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To assess bio psycho-social problems and quality of life among the patients undergoing haemodialysis of selected hospitals at Kalaburagi

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Abstract
Background: Chronic Renal Failure (CRF) is a gradual deterioration of kidney function that disrupts the body's metabolism and upsets the balance of water and electrolytes, leading to the accumulation of uremia.
Methodology: The current study aimed to evaluate the psychosocial issues and quality of life experienced by patients undergoing hemodialysis at a specific hospital in Kalaburagi. A quantitative technique and descriptive survey design were utilised. A sample of 50 patients receiving hemodialysis at selected hospitals in Kalaburagi was chosen using a non-probability convenient sampling technique.
Results: The study result reveal that, with regard to psycho social problems, the mean score of subjects was 37.08 with Standard deviation of ±16.55, median of 34 and a range of 15-64 as against possible range of 00-75. Majority 20(40%) of subjects were had moderate nature of problems, 16(32%) of subjects were had mild nature of problems and remaining 14(28%) of subjects were had severe nature of psycho-social problems. The total quality of life scale, the mean score of subjects was 75.98, standard deviation was ±8.64, median was 76 and range was 55-94 as against possible range of 0-14. Majority 35(70%) of subjects were having poor quality of life and remaining 15(30%) were having quite well quality of life. The correlation coefficient value (0.353) between psycho-social problems and quality of life scores of subjects is found significant at $p<0.05$ levels. The computed Chi-square value for association between quality of life of subjects is found to be statistically significant at 0.05 levels for socio demographic variables like their age.
Conclusion: For the Good quality of life, the post-menopausal woman should use adequate coping strategies to get rid of Psycho social problems developed as a result of menopause and also develop positive attitude towards life.

Keywords: Psycho-social problems, quality of life, patients undergoing hemodialysis, hospitals

Introduction
Health is more than just the absence of disease; it is a resource that enables individuals to fulfil their wants and desires, achieve their goals, and adapt to their surroundings in order to live long, productive lives that provide fruit. In this way, one's ability to develop socially, economically, and personally is crucial to the welfare of all people.
Uremia results from the progressive loss of kidney function known as Chronic Renal Failure (CRF), which also affects the body's water and electrolyte balance and metabolism.
Kidney transplantation is the primary treatment for end-stage renal disease (ESRD); however, due to the challenges associated with this procedure, patients should receive hemodialysis until a suitable kidney is found for transplantation. Renal insufficiency causes more than 60,000 deaths worldwide each year. Around 242 persons worldwide experience chronic renal failure for every million, a number that is rising at a pace of 8% a year. Incidence rates vary from nation to nation.
In terms of treatment, hemodialysis (HD) is most often used; 90.6% of patients use it. These individuals deal with a plethora of challenges that impact their daily lives and interpersonal interactions, frequently leading to emotional distress and physical disability. Dialysis is only one part of the treatment for patients with end-stage renal disease (ESRD); complete lifestyle changes are also necessary, which impact the social and psychological well-being of the patients.
Even with the use of advanced technologies, hemodialysis patients still experience a great deal of physical, psychological, and social stress due to uncontrollable circumstances.

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According to Lancaster, hemodialysis patients deal with a variety of stressful situations in all facets of their lives, including familial issues, altered sexual function, dependence on others for survival, social isolation, altered body image, mental stress, and suicidal thoughts. Rittman stated that the primary issues with CRF patients include uremic indications of ERSD, non-kidney physical illnesses, difficulties with daily activities, and issues that stem from therapeutic approaches [5].

Hemodialysis patients experience a wide range of pathological conditions, including hypertension, anaemia, appetite loss, genital diseases including irregular menstruation, skin disorders like itching and skin colour changes, and arterio-venous fistulas.

The patient's and family's lifestyle is changed and disrupted by hemodialysis. End-stage renal failure and its treatment have a significant impact on many aspects of life, including work, eating patterns, leisure activities, sense of security, self-worth, social interactions, and the capacity to enjoy life. These factors have a detrimental impact on life's physical, psychological, social, and environmental facets, which lowers quality of life.

Therefore, the purpose of this study is to determine the quality of life and capacity for self-care among hemodialysis patients in a particular Kalaburagi hospital.

Objectives
1. To assess the Bio-Psycho-Social Problems and Quality of life among the patient's undergoing hemodialysis of selected hospitals.
2. To determine the relationship between Bio-psycho-social problems and quality of life among the patient's undergoing hemodialysis of selected hospitals.
3. To find out an association between the quality of life among the patients undergoing hemodialysis of selected hospitals with their selected demographic variables.

Hypotheses
- **H₁:** There will be statistical correlation between psycho social problems and quality of life scores of patients undergoing haemodialysis at 0.05 level of significance.
- **H₂:** The levels of quality of life of patients undergoing haemodialysis will be significantly associated with their selected personal variables at 0.05 level of significance.

Methodology
- **Research Approach:** Quantitative Research Approach
- **Research Design:** Descriptive survey design
- **Sampling technique:** Non-Probability; Convenient Sampling Technique
- **Sample size:** 50.
- **Setting of study:** Selected hospitals of Kalaburagi district, Karnataka
- **Population:** Comprises patients undergoing haemodialysis.

Tool used for data collection: Following tools used for the data collection
- **Section I: Demographic data:** It consists of 8 items related to demographic data of participants
- **Section II: Structured psycho social problems assessment scale:** Structured psycho social problems assessment scale consisted of 25 items.

- **Section III: Quality of life scale:** A Quality of life scale consisted of 21 statements regarding quality of life of women after menopause.

Results
Section I: Description of Selected Personal Variables

Table 1: Frequency and percentage distribution of subjects according to their socio demographic variables, n=50

Subjects Characteristics	Frequency f	Percentage (%)
Age In Years		
30-40 Years	7	14
41-50 years	12	24
51-60 years	15	30
Above 60 years	16	32
Religion		
Hindu	25	50
Muslim	16	32
Christian	7	14
Others	2	4
Education		
No formal education	13	26
Primary school	14	28
High school	14	28
PUC and above	9	18
Occupation		
Not employed	8	16
Agriculture	10	20
Self employed	17	34
Govt / Private job	15	30
Type Of Family		
Nuclear	29	58
Joint	21	42
Dietary Pattern		
Vegetarian	26	52
Mixed diet	24	48
Duration Of Dialysis		
1- 2 Years	21	42
3 - 4 Years	20	40
Above 4 years	9	18
Associated disorders		
Yes	29	58
No	21	42

Section II: Description of Findings Related To Psycho-Social Problems among Patients Undergoing Hemodialysis of Hospitals
a) The description of psycho-social problem scores among patients undergoing hemodialysis of hospitals

Table 2: Mean, standard deviation, median, and range of psycho-social problems scores of subjects, n=50

Psycho-social problems				
Mean	Median	Mode	SD	Range
37.08	34	19	16.55	15-64

The data presented in the Table 2 shows that, description of scores of psycho-social problem scale.

With regard to psycho social problems, the mean score of subjects was 37.08 with Standard deviation of ±16.55, median of 34 and a range of 15-64 as against possible range of 00-75.

b) Description of findings related to level of bio psycho social problems among participants of hospitals: In order

to find out the level of psycho-social problems by subjects the scores obtained by the women were tabulated into mater
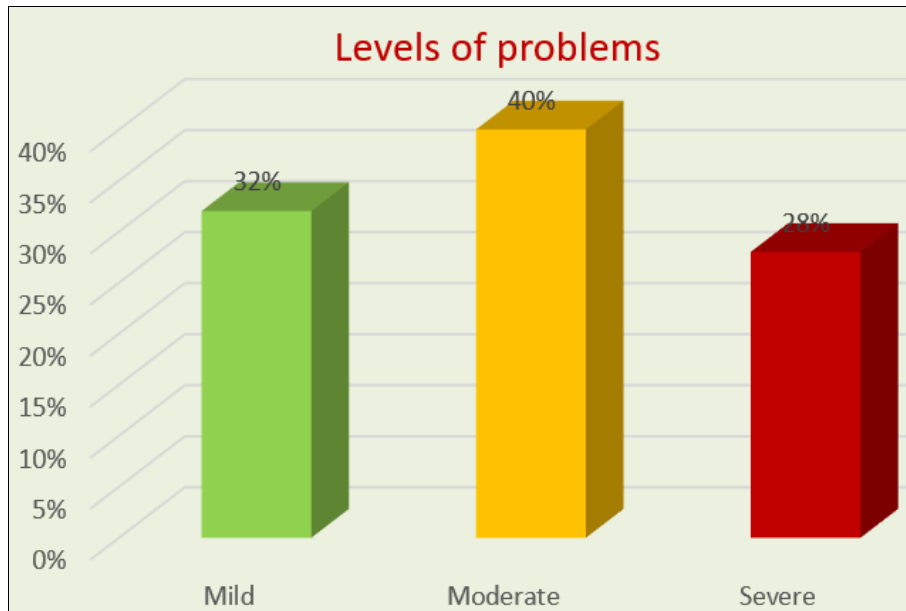
sheet and then categorized into 3 levels as mild nature, moderate Nature and severe nature.

Table 3: Level of Psycho-social problems by respondents, n=50

Mild Nature (0-25)		Moderate Nature (26-50)		Severe Nature (51-75)	
f	%	f	%	f	%
16	32%	20	40%	14	28%

The data presented in the Table 3 shows that the majority 20(40%) of subjects were had moderate nature of problems, 16(32%) of subjects were had mild nature of problems and

remaining 14(28%) of subjects were had severe nature of psycho-social problems.

Fig 1: Frequency and percentage distribution of subjects according to their level of psycho-social problems

Section 3. Description of Findings Related to Quality Of Life among Subjects

Table 4: Mean, standard deviation, median, and range of quality of life scores of subjects, n=50

Area	Quality of life			
	Mean	SD	Median	Range
General Health domain	25.95	4.76	26	15-35
Physiological health domain	27.10	4.02	27	18-34
Psychological health domain	16.95	3.34	16	9-25
Social health domain	5.98	1.32	6	2-8
Total QOL	75.98	8.64	76	55-94

The data presented in the Table 4 shows that, with regard to area of general health domain, the mean score of subjects was 25.95 with Standard deviation of ±4.76, median of 26 and a range of 15-35 as against possible range of 00-07.

In the area of physiological health domain, the mean score of subjects was 27.10 with Standard deviation of ±4.02, median of 27 and a range of 18-34 as against possible range of 00-07.

In the area of psychological health domain, the mean score of subjects was 16.95 with Standard deviation of ±3.34, median of 16 and a range of 9-25 as against possible range of 00-07.

In the area of social health domain, the mean score of subjects was 5.98 with Standard deviation of ±1.32, median of 6 and a range of 2-8 as against possible range of 00-07.

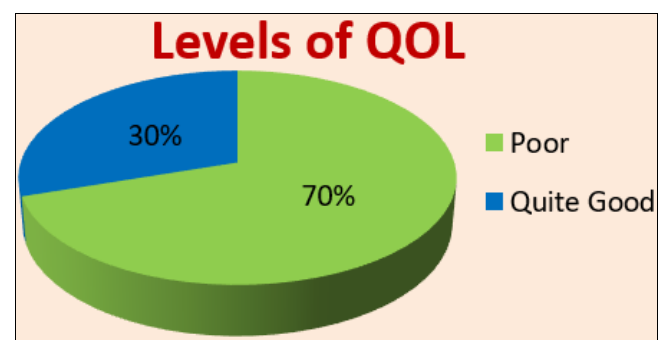The total quality of life scale, the mean score of subjects

was 75.98, standard deviation was ±8.64, median was 76and range was 55-94 as against possible range of 0-14.

Description of findings related to level of quality of life scores among subjects at selected hospitals

Table 5: Level of quality of life by subjects, n=50

Poor QOL		Quite well QOL		Good QOL	
f	%	f	%	f	%
35	70	15	30	00	00

The data presented in the Table 5 shows that the majority 35(70%) of subjects were having poor quality of life and remaining 15(30%) were having quite well quality of life.

Fig 2: Frequency and percentage distribution of subjects according to their Level of quality of life

Section 4 - Description of Findings Related to Relationship between Psycho-Social Problems and Quality of Life among Subjects

Tabel 6: Correlation coefficient of psycho-social problems and quality of life scores of subjects of hospitals, n=50

Score	GROUPS		
	Mean score	Correlation coefficient	Level of Significance
Psycho-social problems scores	37.08	0.353	Significant
Quality of life score	75.98		

Section 5: Description of findings related to association between the quality of life among patients undergoing hemodialysis of selected hospitals with their selected demographic variables

The computed Chi-square value for association between quality of life of subjects is found to be statistically significant at 0.05 levels for socio demographic variables like their age where as it is not found significant for other selected socio demographic variables at 0.05 levels. Therefore, the findings partially support the hypothesis H_2, inferring that the quality of life of patient undergoing hemodialysis is significantly associated with their age.

Conclusion
The conclusions drawn from the study were as follows
- Patients undergoing haemodialysis's of selected hospitals were had mild to severe nature of bio psycho social problems.
- Patients undergoing haemodialysis's of selected hospitals were had quite well to good quality of life.
- There was significant relationship found between bio-psych-social problems and quality of life among patients undergoing haemodialysis's
- There was significant association found between the age of participants and quality of life.

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