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A Descriptive Study to Assess the Knowledge of Patients Regarding Stressors and Quality of Life Who are Undergoing Haemodialysis Therapy Patients at Selected Hospitals of Koppal

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Abstract

A Descriptive study to assess the knowledge of patients regarding stressors and quality of life who are undergoing haemodialysis therapy patients at selected hospitals of Koppal Karnataka. Aim of the study was to assess the knowledge regarding stressors and quality of life who are undergoing haemodialysis therapy patients - A simple descriptive research design was adopted and purposive sampling technique was used to collect the data from 60 patients undergoing haemodialysis. The data was collected, organised and analysed in term of descriptive and inferential Statistics, findings revealed that the mean percentage of stressors is 6.95% standard deviation of stressors is 1.38% chi square value is 5.77 the Df is (3) P value is 0.10 the mean percentage of quality of life 28.6% standard deviation of quality of life is 5.26%.

KEYWORDS: Knowledge, Haemodialysis, Dialyzer, Stressor, Quality of life

1. INTRODUCTION

The term dialysis is derived from the Greek words Dia, meaning "through," and lysis, meaning "loosening or splitting." It is a form of renal replacement therapy, where the kidney's role of filtration of the blood is supplemented by artificial equipment, which removes excess water, solutes, and toxins. Dialysis ensures the maintenance of homeostasis (a stable internal environment) in people experiencing a rapid loss of kidney function, i.e., acute kidney injury (AKI) or a prolonged, gradual loss that is chronic kidney disease (CKD). It is a measure to tide over acute kidney injury, buy time until a kidney transplant can be carried out, or sustain those ineligible for it.. 1

During hemodialysis, your blood goes through a filter, called a dialyzer, outside your body. A dialyzer is sometimes called an “artificial kidney.”

At the start of a hemodialysis treatment, a dialysis nurse or technician places two needles into your arm. You may prefer to put in your own needles after you’re trained by your health care team. A numbing cream or spray can be used if placing the needles bothers you. Each needle is attached to a soft tube connected to the dialysis machine. 2

haemodialysis prevents death but does not cure kidney disease and does not compensate for the loss of endocrine or metabolic activities of the kidney. 3

Chronic kidney disease (CKD) is a complex major health problem affecting patients in India and worldwide. The increase in life span combined with progressive growing burden of diabetes and

hypertension has increased the prevalence of CKD. A concerted effort between nephrologists, physicians, and nursing personnel is essential to interpret and diagnose CKD early and manage these patients in the best possible manner. Apart from the risk of progressive renal dysfunction, CKD patients are at significantly higher risk of cardiovascular diseases and mortality. Optimal management of patients with end-stage renal disease (ESRD) involves renal transplantation. In cases where a transplant cannot be done, renal replacement therapy in the form of hemodialysis or peritoneal dialysis (PD) is offered to the patient. 4

Objectives

1. 1.To assess the knowledge of patients regarding stressors of the hemodialysis therapy .
2. 2.To assess the knowledge of quality of life of the haemodialysis therapy patients.

2. HYPOTHESIS

H1: There will be significant knowledge of stressors of patients with haemodialysis therapy with selected demographic variables.

H2: There will be significant knowledge of quality of life among patients with haemodialysis therapy with selected demographic variables.

H3: There will be a significant association of stressors and quality of life among the patients with haemodialysis therapy with selected demographic variables.

3. METHODOLOGY

Research methodology is a systematic procedure which the researcher starts from the initial identification of the problem to its final conclusion. The role of methodology consists of procedures and techniques for conducting the study.. It includes research design, research approach, research setting, population, and sample, sampling technique, data collection, and plan for data analysis.

4. RESEARCH APPROACH

Research approach is the most significant part of any research. The appropriate choice of the research approach depends upon the purpose of the research study which has been undertaken. A descriptive survey research approach was considered the best to assess the stressor and quality of life among patients with haemodialysis therapy at selected hospitals, of koppal".

Research Design

Non experimental and descriptive design was adopted for the study. This design was adopted to assess the knowledge of stressors and quality of life among patients with haemodialysis therapy at selected hospitals, of koppal".

Demographic variable

Demographic variables of the patient undergoing hemodialysis such as Age, gender, educational status, occupation, marital status, type of family, family income, religion, distance from home to dialysis unit, duration of therapy, sources of health information, history of health illness, economical support.

Settings of the study

The setting was the selected for the study dialysis unit, nephrology ward and medical ward in selected Hospitals, of koppal.

Population

Target population: - Patients aged within 31 years to 65 years who are undergoing haemodialysis in sele-

cted Hospitals of Koppal. Karnataka.
Accessible population: - Patients aged within 25 years to 65 years admitted for hemodialysis

Section A: Distribution of demographic variables of patient undergoing haemodialysis therapy.

Table 1: Distribution of the subjects in Hemodialysis Therapy by Demographical Variables.

Sl no	Demographic variables	number	percentage
1.	Age in years		
	31-40	10	16.6
	41-50	18	30
	51-60	19	31.66
	61 and above	13	21.66
2.	Gender		
	Male	41	68.33
	Female	19	31.66
3.	Educational status		
	Illiterate	3	5
	Literate	14	23.33
	Graduate	28	46.66
	Post Graduate& above	15	25
4	Occupation		
	Jobless/house wife	14	23.33
	Daily wages/cooli	09	15
	Govt employee	13	21.66
	Private employee	08	13.3
	Self employeed/business	16	26.66
5	Marital status		
	Single	3	05
	Married	47	78.33
	Widow/divorced/separated	10	16.66
6	Type of family		
	Nuclear	39	65
	Joint	15	25
	extended	06	10
7	Family income in rupees		
	Below 10,000	8	13.33
	10,000-15,000	39	65
	Above 15,000	13	21.66
8	Religion		
	Hindu	39	65
	Muslim	14	23.33
	Christian	7	11.66
9.	Distance from the home to dialysis unit		

	0-5km 5-10 km 10km and above	26 18 16	43.33 30 26.66
10	Source of health information Printed media Electronic media Internet health personnel	 4 9 31 16	 6.66 15 51.66 26.66
11	Do you have any health illness a. respiratory diseases b. diabetes c. cardiovascular diseases d. Trauma	 19 23 11 7	 31.66 38.33 18.33 11.66
12	Economical support a. self b. Government c. Agency/charity d.Health scheme/insurance	 46 00 00 14	 76.66 00 00 23.33

						Chi square value 5.77
Aspects	**Sample**	**Max. Score**	**Mean and SD score (%)**			
			Mean	**Mean (%)**	**SD (%)**	**Df is (3)**
Stressors	60	1668	417	6.95%	1.38%	**P value 0.10**
Quality of Life	60	6871	1717	28.6%	5.268%	

5. SUMMARY

The investigator undertook the present study to assess the " A Descriptive study to assess the knowledge of patients regarding stressors and quality of life who are undergoing haemodialysis therapy patients at selected hospitals of Koppal".

To assess the stressors of the haemodialysis patients.

To assess the quality of life of the haemodialysis patients.

The study assumes that,

1. haemodialysis patients. Having more stressors.
2. quality of life may vary for individual clients.

6. CONCLUSION

The present study assessed the knowledge of patients regarding stressors and quality of life who are undergoing haemodialysis therapy patients and the study finding showed that the mean percentage of stressors is 6.95% and the mean percentage of quality of life is 28.6% the chi square value is 5.77, the difference is 3 and p value is 0.10(6.251) However, an attempt should be made to educate the haemodialysis therapy patients to gain complete knowledge regarding stressors and quality of life.

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