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A Study to Assess the Stressors and Coping Strategies Among Patients Undergoing Haemodialysis Admitted in Selected Hospitals of Surat City with A View to Develop Information A Booklet on It

Ms. Mayuri Vaidya
Assistant Professor, P P Savani University

Abstract: ***Life on dialysis is a perpetual challenge due to demanding treatment schedule and dietary restrictions. The dialysis depends on machine for survival conflicts with the independence needed to maintain a normal life. A number of stress and coping mechanism factors operate in patients on maintenance hemodialysis. These include physiological, psychological, socio-economic, financial and marital problems depending on the machine, limited activities and treatment related problems. Life on dialysis end stage renal disease shows similarities with other chronic disorders in that there are threats to autonomy, a considerable burden of illness and changes in functional status Thus, promotion of their health from the beginning of human life is essential. The study aimed to assess the stressors and coping strategies of the patients undergoing dialysis of Surat city to develop and distribute an information booklet.***

A Cross sectional descriptive survey research approach was used in this study at selected hospitals of Surat city. Sample comprised of 100 patients undergoing haemodialysis and sample was selected by simple random sampling technique. Data was collected by using structured interview questionnaire, and analyzed by using descriptive and inferential statistics. A structured questionnaire was used to assess stressors of patients undergoing hemodialysis and A Likert Attitude questionnaire for assessing coping strategies adopted by patients undergoing hemodialysis.

I. INTRODUCTION

The current generation is substantially different from earlier ones. Food, technology, and other inventions have made it possible for many people to enjoy luxurious lives. But in addition to these, according to the statistical data of our health department, there are several diseases that are really creating a name for themselves in terms of the health of the population today. Numerous people are sedentary, stressed out from daily life, and lack of healthful activities are currently afflicted with specific illnesses. Kidney failure is a widespread condition right now.

The kidneys' inability to eliminate wastes, concentrate urine, and store electrolytes is known as renal failure. Numerous etiological variables can cause renal failure to occur sooner than later. The patient needs long-term therapy or a transplant because the condition is treatable but not curable.

The urge for independence to sustain a normal life clashes with the dialysis patient's need to rely on a machine to survive. Patients with renal failure are typically prescribed dialysis. End-stage renal disease (ESRD) affects the kidneys to the point where they are no longer able to maintain the normal amount of certain kidney-regulated substances in the bloodstream or adequately remove waste products and fluids from the body. Dialysis is the only known medical option for these patients other than kidney transplantation. (2005) Steven D. Weisbord, Linda F. Fried, et al.

Based on the procedure, frequency, and location of the treatment, the client receiving hemodialysis faces a variety of issues. However, they are compelled to put up with this ongoing condition, which involves uncomfortable needle sticks and injections every day or a few times a week.

Without communication with the dialysis centre, patients cannot even plan for brief pauses. This new way of life and compulsory treatment wears people out from the strange circumstances, and occasionally they feel revolted or want to discontinue the treatment. Sometimes they may go as far as trying to kill themselves or acting violently toward the environment. The unwell experience breakdowns, which are typically characterised by worry, despair, and low self-esteem.

II. STATEMENT OF THE PROBLEM

"A study to assess the stressors and coping strategies among patients undergoing haemodialysis admitted in selected hospitals of surat city with a view to develop information an booklet on it"

III. OBJECTIVES

1) To assess the stressors among patients undergoing hemodialysis in the selected hospitals of Surat City.
2) To assess the coping strategies of patients undergoing hemodialysis in the Selected hospitals of Surat City.
3) To develop Informational Booklet to coping strategy for patients undergoing hemodialysis.

A. *Assumption*

- The stressors of patients undergoing hemodialysis will be present in patients with hemodialysis.
- Patients undergoing hemodialysis using many coping strategies to cope up with stressors.

IV. RSEARCH METHODOLOGY

1) *Research Approach:* Qualitative Survey research approach
2) *Research Design:* Cross-sectional with typical descriptive research design
3) *Research Setting:* Hospitals of Surat City

V. VARIABLES OF THE STUDY

1) *Demographic Variables:* Age, sex, religion, marital status, education, occupation, monthly income, etiology, duration of hemodialysis and number of hemodialysis in a week of the patients undergoing hemodialysis.
2) *Independent Variables:* Independent variable is the variable that stands alive and it is not dependent on any other variable.
3) *Dependent Variable:* The dependent variable is the variable which the researcher is interested in understanding, explaining or predicting. Stressors and coping strategies of patients undergoing haemodialysis is dependent variable in this study.
4) *Sample Size:* 100 patients undergoing hemodialysis admitted or treated in selected hospitals of Surat City.
5) *Sampling Technique:* Probability Random Sampling technique

VI. DATA COLLECTION TOOL

1) The investigator prepared a structured knowledge interview questionnaire to assess stressors of the patients undergoing hemodialysis.
2) Likert Attitude questionnaire indicating various coping strategies such as Sharing Emotion, social and spiritual support, Negative Cognition, problem solving, avoidance and acceptance. Likert Attitude questionnaire is prepared to assess coping strategies.

VII. RESULT

Patients have following stressors: Physiological stressors never experienced by (37%) samples, sometimes experienced by (15.6%) samples and (47.3%) samples had always experienced physiological stressors.Psychological stressors: (37%) samples were never experienced psychological stressors,(15.6%) samples were sometimes experienced psychological stressors and (47.3%) samples were always experienced psychological stressors. Social stressors: (57%) were never experienced with social stressors, (1.86%) samples were sometimes experienced with social stressors and (41%) samples were always experienced social stressors.

(34%) patients have never adopted sharing emotion coping strategies, (42.67%) patients have sometimes adopted sharing emotion coping strategies and (23.33%) patients had samples often adopted sharing emotion coping strategies. (38.86%) patients never adopted social and spiritual support coping strategies, (30.86%) patients had sometimes adopted social and spiritual support coping strategies and (33.29%) patients had often adopted social and spiritual support coping strategies. (70.42%) patients never adopted negative cognition coping strategies, (13.43%) patients had sometimes adopted negative cognition coping strategies and (16.14%) patients had often adopted negative cognition coping strategies. (14.25%) patients had adopted never problem solving coping strategies, (24.5%) patients had sometimes adopted problem solving coping strategies and (61.25%) patients had often adopted problem solving coping strategies. (62.75%) patients had never adopted avoiding coping strategies, (10%) patients had sometimes adopted avoiding coping strategies and (27.25%) patients had often adopted avoiding coping strategies. (28.4%) patients had sometime adopted acceptance coping strategies, (14.2%) patients had sometime adopted acceptance coping strategies and (57.4%) patients had often adopted acceptance coping strategies.

Frequency And Percentage Wise Distribution Of Demographic Data Of The Samples

DEMOGRAPHIC DATA		FREQUENCY	PERCENTAGE (%)
Age(yr)	a. 18-35	31	31.0
	b.36-55	54	54.0
	c. Above 55	15	15.0
Gender	a. Male	72	72.0
	b. Female	28	28.0
Religion	a. Hindu	91	91.0
	b. Christian	01	1.0
	c. Muslims	08	8.0
	d. Others	00	00
Marital Status	a. Married	91	91.0
	b. Unmarried	06	6.0
	c. Divorce	00	00
	d. Widow/Widower	03	3.0
Education	a. Illiterate	10	10.0
	b. Primary education	22	22.0
	c. Secondary education	32	32.0
	d. Higher secondary education	24	24.0
	e. Graduate and above	12	12.0
Occupation	a. Unemployed	28	28.0
	b. Labourer	18	18.0
	c. Employed	15	15.0
	d. Businessman	08	8.0
	e. Others	31	31.0
Monthly Income(Rs)	a. Below 5000	75	75.0
	b. between:-5000-15,000	20	20.0
	c. More than15,000	05	5.0
Etiology	a. Diabetic Nephropathy	26	26.0
	b. Hypertension	53	53.0
	c.Glomerulo Nephritis	00	00
	d. Others	21	21.0
Number of Hemodialysis In a week	a. 1 time	14	14.0
	b. 2 time	86	86.0
	c. 3 time	00	00

The Compilation Of Physiological Stressors According To Frequency And Percentage
[N=100]

X	Frequency	Percentage (%)
Never(0)	592	37
Sometimes(1)	251	15.6
Always(2)	757	47.3

The Compilation Of Psychological Stressors According To Frequency And Percentage
[N=100]

X	Frequency	Percentage (%)
Never(0)	178	25.42
Sometimes(1)	94	13.42
Always(2)	428	61.14

The Compilation Of Social Stressors According To Frequency And Percentage
[N=100]

X	Frequency	Percentage (%)
Never(0)	399	57
Sometimes(1)	13	1.86
Always(2)	288	41.14

The Compilation Of Sharing Emotion Coping Strategies According To Frequency And Percentage
[N=100]

X	Frequency	Percentage (%)
Never(0)	102	34
Sometimes(1)	128	42.67
Often(2)	70	23.33

The Compilation Of Social And Spiritual Support Strategies According To Frequency And Percentage
[N=100]

X	Frequency	Percentage (%)
Never(0)	251	38.86
Sometimes(1)	216	30.86
Often(2)	233	33.29

The Compilation Of Negative Cognition Coping Strategies According To Frequency And Percentage
[N=100]

X	Frequency	Percentage (%)
Never(0)	493	70.42
Sometimes(1)	94	13.43
Often(2)	113	16.14

The Compilation Of Problem Solving Coping Strategies According To Frequency And Percentage
[N=100]

X	Frequency	Percentage (%)
Never(0)	57	14.25
Sometimes(1)	98	24.5
Often(2)	245	61.25

The Compilation Of Acceptance Coping Strategies According To Frequency And Percentage
[N=100]

X	Frequency	Percentage(%)	Mean
Never(0)	142	28.4	0.29
Sometimes(1)	71	14.2	0.14
Often(2)	287	57.4	1.15

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VIII. MAJOR FINDING

The investigator analysed and interpreted the data in terms of objectives of the study. Descriptive statistics was utilized for the data analysis. After analysis following were the major findings of the research study:

Findings related to stressors of the patients undergoing hemodialysis

1) Patients have following physiological stressors: (28%) samples had difficulty in daily living independently, (46%) samples were getting frustrated from alteration in body, (84%) samples had trouble because of dryness of mouth/thirst, (58%) samples had trouble of limited intake of fruit/salt, (64%) samples were frustrated from fluid restriction, (72%) samples had trouble of frequent sessions of hemodialysis, (67%) samples were exhausted from treatment regimen, only (25%) samples feel troublesome because of itching and (12%) samples feel hiccups before hemodialysis, (64%) samples got complete exhausted after hemodialysis, (70%) samples had body pain ,(78%) samples had pain at access site,(20%) samples had muscle cramp, (17%) samples experience sweating and (17%) samples had experience dizziness, (35%) samples had experience difficulty in breathing.

   a. It was concluded that (37%) samples were never experiencing physiological stressors,(15.6%) samples were sometimes experiencing physiological stressors and (47.3%) samples were always experiencing physiological stressors.

2) Patients have following psychological stressors: (70%) samples having alteration in concentration, (50%) samples were anxious because of hemodialysis, (84%) samples were feel dependent, only (10%) samples need accompany throughout hemodialysis, (74%) samples feel depressed, (66%) samples were become irritable and (74%) samples feel sad . It was concluded that (25.42%) samples were never experiencing psychological stressors, (13.42%) samples were sometimes experiencing psychological stressors and (61.14%) samples were always experiencing with psychological stressors.

3) Patients have following psychological stressors: (91%) samples impasses family needs,(8%) samples get alter behaviour towards spouse, (84%) samples worried about responsibilities of children/family,(8%) samples experience change in attitude, (97%) samples get easily permitted for hemodialysis session,(1%) samples feel discrimination and (1%) samples feel socially isolated. It was concluded that (57%) were never experiencing with social stressors, (1.86%) samples were sometimes experiencing with social stressors and (41%) samples were always experiencing social stressors.

Findings related to coping strategies for patients with hemodialysis

- (34%) samples were never using sharing emotion coping strategies, (42.67%) samples were using sometimes and (23.33%) samples were often using sharing emotion coping strategies.
- (38.86%) samples never using social and spiritual support coping strategies, (30.86%) samples were using sometimes and (33.29%) samples were often using social and spiritual support coping strategies.
- (70.42%) samples never using negative cognition coping strategies, (13.43%) samples were using sometimes and (16.14%) samples were often using negative cognition coping strategies.
- (14.25%) samples were using never problem solving coping strategies, (24.5%) samples were using sometimes and (61.25%) samples were often using problem solving coping strategies.
- (62.75%) samples were never using avoiding coping strategies, (10%) samples were using sometimes and (27.25%) samples were often using avoiding coping strategies.
- (28.4%) samples were sometime using acceptance coping strategies, (14.2%) samples were using sometimes and (57.4%) samples were often using acceptance coping strategies.

IX. CONCLUSION

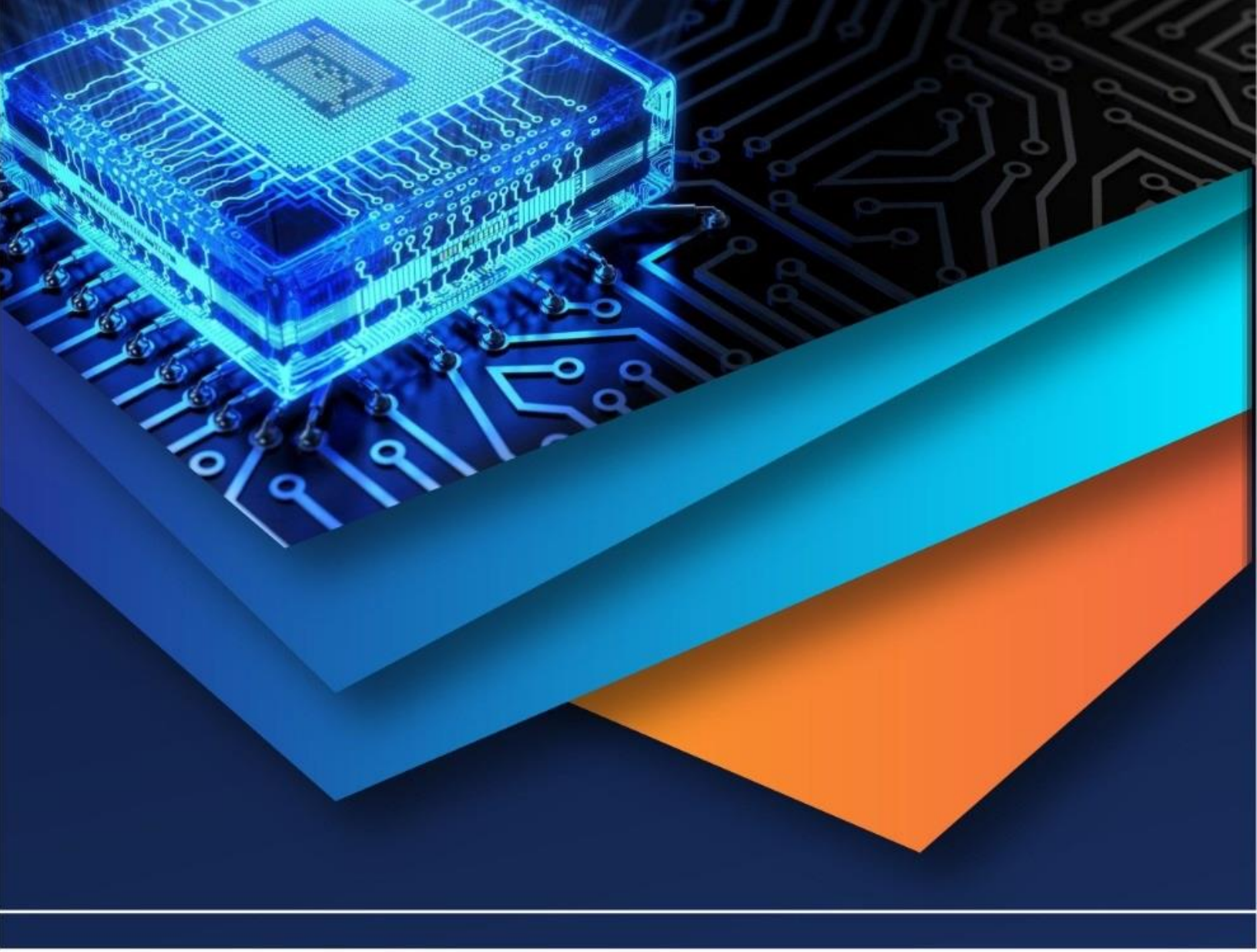
From above findings it was concluded that there was presence of stressors among patients undergoing hemodialysis. Patients have following stressors: Physiological stressors experienced by (47.3%) samples. (47.3%) samples had experienced psychological stressors. Social stressors experienced by (41%) samples.

Very few patients (23.33%) patients were using sharing emotion coping strategies. (33.29%) patients were using social and spiritual support coping strategies. (16.14%) patients were using negative cognition coping strategies. (14.25%) patients were never using problem solving coping strategies. (27.25%) patients were using avoiding coping strategies. (28.4%) patients were never using acceptance coping strategies.

RECOMMENDATIONS FOR FURTHER STUDY

The following recommendations are made on the basis of the findings of the present study.

[1] A similar study may be conducted in a large scale in order to get broader generalization.
[2] A comparative study between Government and Private hospitals for presence of stressors in the patients undergoing hemodialysis.
[3] A comparative study may be conducted to assess stressors and coping strategies among male and female.



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