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Original Article

A CORRELATIONAL STUDY ON QUALITY OF LIFE AND COPING STRATEGY AMONG DIALYSIS PATIENTS IN SELECTED HOSPITAL AT MANGALORE

Rekha Raju[1], Latha S.[2]

[1]2nd year M.Sc Nursing student, [2]Asst. Professor & H.O.D,
Nitte Usha Institute of Nursing Sciences, Nitte University, Mangalore-575018, India.

Correspondence:
Latha S.
Nitte Usha Institute of Nursing Sciences, Nitte University, Mangalore - 575 018, India.
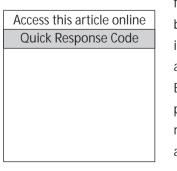E-mail : ulathas@rediffmail.com

Abstract:

A descriptive study was conducted on the Quality of life and coping strategy of dialysis patients from 01.08.2011 to 01.10.2011. The purpose of this study was to describe the Quality of life and Coping strategy among dialysis patients in selected hospital. Rating scales were used to measure the Quality of life & Coping strategy of 60 dialysis patients selected by Purposive sampling technique. The findings of the study showed that majority of the dialysis patients 68.3% (41) had average quality of life. Highest percentage 81.7 % (49) had satisfactory coping. 31.7 %(19) of dialysis patients were in the age group of 61-70 yrs, majority of the dialysis patients were males 68.3 %(41) , 85 % of the subjects were married, 46.7%(28) of them had completed secondary & higher secondary education, 55 %(33) of them were unemployed , 60% (36) of them had an income less than 5000 Rupees/month, 83.3 %(50) of the subjects were Hindus,57%(37) were undergoing dialysis for a duration of 0-12 months. The correlation coefficient value of Quality of life and Coping strategy was 0.431 (p<.05) & hence there is positive correlation between Quality of life and Coping strategy. Study findings also revealed that there is significant association between the Quality of life and religion.

Keywords : Quality of life, Coping strategy, Dialysis patients

Introduction :

End stage renal disease (ESRD) is a chronic and life-threatening illness. It implies that the kidneys are permanently damaged and the person can no longer survive independently without renal replacement therapy. Individuals undergoing long-term haemodialysis have been found to be subjected to multiple physiological and psychosocial stressors and experience personal losses and lifestyle changes[1].

When individuals with CRF have to undergo long-term haemodialysis, it not only impacts their QOL, but also their family's QOL. Coping has been found to be an important factor closely associated with QOL. Effective coping strategies play an essential role in maintaining one's physical and psychological well-being when dealing with life stressors. Effective coping helps to lessen stress, resolve uncomfortable feelings, preserve ability to effectively function in relationships and maintain a positive self-concept that promotes good QOL.[3]

Long-term dialysis therapy itself often results in loss of freedom, dependence on caregivers, disruption of marital, family, and social life, and reduced financial income. Due to these reasons, the physical, psychological, socioeconomic, and environmental aspects of life are negatively affected, leading to compromised QOL[6.]

'Adding life to years and not just years to life' is as true for ESRD patients as for any other individuals. ESRD is a chronic disease causing high levels of disability in different domains of the patient's life, leading to impaired QOL. Thus it is a challenge for nurses as well as for other health care providers to help& promote QOL of dialysis patients, despite their health problems.

A cross-sectional study conducted to assess the QOL in

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haemodialysis patients using the WHO QOL-BREF questionnaire showed that the QOL in haemodialysis patients was found to be considerably impaired when compared to that of healthy individuals of the general population as well as of renal transplant patients.[2]

Materials and methods:

The descriptive correlational approach was adopted as study design. Population comprised of dialysis patients of selected hospitals at Mangalore. Purposive sampling technique was used for the selection of 60 samples.

QOL of dialysis patients was assessed by rating scale on quality of life and expressed in terms of descriptive statistics. Coping strategies were identified by rating scale on coping strategy & interpreted in terms of frequency and percentage. Association between QOL & coping strategy was analysed by Karl Pearson coefficient of correlation.

A formal written permission was obtained from Medical Superintendent & Dept. of Nephrology of K.S.Hegde Charitable Hospital. An informed consent was taken from all the subjects individually after explaining the objectives and purpose of the study. Confidentiality was assured to the entire subjects to get their co-operation. Subjects were instructed to answer the Demographic proforma, Rating Scale on QOL and the Rating scale on coping strategy.

Results

Major findings are discussed under the following headings.

SECTION 1: DESCRIPTION OF DEMOGRAPHIC CHARACTERISTICS.

Table 1: DESCRIPTION OF DIALYSIS PATIENTS ACCORDING TO THE DEMOGRAPHIC CHARACTERISTICS

n=60

Sl.no	Sample characteristics	Frequency	Percentage
1.	Age (yrs)		
	21-30	9	15
	31-40	6	10
	41-50	13	21.6
	51-60	13	21.7
	61-70	19	31.7
2.	Gender		
	Male	41	68.3
	Female	19	31.7

Sl.no	Sample characteristics	Frequency	Percentage
3.	Marital status		
	Married	51	85
	Single	7	11.7
	Divorced	0	0
	separated	0	0
	Widow/widower	2	3.3
4	Education		
	No formal education	8	13.3
	Primary School	16	26.7
	Secondary and higher secondary	28	46.7
	Graduate	8	13.3
	Post-Graduate	0	0
5.	Occupation		
	Unemployed	33	55
	Unskilled	14	23.3
	Skilled	4	6.7
	Professional employee	9	15
6.	Income		
	<5000	36	60
	5001-10,000	15	23
	10001-15,000	7	11.7
	>15000	2	3.3
7.	Religion		
	Hindu	50	83.3
	Christian	5	8.3
	Muslim	4	6.7
	Others	1	1.7
8.	Duration of dialysis		
	0-12month	37	61.7
	1-3 yrs	21	35
	3-5yrs	2	3.3
	5-7yrs	0	0

SECTION 2:- QUALITY OF LIFE OF DIALYSIS PATIENTS

60 dialysis patients were selected from K.S. Hegde Charitable Hospital through purposive sampling technique based on inclusion criteria. The data were analyzed in terms of frequency and percentage to determine the level of quality of life of dialysis patients.

Table 2: QUALITY OF LIFE OF DIALYSIS PATIENTS

n=60

QOL	Score range	Frequency	Percentage (%)
Poor QOL	26-60	19	31.7
Average QOL	61-95	41	68.3
Good QOL	96-130	0	0
Total		60	100

SECTION 3:- COPING STRATEGIES USED BY THE DIALYSIS PATIENTS.

Coping strategies of the samples were assessed with a 3 point rating scale.

Table 3: COPING STRATEGIES USED BY THE DIALYSIS PATIENTS.   n=60

Coping Strategy	Score range	Frequency	Percentage (%)
Poor coping	23-38	0	0
Satisfactory coping	39-53	49	81.7
Good coping	54-69	11	18.3
Total		60	100

SECTION 4:-CORRELATION BETWEEN THE QUALITY OF LIFE AND COPING STRATEGIES AMONG DIALYSIS PATIENTS

In order to determine the relationship between the quality of life and coping strategy Karl Pearson's coefficient of Correlation was calculated .

Table 4: CORRELATION BETWEEN THE QUALITY OF LIFE AND COPING STRATEGIES AMONG DIALYSIS PATIENTS

VARIABLES	CORRELATION (r value)	LEVEL OF SIGNIFICANCE
QOL(59) COPING(41)	0.431	0.001 (P<0.05) S

The Karl Pearson correlation co-efficient value of Quality of life and coping strategy is 0.431 (p<.05) & it was concluded that there exist a positive correlation between Quality of life and coping strategy.

SECTION 5:- ASSOCIATION BETWEEN QUALITY OF LIFE AND SELECTED DEMOGRAPHIC VARIABLES.

This section dealt with the analysis of association between quality of life and selected demographic variables by using Chi-square test. In order to find out the association between quality of life and selected variables the following hypothesis was formulated.

H2: There will be significant association between quality of life and selected variables.

The study shows that the calculated x^2 value (x^2 cal=9.81,p<0.05) of the variable religion is greater than the x^2 table value (x^2 tab = 5.99) & hence the research hypothesis is accepted & it is concluded that there is a significant association between Quality of life & religion of

dialysis patients.

Since the x^2 calculated value of other variables is less than the x^2 table value the research hypothesis is rejected and it is concluded that there is no significant association between Quality of life and selected variables such as age, gender, marital status, education, occupation, income & duration of dialysis.

Discussion :

Majority of dialysis patients experienced average Quality of life (68.3%). A similar descriptive correlational study done to assess the relationship between Quality of life and stress in the Haemodialysis patients revealed that there exist a relationship with Quality of life and degree of tension(r = 0.802) i.e. with increase of tension, Quality of life declines (p < 0.001)[4].

In another cross-sectional study done to assess the QOL in Haemodialysis patients using the WHO QOL-BREF questionnaire, the result showed that QOL of Haemodialysis patients was found to be considerably impaired when compared to that of healthy individuals of the general population as well as of renal transplant patients[5].

Majority of the dialysis patients had satisfactory coping .This finding is supported by another study on coping strategies and stressors in patients with Haemodialysis which showed that, coping strategies used by patients were emotion-oriented strategy, avoidance, and isolated thoughts. The choice of coping strategy depended on the types of stressor[2].

The findings of the study showed that there is correlation between Quality of life and coping strategy. Another correlational study by Lindqvist & Sjödén on Haemodialysis patients in Brazil showed that patients with high emotion-oriented coping scores were seen at risk for poor QOL[6].

Conclusion:

The findings of the study revealed that majority of dialysis patients had average Quality of life & satisfactory coping. There is a significant relationship between the Quality of life & coping strategies of dialysis patients.

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