



# A Study To Assess Quality Of Life In Chronic Renal Failure Patients Undergoing In Hemodialysis Selected Hospital

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## Abstract

CRF is one such chronic disease which causes a high level of disability in different domains of the patients' lives, leading to impaired QoL. Hemodialysis therapy is time-intensive, expensive, and requires fluid and dietary restrictions. 50 Chronic renal patients undergoing hemodialysis was selected for the study using purposive sampling technique. The samples were included for the study who meets the inclusion criteria of study. The tool consists of socio-demographic variables and WHO\_BREF scale to assess the quality of life was used to collect the data. The present study results on quality of life in chronic renal failure patients undergoing hemodialysis revealed that; In physical health domain 26(52%) had fair quality of life, 15(30%) had poor quality of life, 7(14%) had good quality of life and 2(4%) had very good quality of life with an average mean and SD was 40.16 and 17.93. Conclusion Based on the findings of the present study the investigator found that the most of the patients had fair quality of life. While analyzing the quality of life in chronic renal failure patients undergoing hemodialysis with selected demographic variables.

## I. INTRODUCTION:

Chronic Renal Failure (CRF) is a type of kidney disease in which there is gradual loss of kidney function over a period of months or years. Initially there are typically no symptoms. Later on leg swelling, tiredness, fatigue, vomiting, loss of appetite or confusion may develop. CRF leads to a series of biochemical, clinical and metabolic disorders, directly or indirectly linked to high rates of hospitalization, morbidity and mortality.<sup>1</sup>

Hemodialysis is a process of purifying the blood of a person whose kidneys are not working normally. Routine hemodialysis is conducted in a dialysis outpatient facility, either a purpose built room in a hospital or a dedicated, stand-alone clinic.<sup>4</sup>

Health Related Quality of Life (HRQoL) assessment is essential in evaluating quality and effectiveness of ESRD patient care, comparing alternative treatments and Renal Replacement Therapy (RRT) modalities, improving clinical outcomes, facilitating complex rehabilitation of ESRD patients, and enhancing patient satisfaction.<sup>5</sup>

## II. NEED OF STUDY

Chronic Renal Failure is a life threatening problem for patients and their families with profound effect seen on patient health. The hemodialysis patients are subjected to multiple psychological and physiological changes and potential losses like independence, financial status, altering their role self-image and diminishing self-esteem.<sup>16</sup>

Hemodialysis remains most common form of treatment for CRF compared to peritoneal dialysis and renal transplantation. Though many improvement, sophistication and advancement have taken place in treatment of dialysis still these patients are vulnerable to suffer from many side effects.<sup>16</sup>

## III. MATERIAL AND METHOD

Non experimental descriptive research design is utilized to achieve the objectives of the study, 50 sample were selected to collect the data. Standardized WHOQOL-BREF scale used to assess the quality of life. It consist of 26 questions about four domains of quality life i.e. physical health, psychological, social relationships and environment. Socio-Demographic variables : It consist of socio-demographic variable items for obtaining information from chronic renal failure patients i.e. age in years, gender, marital status, educational status, occupational status, habits, lifestyle, duration of illness, duration of undergoing hemodialysis and co-morbidities, to select the subjects who meet the inclusion criteria of the study. Prior to data collection informed consent was obtained from all the participants after explaining the purpose of this research study. Interview method was used.

### 3.1. RESEARCH APPROACH

For the present study, quantitative research approach was adopted to assess the quality of life in Chronic Renal Failure patients undergoing Hemodialysis in selected hospitals of District Hoshiarpur, Punjab.

### 3.2 RESEARCH DESIGN

For the present study, Non experimental descriptive research design is utilized to achieve the objectives of the study.

### 3.3. RESEARCH SETTING

The study was conducted in Civil hospital, Dasuya. It is 150 bedded hospital having all the facilities like emergency services, diagnostic services, telemedicine, dialysis unit, blood bank, de-addiction unit, dispensary etc. Doctors of all specialties are available here for providing services to people. All the wards, i.e., Emergency ward, Surgical ward, Medical ward, Gynecological ward, Ortho ward, Operation theatre are available here.

S.P.N (ch.) hospital Mukerian is 150 bedded hospital. It is a charitable hospital providing all diagnostic services, emergency services, OPD services, referral services. Hospital is equipped with well trained staff. Intensive care unit is provided with all facilities such as Ventilator, oxygen supply, bed side monitors, suction apparatus. Various surgeries are also performed here. There are various wards like Emergency ward, Medical ward, Gynecological ward, Paediatric ward. Physiotherapy unit, Dialysis unit are also available here.

Civil hospital Dasuya and S.P.N hospital, Mukerian are providing comprehensive care to the patients. The reason for selecting this hospital was familiarity with the settings, convenience and expected cooperation from Senior Medical Officer and administrator of this hospital, in getting permission for conducting the study.

### 3.4 TARGET POPULATION

For the present study target population was chronic renal failure patients undergoing hemodialysis in selected hospitals of District Hoshiarpur, Punjab.

#### 3.4.1. SAMPLE SIZE

50 patients of civil hospital, Dasuya of District Hoshiarpur, Punjab

#### 3.4.2. SAMPLING TECHNIQUE

Purposive sampling technique was used to select the samples from selected hospitals of District Hoshiarpur.

#### 3.4.3. SAMPLING CRITERIA

#### 3.5 Inclusion criteria

The patients who were willing to participate in the study.

The patients who were available at the time of data collection.

#### 3.6 Exclusion criteria

The patients who were unconscious and intubated.

The patients who were suffering from other chronic conditions.

### 3.5 VARIABLES

**3.5.1 Demographic variables:** The demographic variables under the study area are age, gender, marital status, educational status, occupational status, habits, lifestyle, duration of illness, duration of undergoing hemodialysis and co-morbidities.

**3.5.2 Research variable:** Quality of life in Chronic Renal Failure patients undergoing Hemodialysis.

### 3.6 DESCRIPTION OF TOOL

The tool consists of 2 parts:-

#### 3.6.1 Part A: Socio-Demographic variables

It consists of socio-demographic variable items for obtaining information from chronic renal failure patients i.e. age in years, gender, marital status, educational status, occupational status, habits, lifestyle, duration of illness, duration of undergoing hemodialysis and co-morbidities.

**3.6.2 Part B:** Standardized WHOQOL-BREF scale used to assess the quality of life. It consists of 26 questions about four domains of quality of life i.e. physical health, psychological, social relationships and environment.

**Score Interpretation****Quality Of Life**

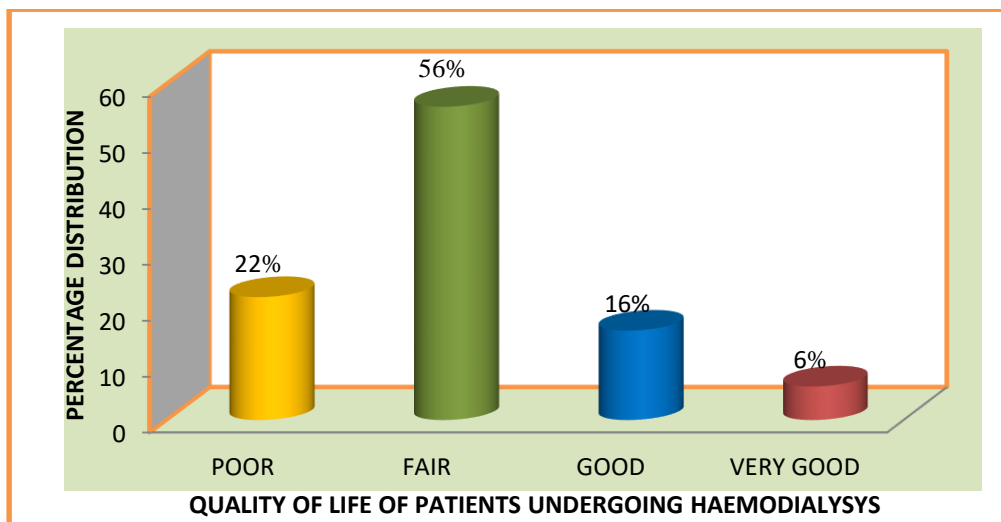
Quality Of Life	Scoring
Poor	0-100
Fair	101-200
Good	201-300
Very Good	301-400

**Domains of Quality of Life**

Quality Of Life	Scoring
Physical Health	(0-25)
Psychological Health	(26-50)
Social Relationships	(51-75)
Environment	(76-100)

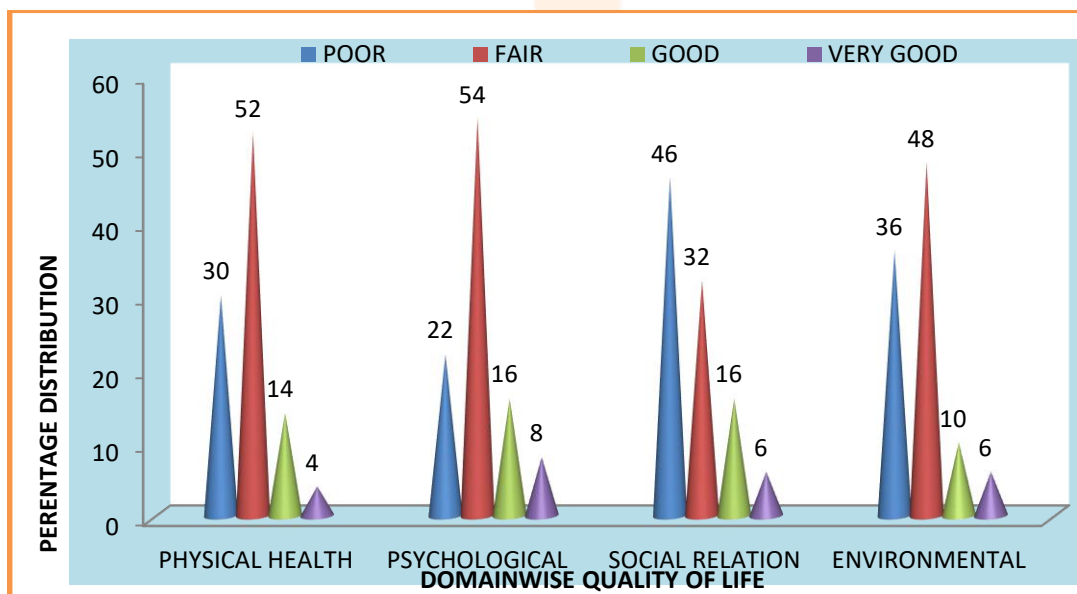
**3.7 ANALYSIS AND INTERPRETATION OF DATA****Quality of life in chronic renal failure patients undergoing hemodialysis N=50**

Quality of Life	f	%	Mean	SD
Poor (0-100)	11	22		
Fair (101-200)	28	56	160.10	57.08
Good (201-300)	8	16		
Very Good (301-400)	3	6		
Minimum score=0				
Maximum Score=400				



**Domain wise Quality of life in chronic renal failure patients undergoing hemodialysis**  
N=50

Quality of Life	Physical Health Domain	
	f	%
<b>Poor (0-25)</b>	15	30
<b>Fair (26-50)</b>	26	52
<b>Good (51-75)</b>	7	14
<b>Very Good (76-100)</b>	2	4
<b>Mean±SD</b>	40.16±17.93	



**IV. RESULT**

Findings related to quality of life in chronic renal failure patients undergoing haemodialysis. The quality of life in chronic renal failure patients undergoing haemodialysis revealed that 28(56%) had fair quality of life, followed by 11(22%) had poor quality of life, 8(16%) had good quality of life and 3(6%) had very good quality of life with an average mean and SD was 162.10 and 57.08.

## V. DISCUSSION

The results of the descriptive study suggest that 28(56%) had fair quality of life, followed by 11(22%) had poor quality of life, 8(16%) had good quality of life and 3(6%) had very good quality of life with an average mean and SD was 162.10 (mean percentage was 40.52%) with SD of 57.08. These findings were similar to a study regarding assessing the quality of life of chronic kidney disease patients undergoing haemodialysis in Institute of Liver and Biliary Sciences, New Delhi reported by;

**Negi. P, Verma. M** (2019) also reported similar findings in study. A study conducted to assess the quality of life of chronic kidney disease patients undergoing haemodialysis. Result showed that mean percentage of QOL score was found to be 59.28 percent with a standard deviation of 14.58. The level of QOL was average in 61.4 percent of CKD patients. 20% had above average QoL and 18.6% had below average level of QOL. The highest mean percent score in QOL was 67.4 percent in physical domain, followed by score of social domain was 42.14 percent and lowest mean percent QOL score of 26.43 percent in social domain. The study findings indicate that CKD adversely affects the QOL of patients on haemodialysis.<sup>11</sup>

## VI. CONCLUSION

Based on the findings of the present study the investigator found that the most of the patients had fair quality of life. While analyzing the quality of life in chronic renal failure patients undergoing haemodialysis with selected demographic variables it was found that there was statistically significant relationship between variables such as educational status, occupational status and lifestyle, but association with age in years, gender, marital status, habits, duration of illness, duration of haemodialysis and co-morbid illness was non-significant.

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