological disturbance. The respondents highlighted that the psychological shock manifested as hysterical crying, a sense of being unconscious, becoming hostile individuals, experiencing isolation, and adopting extreme silence (suppression) and non-acceptance of their new health condition. Sigmund Freud noted in this context, "Psychological pressures transform a person from joy into a mass of silence." In conclusion, the majority of kidney failure patients experienced psychological shock upon learning about their chronic illness.

Table Number 13: Illustrates the problem of depression at the beginning of treatment with dialysis

The problem of depression among sufferers	Repetition	The ratio
Sometimes	04	26.7%
Always	06	40%
Scarcely	02	13.3%
Never	03	20%
TOTAL	15	100%

According to the statistical data, it is evident that the majority of patients consistently suffer from depression, accounting for 40%, followed by 26.6% who

reported experiencing it occasionally. A lower percentage of 20% indicated that they never experience depression.

From these results, we can conclude that depression, particularly accompanying kidney failure patients, is a psychological issue affecting those afflicted. It causes mood swings and transient emotional reactions to the challenges they face with the disease. Depression is described as a continuous feeling of sadness and loss of interest or pleasure in life or ordinary activities. Kimmel (2000) highlighted the connection between elevated depressive feelings, grief, self-esteem impairment, and the incidence of kidney failure. The study also emphasized that the physical symptoms and renal functional imbalance in patients make them susceptible to chronic depression (Alghafli, 2020, p. 5).

Depression can lead to further health problems if its severity increases, potentially exacerbating accompanying diseases related to kidney failure, such as hypertension, heart diseases, and diabetes. This was corroborated through field studies and the responses of patients, who acknowledged facing depression since their awareness of the disease until now. Feroze et al. (2018) also confirmed that anxiety and depression are among the most common psychological disorders in chronic kidney disease patients. Anxiety about health and the future is prevalent in these patients due to the serious consequences affecting their health, social life, and professional life. Patients' lives often unfold on an uncertain path (Alhaj Mohammad, March 2018, p. 58).

In conclusion, the majority of patients with kidney failure suffer from depression.

Table 14: Illustrates how the participants perceive their psychological condition after being diagnosed with kidney failure.

Psychological state after illness	Repetition	The ratio
Normal condition	06	40%
Bad condition	09	60%
TOTAL	15	100%

The statistical figures in the above table indicate that a high percentage, estimated at 60%, responded with a poor psychological state, compared to 40% who reported an ordinary state. Upon comparing these numbers, it is evident that most individuals suffering from kidney failure experience a shift from an ordinary to a poor psychological state due to the organic changes affecting their mental balance. Some expressed a sense of finality, stating that life had concluded upon learning about their illness. Others find themselves trapped in a routine, moving between home and the hospital, leading to feelings of boredom and a lack of renewal in their lives. Additionally, the prolonged duration of the illness has contributed to the persistence of the poor psychological state, which is not perceived as a temporary condition easily treatable. On the contrary, some participants mentioned living in an ordinary state, attributing it to their acceptance of their situation with faith in the divine decree. This could be linked to the supportive family environment where they share mutual care and experience a sense of solidarity.

## Study Results

Our current study, titled "Social and Psychological Issues Faced by Individuals with Chronic Diseases in Algeria: A Case Study of Kidney Failure Patients" has led to the following conclusions:

### Results of Hypothesis 1

Kidney failure patients face social problems. Through the statistical analysis and sociological interpretation of the data presented in the tables, it became evident that there are several social challenges experienced by kidney failure patients. These include:

- **Financial Aspect Problem:** Represented by treatment costs at a rate of 66.7%, indicating the financial challenges associated with medical expenses.
- **Adaptation to the Disease:** Evident at a rate of 54.55%, reflecting the difficulties in adjusting to the new health condition.
- **Issues in Family Relationships (Guidance of Children and Family Dynamics):** Observed at a rate of 55.56%, highlighting challenges related to parenting and impacting family relationships.
- **Inability to Sustain Physical Work:** Noted at a rate of 64.28%, showcasing the hurdles in engaging in physical activities.

Consequently, we conclude that Hypothesis 1 has been validated.

### Results of Hypothesis 2

Kidney failure patients experience psychological problems. Building on the results obtained in the psychological aspect, psychological problems were identified as follows:

- **Anxiety about the Future:** Experienced by patients at a rate of 86.7.
- **Psychological Shock Problem:** Noted by 80% of the patients.
- **Depression Issue:** Identified at a rate of 40%.
- **Poor Psychological State Overall:** Reported by 60% of the patients.

Consequently, based on these percentage results, Hypothesis 2 has been confirmed.

## Conclusion

From the foregoing, we conclude that the social and psychological problems faced by chronic kidney disease patients, if left untreated and without intervention from specialists or family support, can have negative consequences. This could lead patients to death, even at a young age, given that this disease spares no age group. Therefore, it is imperative to develop strategies that support individuals affected by chronic diseases to prevent the alarming increase in mortality rates. Allocating specialists in hospitals to assess social and psychological cases is recommended to tailor appropriate treatments for each case.

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