A DESCRIPTIVE STUDY TO EVALUATE THE QUALITY OF LIFE AMONG RENAL PATIENTS UNDER GOING HEMODIALYSIS IN VIDYA KIDNEY CENTER RAIPUR CHHATTISGARH.

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ABSTRACT

The purpose of the study was to evaluate the quality of life of renal patients undergoing hemodialysis in Raipur city (Chattisgarh). The objectives formulated for evaluating quality of life of renal patients under going hemodialysis were to assess the quality of life of renal patients undergoing hemodialysis and associating the quality of life with demographic variables. The Linzhan's quality of life model was adopted for conceptual frame work. An in-depth study of reviews of literature was done for the study. The instrument used fro the study consist of two sections. Section A : Demographic variables Section B : rating scale for quality of life standardized scale A descriptive study was selected pilot study was conducted for a week to assess the reliability and feasibility of the tool. After pilot study, reliability was checked by using convenient sampling technique and it was found to be reliable. Sample of 100 were selected by using convenient sampling technique. Data collection was done for the period of three weeks. Every week 33 clients were selected. The collection data were analyzed using descriptive statistics. The descriptive statistics was used to compute the data. Teh statistics shaved the following results. 20% of the renal patients are having poor quality of life 74% of the renal patients are having moderate quality of life and 6% of the renal patients are having good quality of life.

Keywords: Hemodialysis, Quality of Life

INTRODUCTION

"There is no cure for birth and death saves to enjoy the interval."

- George Santayana.

The holistic treatment of a patient requires the health care team to assess what is most important for that individual. In some cases, it is not possible to attain complete freedom from the signs and symptoms of a disease. In those cases, the goal is to achieve Quality of Life (QOL) which is as good as possible despite the disease. Also in people who have suffered disabilities or lost psychological or physical skill, it is important to emphasize the positive features of their remaining capabilities rather than to dwell on the negative aspects of what has been lost.

Quality of life is an important concept and has proved difficult to define, because it has many meanings. **Drapper (1997)** suggests that quality of life may vary depending on whether it is used as an objective measure to evaluate the general social policy and make a decision about have to allocate scarce resource or whether it is used as a subjective measure to evaluate the effects of nursing practice or medical treatment at the level of the individual for most nurses, it is latter aspect of QOL that is particularly salient.

Nursing is an essential health service for persons whose quality of life is gravely or irreversibly affected because of serious disruption of integrated functioning. The World Health organization **(WHO) (1974)** focused on quality of life. So it has been considered as an issue of psychological importance for the chronically ill.

The term "quality of life" is much used in health care frequently as justifications for deciding whether a particular course of treatment (action) should be pursued or not. Nurses often state that their aim is to improve or maintain an acceptable degree of Quality of life. Obviously, the best person, to judge the quality of life must be the patient whose life is being considered. The problem arises when a person or patient, for what ever reason, cannot decide for himself / herself the quality of life. The difficulty lies in the objectivity of the assessment of "Quality of Life".

World wide, the quality of life has because increasingly important in persons with chronic illness as a result of improved technology and treatment that prolongs life and chronic impairments. Chronic disability condition can have a profound impact on their life style. A variety of methods have been used to quality an individual's quality of life. Whether these tests and questionnaires do indeed measure the quality of life is being investigated.

Recently the measurement of quality of life has shifted from objective indicator of physical functioning

to a consideration of psychological, social and economic factors. There is increasing recognition that quality of life is a subjective experience that can best be rated by the patient.

People who have chronic conditions are neither acute nor totally dependent and so cannot be cured. These chronic renal failure patients need professional interventions to improve the quality of life but usually they seek professional help after the aggravation of symptoms.

The modern technological advancements in the treatment of chronic renal failure patients on hemodialysis have increased their life expectancy and high lighted the psychological aspects and physical conditions.

This study is concerned with the nature and effects of these stressors (physical, psychological, social, spiritual, and sexual) and their treatment and care of the individual as a whole.

RESEARCH PROBLEM

A DESCRIPTIVE STUDY TO EVALUATE THE QUALITY OF LIFE AMONG RENAL PATIENTS UNDER GOING HEMODIALYSIS IN VIDYA KIDNEY CENTER RAIPUR,CHHATTISGARH.

OBJECTIVES OF THE STUDY

➢ To determine the quality of life of patient with renal disease.
➢ To determine association between the quality of life of patients with renal disease and selected variables.

MATERIALS AND METHODS

Research methodology is a way to systematically solve the research problems. According to **Sharma (1990)** the research methodology involves the systematic procedure by which the researcher starts from initial identification of the problem to its final conclusion.

The study was aimed at evaluating the quality of life of renal patients under going hemodialysis.
A research approach tells the research as to what data to collect and how analyze it. It also suggests possible conclusions to be drawn from the data. In this study the researcher sought to evaluate the quality of life of renal patients undergoing hemodialysis. In view of the nature of the problem selected for the study and the objectives to be accomplished, descriptive research is used for the study.

Descriptive research is the second broad class of non experimental studies. The purpose of descriptive studies is to observe describe and document aspect of a situation as it naturally occurs and sometimes to serve as a starting point hypothesis generation or theory development.

Data collection method

The data collection method used is self report and observation technique for collecting the information from the individual for rating scale.

Data collection tools

Collection is the gathering of information needed to address a research problems.

Tools are the procedures or instruments used by the researcher to collect data.

The following tool was used in the study structured rating scale to evaluate the quality of life of renal patients under going hemodialysis.

DESCRIPTION OF TOOLS

The tool consists of 2 sections

Section 1 - Demographic data

It includes 9 items for obtaining information regarding Age, sex, marital status, occupation, income, education, religion, number of times undergone dialysis and lastly when undergone hemodialysis duration of illness.

Section 2

It includes following items i.e Physical functioning, Role physical, bodily pain, general health, vitality, social functioning, role emotional, mental health and miscellaneous. each are categories under following heading i.e Always sometimes, rare and never.

Scoring interpretation

Score 0-12

inadequate = 0-6 score

Moderately adequate = 7-9 score

Adequate = 3-12 score

RESULTS

Analysis is defined as categorizing, ordering, manipulating and summarizing of data to reduce it to intelligible and interpretable form, so that research problem can be studied and tested including relationship between the variables**. (Polit & Hungler, 2004).**

This chapter describes the analysis and interpretation of the data collected through Quality of life Rating Scale of 100 Hemodialysis patients. The collected data were coded, organized, tabulated, analyses and interpreted using descriptive and inferential statistics. The data objectives and hypothesis of the study.

The data was obtained from 100 hemodialysis patients following sections.

Section I - Demographic data of renal patients were analysed in terms of frequency and percentage.

Section II – a) Quality of life of renal patients undergoing hemodialysis was analyzed in terms of mean and standard deviation.

b) Association of Quality of life of renal patients undergoing hemodialysis with demographic variables were analyzed using frequency, percentage and chi-square test.

Table 1: OVERALL LEVEL OF QUALITY OF LIFE

Level of QOL	Number of patients
Poor	20(20.0%)
Moderate	74(74.0%)
Good	6(6.0%)

20% of the renal patients are having poor quality of life,

74% % of the renal patients are having moderate quality of life, and 6% of the renal patients are having good quality of life.
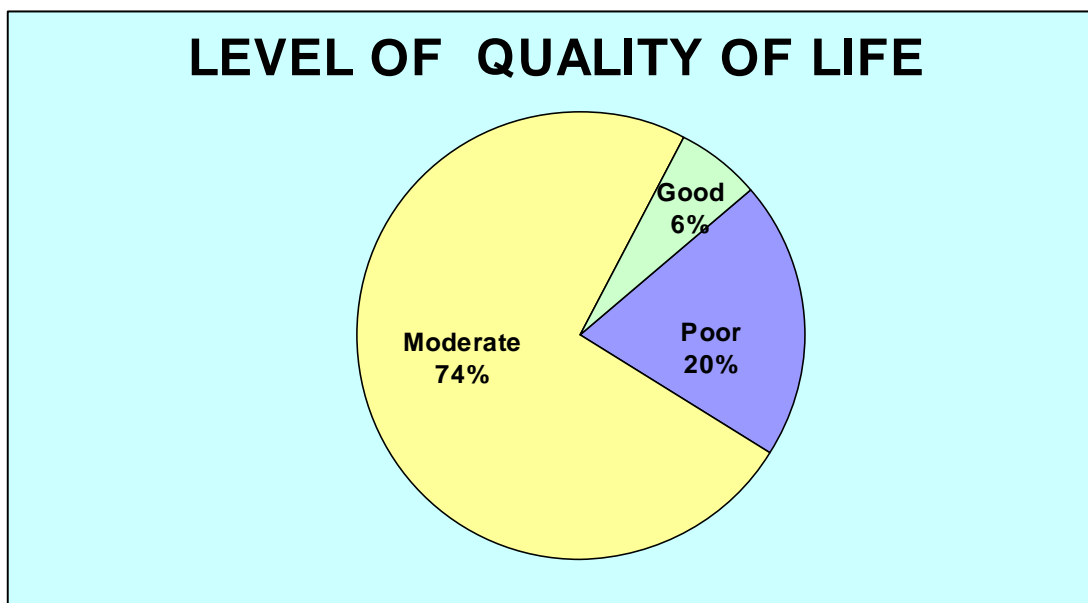
Score 0-108

< 50% inadequate   = 0- 54 score

51- 75% moderately adequate   = 55 -81 score

>75% adequate   =82 -108 score

Fig. 1 : Pie Diagram showing level of quality of life

Table 2 : OVERALL QUALITY OF LIFE

QOL	No. of questions	Min – Max score	Experiment group knowledge	
			Mean score	%
Overall mean score	**36**	**0 - 108**	**68.27**	**63.21%**

Table No 2 shows Overall Quality of life score shows , renal failure patients are having on an average 63.21% qol score.

Table 3: ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES OF RENAL PATIENTS AND THEIR LEVEL OF QUALITY OF LIFE

Demographic variables		Level of Quality of life						Significance
		Poor		Moderate		Good		
		n	%	n	%	n	%	
Age	20 -30 yrs	2	50.0%	1	25.0%	1	25.0%	χ2=14.89 P=0.02 significant
	31 -40 yrs	5	50.0%	4	40.0%	1	10.0%	
	41 -50 yrs	7	20.6%	25	73.5%	2	5.9%	
	51 -60 yrs	6	11.5%	44	84.6%	2	3.8%	
Sex	Male	14	17.5%	61	76.3%	5	6.3%	χ2=1.56 P=0.46 not significant
	Female	6	30.0%	13	65.0%	1	5.0%	
Occupation	Coolie	1	50.0%	1	50.0%			χ2=2.44 P=0.88 not significant
	Farmer			2	100.0%			
	Professional	4	26.7%	10	66.7%	1	6.7%	
	Others	15	18.5%	61	75.3%	5	6.2%	
Income	< Rs. 5000			3	100.0%			χ2=15.24 P=0.02 significant
	Rs.5000 - 10000	6	54.5%	5	45.5%			
	Rs.10000 - 20000	9	24.3%	24	64.9%	4	10.8%	
	> Rs.20000	5	10.2%	42	85.7%	2	4.1%	
Religion	Hindu	17	18.5%	69	75.0%	6	6.5%	χ2=8.62 P=0.07 not significant
	Muslim	1	16.7%	5	83.3%			
	Christian	2	100.0%					
Type of family	Nuclear family	7	46.7%	7	46.7%	1	6.7%	χ2=8.07 P=0.02 significant
	Joint family	13	15.3%	67	78.8%	5	5.9%	
Duration of Illness	< 15 days	1	50.0%	1	50.0%			χ2=28.61 P=0.001 significant
	16 days - 12months	10	55.6%	7	38.9%	1	5.6%	
	12 months -2 yrs	7	22.6%	20	64.5%	4	12.9%	
	> 2 yrs	2	4.1%	46	93.9%	1	2.0%	
No. of Times underwent Hemodialysis	6 - 10	1	20.0%	4	80.0%			χ2=11.58 P=0.02 significant
	11 - 15	5	62.5%	2	25.0%	1	12.5%	
	> 15	14	16.1%	68	78.2%	5	5.7%	

Table No.3 shows the association between demographic variables and level of quality of life.

Age,

Monthly income

Type of family

Duration of illness

No. of times under went Hemodialysis are significantly associated with their level of Quality of life

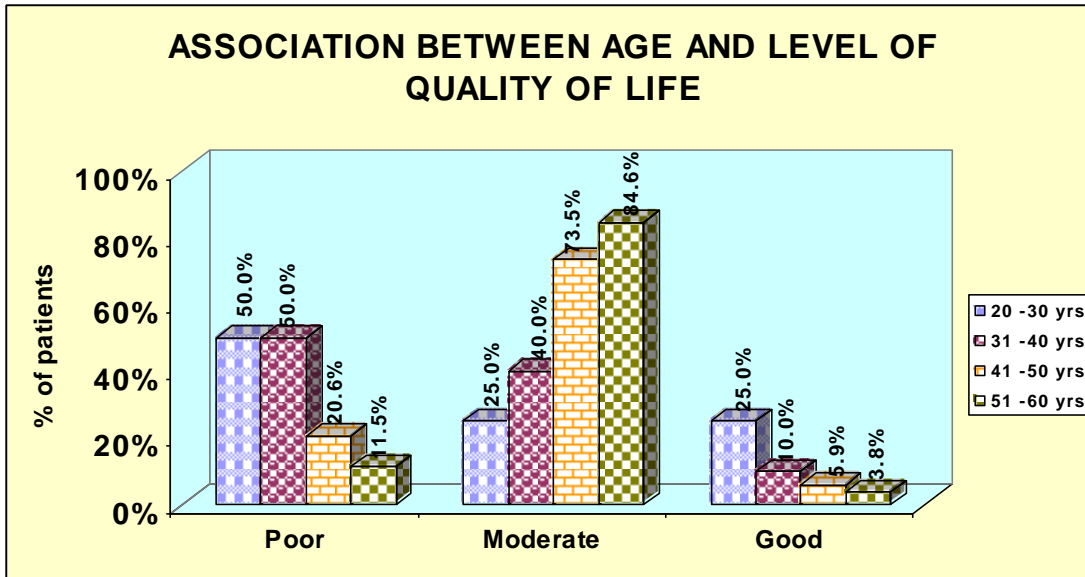Statistical significance difference was calculated using pearson chi square test.

Fig. 2 : Column diagram showing association between age and level of quality of life

Table 4: ASSOCIATION BETWEEN RENAL PATIENTS AGE AND THEIR LEVEL OF QUALITY OF LIFE

DOMAINS		20 -30 yrs		31 -40 yrs		41 -50 yrs		51 -60 yrs		Significance
		n	%	n	%	n	%	n	%	
PHYSICAL FUNCTIONING	Poor	3	75.0%	9	90.0%	28	82.4%	44	84.6%	$\chi 2=1.69$ P=0.95 Not significant
	Moderate	1	25.0%	1	10.0%	6	17.6%	7	13.5%	
	Good							1	1.9%	
ROLE PHYSICAL	Poor	1	25.0%	3	30.0%	7	20.6%	6	11.5%	$\chi 2=10.25$ P=0.11 not significant
	Moderate	1	25.0%	5	50.0%	11	32.4%	10	19.2%	
	Good	2	50.0%	2	20.0%	16	47.1%	36	69.2%	
BODYLY PAIN	Poor			2	20.0%	7	20.6%	5	9.6%	$\chi 2=7.78$ P=0.25 Not significant
	Moderate	2	50.0%	2	20.0%	4	11.8%	6	11.5%	
	Good	2	50.0%	6	60.0%	23	67.6%	41	78.8%	
GENERAL HEALTH	Poor			5	50.0%	12	35.3%	21	40.4%	$\chi 2=26.99$

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	Moderate	2	50.0%	4	40.0%	21	61.8%	31	59.6%	**P=0.001 significant**
	Good	2	50.0%	1	10.0%	1	2.9%			
VITALITY	**Poor**			3	30.0%	10	29.4%	20	38.5%	**χ2=9.67 P=0.14 Not significant**
	Moderate	3	75.0%	5	50.0%	24	70.6%	26	50.0%	
	Good	1	25.0%	2	20.0%			6	11.5%	
SOCIAL FUNCTIONING	**Poor**			1	10.0%	9	26.5%	4	7.7%	**χ2=27.99 P=0.001 significant**
	Moderate	2	50.0%	8	80.0%	11	32.4%	8	15.4%	
	Good	2	50.0%	1	10.0%	14	41.2%	40	76.9%	
ROLE EMOTIONAL	**Poor**	1	25.0%	3	30.0%	5	14.7%	5	9.6%	**χ2=14.66 P=0.02 significant**
	Moderate	1	25.0%	6	60.0%	14	41.2%	11	21.2%	
	Good	2	50.0%	1	10.0%	15	44.1%	36	69.2%	
MENTAL HEALTH	**Poor**	3	75.0%	6	60.0%	19	55.9%	40	76.9%	**χ2=6.61 P=0.36 Not significant**
	Moderate	1	25.0%	4	40.0%	12	35.3%	11	21.2%	
	Good					3	8.8%	1	1.9%	
MISCELLANEOUS	**Poor**	2	50.0%	3	30.0%	12	35.3%	16	30.8%	**χ2=4.91 P=0.55 Not significant**
	Moderate	2	50.0%	7	70.0%	20	58.8%	36	69.2%	
	Good					2	5.9%			

Table No.4 shows the association between age of renal patients and their level of quality of life.

General health

Social functioning

Role emotional are significantly associated with their age.

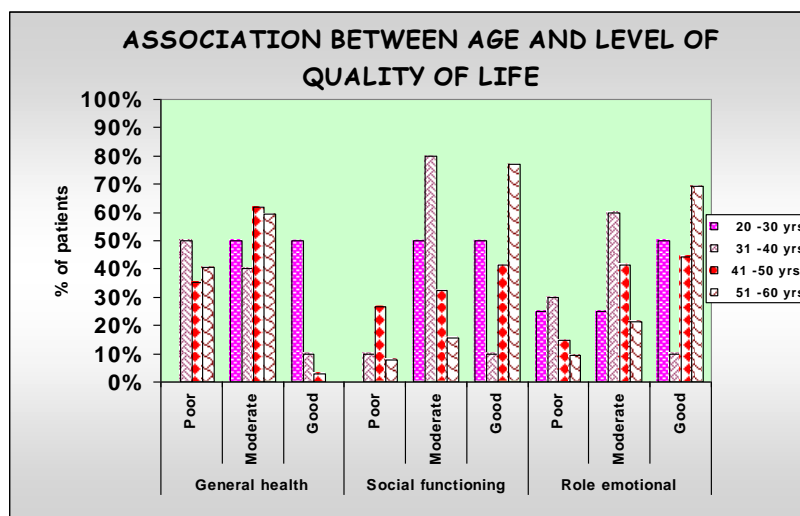Statistical significance difference was calculated using pearson chi square test.

Fig. 3 Bar diagram depicting association between age and level of quality of life.

DISCUSSION

The first objective of the study was: To assess the quality of life of renal patients on hemodialysis

- 20% of the renal patients are having poor quality of life.

- 74% of the renal patients are having moderate quality of life.

- 6% of the renal patients are having good quality of life.

    Lili YC (2006) from Meckey college of nursing, Taiwan in "Group intravenous to improve quality of life in hemodialysis patients.

    Degan M(2003) Veneziana in "Survey on quality of life of patients undergoing dialectic treatment" says that overall patients do not enjoy a good quality of life hemodialysis are more at risk or compromised that peritoneal dialysis.

    Escola (1999) lisban, portugal in "Stress, coping and quality of life among hemodialysis patients" says that perceived level of stress was high than that of psychosocial stresses and their quality of life was satisfactory but they were dissatisfied about their physical well being.

Second objective was:-

To correlate the demographic variables with quality of life of renal patients on hemodialysis.

- Age, monthly income, Type of family, Duration of illness, Number of times under went hemodialysis is significantly associated with their quality of life.

- General health, social functioning and Role emotional are significantly associated with their age.

- None of the demographic variables are significantly associated with their age.

- General health, social functioning and role emotional are significantly associated with their age.

- None of the demographic variables are significantly associated with their age.

    In the present study, the maximum samples delays to 51-60yrs age (52), male(80), others businessman(81), having income > Rs 20,000 Hindu (92) from joint family, their duration of illness are more than 2 yrs (49) number of times under work hemodialysis are more than 15 (87) and lastly undergone hemodialysis <15 days (100).

Section II Association Between Variables And Quality Of Life

In present study, physical functioning and mental health are having poor quality of life age, monthly income, Type of family, Duration of illness; number of times underwent hemodialysis aspect

.

CONCLUSION

The Present study evaluated the quality of life of renal patients undergoing hemodialysis, which was found to be moderate. The mental and physical functioning was found to be poor in relation to quality of life.

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