

A QUALITATIVE STUDY TO ASSESS THE LEVEL OF STRESS AND QUALITY OF LIFE AMONG HAEMODIALYSIS PATIENTS IN JAIPUR, RAJASTHAN.

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ABSTRACT

Aim: To determine the relationship between quality of life (QOL) and stress levels among patients undergoing haemodialysis. Methods: A descriptive correlation study was conducted on 30 haemodialysis patients at JNU Hospital, Jaipur, from May 20 to May 31, 2024. Data were collected using a three-section questionnaire covering demographic features, quality of life, and stress levels.

Results: Of the 30 patients (17 male, 13 female), 42% reported a "partial comfortable life" with moderate tension ($r = 0.802$). A significant inverse correlation was found: as stress increases, quality of life declines ($p < 0.001$). Furthermore, positive correlations were noted between the frequency of weekly dialysis and dialysis history ($p = 0.001$). Conclusion: Increased stress significantly diminishes the quality of life for haemodialysis patients. Healthcare teams should implement supportive procedures and adaptation techniques to mitigate stress and improve patient outcomes.

Keywords: Hemodialysis, CKD.

INTRODUCTION

Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD) represent a global health threat, particularly in developing countries due to expensive, lifelong therapy. Haemodialysis (HD) is the most common renal replacement therapy, used by approximately 59% of ESRD patients to correct fluid and electrolyte imbalances. However, long-term therapy and required lifestyle modifications—such as strict food and fluid restrictions—induce significant physical, psychological, and financial stress.

Patients often experience a decrease in energy, socioeconomic challenges, and emotional reactions that compound the stress of the disease. While medical interventions like Cognitive Behavioral Therapy (CBT) and Progressive Muscle Relaxation Technique (PMRT) have shown effectiveness in promoting QOL, many patients in developing nations remain only partially rehabilitated due to economic factors. This study aims to assess these stressors and their direct impact on the QOL within the context of a selected hospital in Jaipur.

METHODOLOGY

* Research Design: A qualitative research approach was utilized to evaluate knowledge, stress, and QOL.

* Setting: JNU Hospital, Jaipur, Rajasthan—a centre handling 120–130 patients monthly.

* Sample: The study initially estimated a sample of 50 patients using Sigma plot 12.0 software, though the abstract reports on a subset of 30 for the correlation analysis.

* Data Collection Tools: * Section A: Demographic variables (age, sex, education, etc.) and clinical variables (duration of dialysis, BP, etc.).

* Section B: Knowledge questionnaire (18 items).

* Section C: Haemodialysis stressor scale and Kidney Disease Quality of Life (KDQOL) questionnaire.

* Ethical Considerations: Permissions were obtained from hospital authorities, and tools were validated by experts in nursing, psychology, and nephrology.

RESULTS

3.1 Demographic Profile

The majority of subjects (60%) were above 45 years of age. The gender distribution was predominantly male (90% in the larger sample pool of 50). Regarding education, 40% had reached the 9th–12th grade level, while 20% were illiterate.

3.2 Impact on Daily Activities

Patients reported significant limitations in daily life:

- * Mobility: 60% reported "less mobility" and 16% had "no mobility".
- * Assistance: 96% of participants required assistance for their daily activities.
- * Sleep and Appetite: 40% suffered from both disturbed sleep patterns and disturbed appetite.

3.3 Emotional Well-being and Stress

Ongoing haemodialysis had a marked impact on mood:

- * 44% reported irritation.
- * 12% reported anxiety and fear.
- * A strong negative correlation ($r = 0.802$, $p < 0.001$) confirmed that as stress levels rise, the quality of life significantly decreases.

DISCUSSION

The study highlights that intra-dialytic complications, such as hypotension (incidence 20–30%), significantly contribute to patient discomfort and mortality. Physical fatigue and the psychosocial stress of water restrictions and travel difficulties further burden the patient.

The findings align with literature suggesting that nursing interventions, including educational packages on fistula care and fluid management, are vital for patient adaptation. The high prevalence of depression and anxiety among these patients necessitates a holistic care approach that moves beyond simple filtration to include psychological and social support.

CONCLUSION

Haemodialysis is a life-saving but burdensome procedure that drastically alters the lifestyle of ESRD patients and their families. This study confirms that stress is a primary driver of reduced quality of life. Improving patient outcomes requires the routine use of HRQOL (Health-Related Quality of Life) assessments and the integration of stress-reduction techniques, such as PMRT and better patient-provider communication, into standard care protocols.



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