



Self Reported Practice Regarding Home Care Management Among Patients Undergoing Hemodialysis With A View to Prepare an Informational Booklet.

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ABSTRACT

Patients with ESRD undergo a complex treatment regimen involving dialysis and a wide range of dietary restriction and lifestyle changes which affects their social and psychological functioning. So it is important to explore the self care management of hemodialysis patients to know how good practices they are having. The informational booklet is one of the effective teaching strategies which can be used for teaching the patients on hemodialysis to promote their compliance with the treatment regimen. Hence the study was undertaken on the exploration of self reported practice regarding home care management among patients undergoing hemodialysis in a view to prepare an informational booklet. Materials and methods: An explorative research design was used for the present study. The participants were about 50 in number and purposive sampling technique was used. Data was collected by administering a self reported practice rating scale. Results: The finding of the study revealed that majority of the patients 58% had good practice in home care management. In the area of sleep, rest and activity only 28% of patients had mostly safe practice, majority of them 96% had mostly safe practice in the area of care of fistula, only 20% of the patients had mostly safe practice in maintenance of diet, more than half 52% of the patients had mostly safe practice in the area of fluid maintenance. Conclusion: The findings of the study have shown that more than half of the patients have mostly safe practices regarding home care management. Keyword: Self reported practice; Home care management; Hemodialysis.

KEYWORDS

Self reported practice; Home care management; Hemodialysis.

INTRODUCTION

End Stage Renal Disease is a long-term chronic illness that is often treated with either dialysis or kidney transplantation. Patients with ESRD are faced with complicated and demanding treatment regimen that includes dietary and fluid restriction and medication schedule. Irrespective of whether the treatment is predominantly dialysis center based or home based patient need to have sufficient knowledge, skill and ability to carry out their treatment regimen without direct supervision of health personnel. Therefore it is important to know the patient self care management level.¹

Even though the number of patients undergoing hemodialysis is shooting high, it is noted that these individuals are quite unaware about the self-care activities to be followed at home. A study was conducted in Mysore on the medication knowledge among 90 patients undergoing hemodialysis. The findings reveals that medication knowledge of the patients undergoing hemodialysis was extremely poor especially regarding the name, indication and the dosage regimen.²

The above mentioned studies emphasize the need for education and a continued reinforcement in patients undergoing Hemodialysis for better overall quality of life.

OBJECTIVES:

- To determine the level of self-reported practices regarding home care management among patients undergoing hemodialysis using a practice rating scale.
- To find association between levels of self-reported practices regarding home care management among patients undergoing hemodialysis and selected demographic variables.

MATERIALS AND METHODS:

- Setting:** The study was conducted in Dialysis unit of Father Muller Medical College Hospital, Mangalore

- Research approach:** The approach used for this study was descriptive approach.

- Research design:** Explorative design

- Sample:** 50 patients who were undergoing hemodialysis.

- Sampling technique:** Purposive sampling method.

- Inclusion criteria:**

- Able to read and write Kannada, Malayalam and English
- Patients who are undergoing hemodialysis for more than 6 months
- Patients who are between the age group of 20-60 years.

- Exclusion criteria**

- Critically ill patients

- Data collection instruments:**

- Self Reported Practice Rating Scale
- Demographic Proforma

- Description of tool:**

The tool consisted of two aspects:

Section 1: It is comprised of Baseline proforma with age of patients undergoing hemodialysis in years, gender, religion, type of family, education, occupation, duration of hemodialysis, frequency of hemodialysis, associated co-morbidities, family history of ESRD, source of information regarding hemodialysis.

Section 2: Self reported practice rating scale regarding rest and sleep, vascular access care, diet and fluid intake.

- Data collection procedure:**

The investigator obtained permission to conduct the study from the concerned hospital authority and informed consent was taken from subjects. Purposive sampling technique was used. Data was collected using self reported practice rating

scale to assess the home care practices of patients. Immediately after collecting data, the level of self reported practice assessed through data analysis. Informational booklet provided to those who are having poor practices.

Major findings of the study:

The data was analyzed presented and under the following heading:

Section 1: Frequency and percentage distribution of socio demographic characteristics of sample.

Section 2: Level of self-reported practice regarding home care management

- Area wise distribution of sample according to the level of self reported practice
- Item wise distribution of sample according to the level of self reported practice.

Section 3: Association of the level of self-reported practice regarding homecare management with selected demographic variable.

Section 1:

- Data shown that majority of the subjects were in the age group of 51-60 that is 21(42%), 4(08%) of the subjects were in the age group of 20-30years, 10(20%) in the age group of 31-40, 15(30%) in the age group of 41-50.
- Majority of the subjects 42 (84%) belonged to nuclear family, 07 (14%) to joint family and only 1 (02%) belonged to extended family.
- Most of the subjects 26(52%) were having primary education and only 1(2%) were having no formal education and professional degree.
- Majority of the subjects 15 (30%) were both self employed and unemployed 12(24%) were homemakers and only 3(06%) were government employee.
- Majority of the subjects 25(50%) were receiving hemodialysis from more than 2 years, 20(40%) were receiving hemodialysis from 1-2 years and only 5(10%) were receiving hemodialysis from 6 months-1 year.
- Most of subjects 46(92%) were undergoing hemodialysis twice a week, 4 (08%) were undergoing hemodialysis thrice a week
- Majority of the subjects 42(84%) were not having a family history of kidney disease and 8(16%) were having a family history of kidney disease.
- Most 41(82%) of subjects received health information from health professional, 3 (06%) received from media and 06(12%) received health information from friends and family.

Section 2: Level of self-reported practice regarding home care management

The data presented figure 1 shows that more than half of the subjects (58%) are having mostly safe practice and 42% are having partially safe practice.

a) Area wise distribution of sample according to the level of self reported practice

Less than half of the patients 28% are having mostly safe practice in the area of rest, sleep and activity. Majority of the patients 96% had good practice in the area 'care of fistula'. Very few patients 20% are having mostly safe practice in the area of dietary management. More than half of the patients 52% having good compliance to fluid.

b) Item wise distribution of sample according to the level of self reported practice.

According to the data obtained regarding rest, sleep and activity most of the subjects were having partially safe practice, 32(64%) were not planning their daily activity, 11(22%) were sleeping during the day time and only 38(76%) are avoiding strenuous activity.

Regarding care of fistula most of the subjects were having

good practice in this area, 38(76%) of subjects were always checking the pulse over their fistula site, 48(96%) were not wearing watch or any jeweler over the fistula site 45(90%) were not lifting heavy things with venous access arm, and 25(50%) were practicing squeezing exercise.

According to the data obtained regarding diet, subjects were having partially safe practice in this area, majority of the subjects 21(42%) were not following the method of soaking vegetables in water before cooking, 18(36%) were not avoiding canned foods, only 23(46%) were including green leafy vegetables in their diet, but majority were avoiding potassium rich fruit like banana and orange.

Regarding fluid management clients were having mostly safe practice 39(78%) were checking their weight daily, 35(70%) were serving water in child sized glass, but only 7(14%) were recording fluid intake and output.

Area-wise distribution of subjects in terms of mean SD and mean percentage.

The data presented in table 1 shows that mean percentage score was highest in the area of care of fistula 86.5, 79.5% in the area of fluid management, 69.3 in the area of rest, sleep and activity and 65.8 in the area of diet.

Section 3: Association of the level of self-reported practice regarding homecare management with selected demographic variable.

The data showed that the p value and chi-square computed between self-reported practice rating scale score and selected demographic variable such as age ($P=0.439$), gender (chi-square=.327), type of family ($p=.327$), education ($p=.905$), occupation ($p=0.861$), duration of hemodialysis ($p=0.503$), frequency of hemodialysis ($P=1.000$), any associated co-morbidity ($P=0.307$), family history of chronic kidney disease ($P=1.000$), source of information ($P=0.714$) was not significant at 0.05 level. Therefore the null hypothesis is accepted and the research hypothesis H_1 is rejected. Thus it conclude that there is no significant association between self reported practice rating scale score and selected demographic variable.

Discussion:

The data showed that 58% of the subjects had mostly safe practice regarding home care management of hemodialysis. These findings are contradictory to the findings of a study on Non-adherence in patients on hemodialysis where 86% of the patients were non compliant to the self care practices.³

Conclusion:

Knowledge regarding home care management patients undergoing hemodialysis is very vital in reducing mortality and preventing complications. It is the responsibility of nursing personnel to assess the practices of patients and to update the knowledge of patients undergoing hemodialysis regarding home care management.

Figure 1: Distribution of subjects according to their level of self reported practice



Table 1: Area-wise distribution of subjects in terms of means SD and means percentage.

Component	Range score	Mean \pm SD	Mean percentage(%)
Rest, sleep and activity	4-16	11.1 \pm 2.09	69.3
Care of the fistula	6-24	20.78 \pm 1.74	86.5
Diet	9-36	23.72 \pm 4.47	65.8
Fluid	5-20	15.9 \pm 3.17	79.5

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