



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2567510>Available online at: <http://www.iajps.com>

Research Article

**AN OBSERVATIONAL STUDY ON THE PATIENTS OF  
HEMODIALYSIS AND QUALITY OF LIFE AND SOCIAL  
SUPPORT**<sup>1</sup>Dr Zirwa Younas, <sup>2</sup>Dr Aqsa Hameed, <sup>3</sup> Dr Munibah Nisar<sup>1</sup>Punjab Medical College, FMU, Faisalabad, <sup>2</sup>Aziz Fatimah Medical College, Faisalabad,<sup>3</sup>Aziz Fatimah Medical College, Faisalabad**Abstract:**

**Objective:** This research study was conducted to find out the relationship between quality of life & social support of hemodialysis patient.

**Methodology:** In this research we simply studied one sixty-four participants who taking hemodialysis treatment. All the data of this research work were collected from deferent source like by personal information of patients, by the help of Medical checkup study thirty-six item short Form & the Multidimensional Scale of anticipated Social Support survey.

**Results:** From this study it was clear that the quality or condition of life of hemodialysis patients is low. Physical Composite Scores (PCS) had commonly high in ladies and in married patient & Mental Health Composite Scores (MCS) had frequently low elderly patients. Married patients had high support of wife & unmarried patients had high support of friends.

**Conclusion:** Quality of life of Hemodialysis patients has almost low and we know that quality of life and social support are closely related with each other. For healthy hemodialysis patients it is necessary to follow the impressive sources of social support for the raise their quality of life.

**Key Words:** Composite Scores, Physical Health, Hemodialysis, Patients, Mental Health, Diagnosis.

**Corresponding author:****Dr. Zirwa Younas,**

Punjab Medical College, FMU, Faisalabad.

QR code



Please cite this article in press Zirwa Younas et al., *An Observational Study On The Patients Of Hemodialysis And Quality Of Life And Social Support.*, Indo Am. J. P. Sci, 2019; 06(02).

## INTRODUCTION:

For hemodialysis patient End-Stage Renal Disease (ESRD) was one of the dangerous conditions for life and renal replacement therapy were best treatment for it. This disease treated by two ways 1<sup>st</sup> long-term dialysis & 2<sup>nd</sup> kidney transplant. Moreover, ESRD consider one of complicated treatment and it negative effect on the physical health of patients. In the past it is noted that the health condition of the renal patient's community is dangerous than that of the common healthy community; due to this reason the diagnosis of Quality of life of end-stage renal disease patient has gotten impressive consideration.<sup>2-4</sup> People with illnesses have different coping responses and varied coping resources, such as social support.<sup>5</sup>

Social support is defined as all kinds of financial and spiritual support that an individual receives from one's close environment.<sup>6</sup> Several studies have demonstrated that social support is associated with improved outcomes and improved survival in several chronic illnesses, including cancer and end stage renal disease.<sup>7,8</sup> It was reported that social support have a significant effect on general well-being of dialysis patients and their adaptation to treatment.<sup>9</sup> This study was carried out in order to determine the quality of life and the social support status of hemodialysis patients.

## METHODOLOGY:

This research study was conducted in Allied Hospital Faisalabad. In this research work one sixty-four participant contribute in a hospital hemodialysis unit. All the information of this research was collected by the help of hospital administration. The entire participant also was informed from this research; their oral authorization to take part was collected. All study patient under the age of 18 years and older who were educate, all the patient was taking this treatment for at least the past half year, all patient was going dialysis three days per week, who had no conversation issue or sensitive issue. Personal Information Form (PIF) approach was used for data collection, the Medical conclusion research 36-item Short Form (SF-36) and Multidimensional Scale of Perceived Social Support (MSPSS) census. Age, sexes, married status, qualification level, activity, family type, & time of hemodialysis treatment all these terms of patients were discussing in this section.

That patient who suffers from renal disease 36-item Short instrument has been used for the treatment. This therapy was valid and reliable according to the Turkish version of the instrument which was given by Pinar in nineteen ninety-five. The division of 36-item Short Form is occurring in two parts: 1<sup>st</sup> PCS & 2<sup>nd</sup> MCS.

The mean standard deviation score for PCS & MCS are fifty, the score higher from fifty indicate above average functioning & lower from fifty indicate below average functioning. Worldwide 36-item Short Form, PCS & MCS range between zero and hundred. A high score indicates a better quality of life.<sup>10-12</sup>

The MSPSS This therapy was valid and reliable according to the Turkish version of the instrument which was given by Eker and Arkar in nineteen ninety-five. The range subsists of twelve components, with four components determining each origin of recognized social support, generating the subscales of family, colleagues, and specific person support. A higher rang shows a higher level of subsisted social support for that component.

**Data Analysis:** Definitive examination was carried out to present demographic data. Pearson equivalence examination was carried out to conclude relation among Quality of life, social support & period of hemodialysis. The t test and ANOVA were used in the assessment of Quality of life and social support according to sociodemographic characteristics.

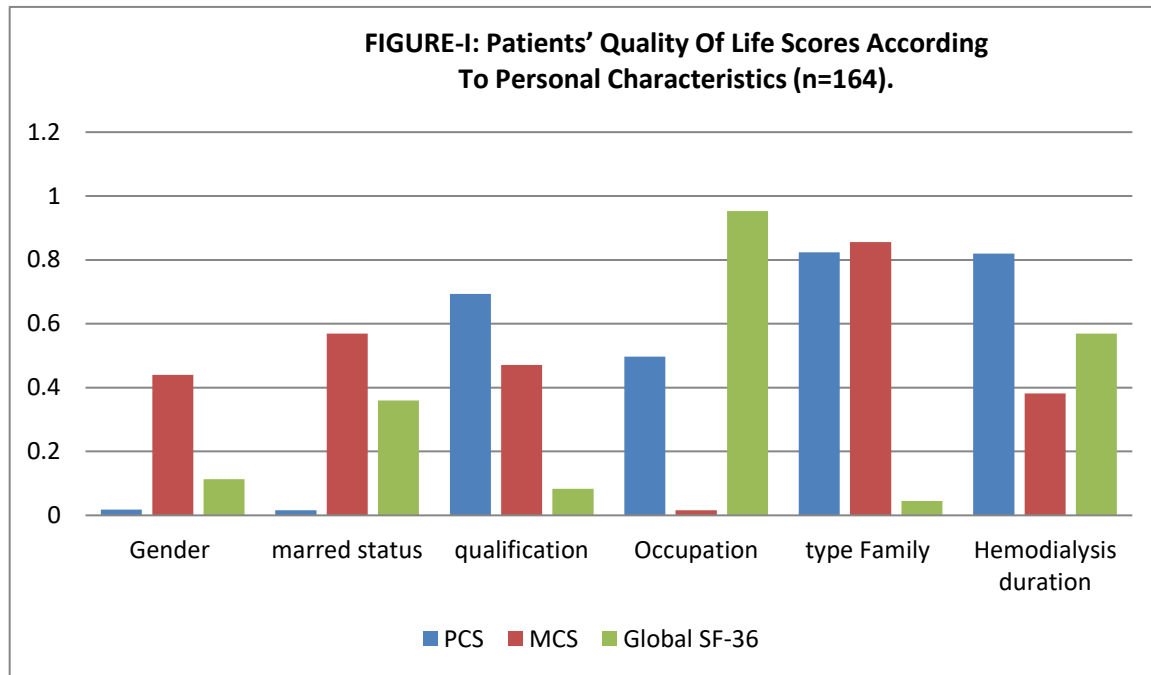
## RESULTS:

All the participant of this research is one sixty-four. In all of these 51.1% were male patient 79.3% were married, primary school graduates up to 43.9% housewives' patient in the range of 31.7% & 72.6% were belong from a nuclear family, those patient who had suffer from hemodialysis disease from four are more year were 40.2%. It is clear from a previous study that there was close relationship between social support and quality of life ( $r=.601$ ,  $p=.000$ ). It was found out that there was a numerically critical variation among the Quality of life scores of the patients depending on gender, married status, activity & family type ( $p<0.05$ ). The Physical Composite Scores levels of the marital and lady's patients were high, the Health Composite Scores levels of the retired patients are low, and the total Quality of life scores are lower in that patient who lives in large family. (Table-I).

It was found that there was a critical variation ( $p<0.05$ ) among the social support scores of the patients according to married status, qualification, activity & family type. Specific person supports of married patients had higher and worldwide social support and retired patients had high support from friends. Educated patients support from friend level are low and patient who lives in large family the total social support levels are low (Table-II).

Table-I: Patients' Quality of Life Scores According to Personal Characteristics (n=164)

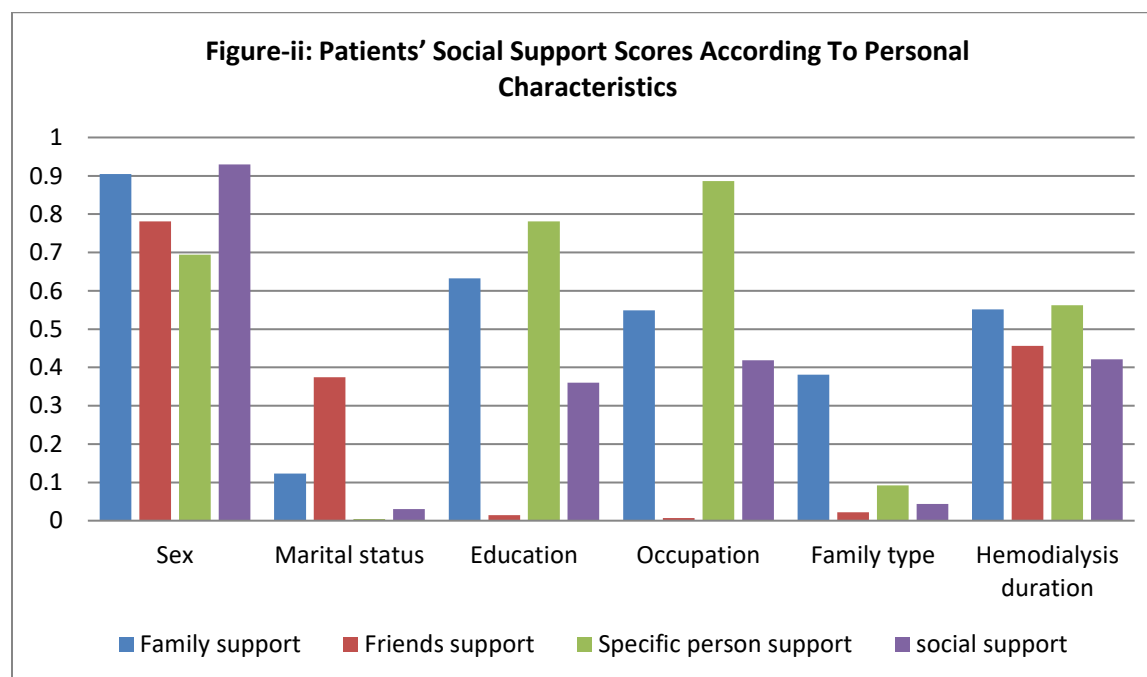
Characteristics	PCS	MCS	Global SF-36
Gender	Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD
Female	Fifty four.360 $\pm$ four.610	Forty seven.66 $\pm$ 04.56	Forty nine.63 $\pm$ six.52
Male	Fifty two.560 $\pm$ five	Forty eight.30 $\pm$ five.83	Fifty one.23 $\pm$ six.35
	t= Two.398	t= zero.774	t= one.592
	p=zero.018	p= zero.440	p= zero.113
<b>Marred Status</b>			
Single	Fifty one.650 $\pm$ six.150	47.53 $\pm$ 5.11	Fifty one.35 $\pm$ six.07
Married	Fifty three.91 $\pm$ four.40	Forty eight.11 $\pm$ 05.29	Fifty.21 $\pm$ six.57
	t=two.438	t= zero.571	t= zero.919
	p= zero.016	p= zero.569	p= zero.360
qualification			
Literate	Fifty three.56 $\pm$ five.05	Forty eight.66 $\pm$ 04.89	Forty eight.95 $\pm$ six.77
Primary school	Fifty three.64 $\pm$ four.33	Forty seven.60 $\pm$ 05.02	Fifty one.19 $\pm$ five.94
High school	Fifty two.79 $\pm$ five.73	Forty seven.64 $\pm$ 06.29	Fifty one.48 $\pm$ six.70
	F= zero.368	F= zero.756	F=two.533
	p= zero.693	p= zero.471	p= zero.083
<b>Occupation</b>			
Housewife	Fifty one.17 $\pm$ five.16	Forty seven.38 $\pm$ 05.16	Fifty.81 $\pm$ six.50
Civil servant	Fifty two .29 $\pm$ four.65	Forty nine.04 $\pm$ 04.290	Fifty.24 $\pm$ six.98
Retired	Fifty three.43 $\pm$ 03.71	Forty five.80 $\pm$ six.740	Fifty.03 $\pm$ four.81
Freelance	Fifty two.52 $\pm$ five.68	Forty nine.36 $\pm$ 04.500	Fifty.55 $\pm$ seven.14
	F= zero.7970	F= three.5380	F= four.74
	p= zero.4970	p= zero.0160	p=zero.9530
<b>Family Type</b>			
Nuclear	Fifty three.39 $\pm$ five.09	Forty eight.03 $\pm$ 05.39	Fifty one.07 $\pm$ six.48
Extended	Fifty three.58 $\pm$ four.34	Forty seven.87 $\pm$ 04.88	Forty eight.80 $\pm$ six.21
	t= zero.223	t= zero.181	t=two.021
	p= zero.824	p= zero.856	p= zero.045
<b>Hemodialysis Duration</b>			
zero -one years	Fifty three.87 $\pm$ five.01	Forty six.81 $\pm$ five.36	Fifty one.190 $\pm$ six.740
two-three years	Fifty three.53 $\pm$ five.24	Forty eight.28 $\pm$ 04.49	Forty nine.63 $\pm$ six.810
four + years	Fifty three.24 $\pm$ four.71	Forty eight.26 $\pm$ 5.53	Fifty.58 $\pm$ six.23
	F= zero.1990	F= zero.9680	F=zero.5660
	p= zero.8200	p= zero.3820	p= zero.5690



**Table-II: Patients' Social Support Scores According To Personal Characteristics**

Characteristics	Family Support Mean $\pm$ SD	Friends Support Mean $\pm$ SD	Specific Person Support Mean $\pm$ SD	Global Social Support Mean $\pm$ SD
<b>Sex</b>				
Female	Nineteen.960 $\pm$ six .190	Sixteen.35 $\pm$ Seven.27	Nineteen .04 $\pm$ six.810	
Male	twenty.43 $\pm$ six.76	Sixteen .980 $\pm$ Seven.250	Eighteen .620 $\pm$ seven.700	Fifty six.140 $\pm$ seventeen.340
	t= zero .119 p= zero .905	t= zero .278 p= zero .781	t= zero .394 p= zero .694	t= zero .079 p= zero .93
<b>Marital status</b>				
Single	Nineteen.74 $\pm$ six .24	Sixteen .00 $\pm$ Seven.12	Sixteen .88 $\pm$ seven.26	Fifty two.880 $\pm$ sixteen.890
Married	twenty.31 $\pm$ six .55	Sixteen .85 $\pm$ Seven.29	Nineteen .33 $\pm$ seven.20	Fifty six.5 $\pm$ seventeen.520
	t=one.552 p= zero .123	t= zero .892 p= zero .374	t= two.907 p= zero .004	t=two.189 p= zero .03
<b>Education</b>				
No formal education	Nineteen.81 $\pm$ six .47	Fourteen.630 $\pm$ six.990	Eighteen .97 $\pm$ six.69	Fifty three.42 $\pm$ sixteen.43
Primary school	twenty.74 $\pm$ six.52	Eighteen .330 $\pm$ seven.260	Nineteen .07 $\pm$ seven.65	Fifty seven.79 $\pm$ eighteen.34
High school	Nineteen .67 $\pm$ six .46	Sixteen .700 $\pm$ six .93	Eighteen .03 $\pm$ seven.53	Fifty five.45 $\pm$ sixteen.95
	F= zero .461 p= zero .632	F=four.419 p= zero .014	F= zero .247 p= zero .781	F= one.027 p= zero .360

Occupation				
Housewife	20.71 ± six .47	Sixteen .79 ± Seven.67	Nineteen .25 ± Seven.02	Fifty six.75 ± seventeen.99
Civil servant	Nineteen .55 ±5.66	14.55 ± 5.71	Eighteen .84 ± six .22	
Retired	21.23 ± six .31	20.30 ± 7.39	Nineteen .00 ± eight.48	
Freelance	Nineteen .36 ± Seven.72	Sixteen .33 ± Seven.46	Seventeen .97 ± eight.10	Fifty three.69 ± eighteen.30
	F= zero .707 p= zero .549	F=four.163 p= zero .007	F= zero .215 p= zero .886	F= zero .948 p= zero .419
Family Type				
Nuclear	20.46 ± six .43	Seventeen .46 ± Seven.34	Nineteen .41 ± Seven.43	Fifty seven.42 ± seventeen.23
Extended	Nineteen .47 ± 6.59	14.58 ±6.62	Seventeen.27 ± six .61	Fifty one.31 ± seventeen.26
	t= zero .878 p= zero .381	t= 2.30 4 p= zero .022	t= one.697 p= zero .092	t=two.027 p= zero .044
Hemodialysis Duration				
0-one years	twenty.74 ± six .37	Seventeen .29 ± Seven.16	Twenty± six .62	Fifty eight.06 ± eighteen.44
two-three years	Nineteen .28 ± six .97	fifteen.49 ± seven.15	Eighteen .19 ± eight.15	Fifty two.95 ± nineteen.06
four + years	twenty.43 ± six.29	Seventeen .02 ± Seven.33	Eighteen .72 ± Seven.05	Fifty six.28 ± sixteen.20
	F= zero .599 p= zero .551	F=zero.789 p= zero .456	F= zero .578 p= zero .562	F= zero .871 p= zero .421



### DISCUSSION:

Hemodialysis patient feel more change in has life due to Dialysis treatment. In our research, the quality of

life of hemodialysis patient was almost low. Many researches have conducted quality of life as a conclusion of treatment in ESRD & those patients who

treated by dialysis have less chance of life than healthy people. Our research cleared that quality of life of hemodialysis patients is lower & if we compare their quality of life with peritoneal dialysis & kidney transplant patients. The findings of this study are consistent with these results. Female patient was adopted high PCS scores. Past research found different result with respect to sex of quality of life of hemodialysis patients. According to Acaray & Pinar research he did not found any important sex-related difference in both male & female hemodialysis patients, but the quality of life scores of males was less than those of female. On the other hand, Tel sagest that worldwide quality of life & PCS was higher in male, Suet-Ching examine that the quality of life of male was better than that of female, & Yang et al. studied that the quality of life scores of female were lower than those of male.

In our research, it was a numerically critical positive relationship between quality of life & social support ( $p < 0.001$ ). Social support has a beneficial role on physical and psychological wellbeing. Patel et al. sagest that social support & quality of life directly related in hemodialysis patients. The aim of our research study is dependable with following results. Marital patient how high PCS Quality of life scores, support from a special person & total social support scores. Social support and marred affair can be a origin of strong and comfort, however, segregation & marred disharmony efficacy bad life for patients with CKD. The worldwide Quality of life, the friends support & the total social support scores of that patient who live in large family were lower. Tel explore that the physical and the worldwide quality of life of that patient who live in large family were lower. On the other hand, Acaray & Pinar explore that worldwide quality of life in a large family was higher. Friend support scores of the retired patients were higher but MCS was lower. The active lifestyle of single person was less due to retirement; the mean support of retired person were friends. Education was also the best friends of hemodialysis patients during their illness. It is found that level of friend's support is lower among educated patients.

In our research, no numerically critical difference was found out among the Quality of life & the social support scores of patients according to their hemodialysis duration. In other research, it was studied that there is no numerically critical connection among the dialysis duration & patients' Quality of life. In comparison, when dialysis duration was increase, a critical decrease occurs in all fields of quality of life according to Acaray and Pinar research.

### CONCLUSION:

In spite the limitation leads to hemodialysis treatment, ascending patients' Quality of life & permissive those to sufficiently adopt of sources of social support are critical component in administration of the disease. Quality of life of Hemodialysis patients has all most low and we know that quality of life and social support are closely related with each other. For healthy hemodialysis patients it is necessary to follow the impressive sources of social support for the raise their quality of life.

### REFERENCES:

1. Kimmel PL. Psychosocial factors in chronic kidney disease patients. *Semin Dial* 2005;18(2):71-72.
2. Patel SS, Peterson RA, Kimmel PL. The impact of social support on end stage renal disease. *Semin Dial* 2005;18(2):98-102.
3. Acaray A, Pinar R. Evaluation of chronic hemodialysis patients' quality of life. *Cumhuriyet University Nursing High School J* 2004;8(1):1-11.
4. Cohen SD, Sharma T, Acquaviva K, Peterson RA, Patel SS, Kimmel PL. Social support and chronic kidney disease: an update. *Adv Chronic Kidney Dis* 2007;14(4):335-344.
5. Evans RW, Manninen DL, Garrison LP, Jr, Hart LG, Blagg CR, Gutman RA, et al. The quality of life of patients with end-stage renal disease. *N Engl J Med* 1985;312(9):553-559.
6. Retting RA, Sadler JH. Measuring and improving the health status of end stage renal disease patients. *Health Care Financ Rev* 1997;18(4):77-82.
7. Sorias O. Social support concept. *Ege University Faculty of Medicine J* 1988;27(1):353-357. [in Turkish].
8. Woods NF, Yates BC, Primono J. Supporting families during chronic illness. *Image J Nurs Sch* 1989;21(1):46-50.
9. Retting RA, Sadler JH, Meyer KB, Wasson JH, Parkerson GR, Kantz B, et al. Assessing health and quality of life outcomes in dialysis: a report on institute of medicine workshop. *Am J Kidney Dis* 1997;30(1):140-155.
2. Gencoz T, Astan G. Social support, locus of control, and de-pressive symtoms in hemodialysis patients. *Scand J Psychol* 2006;47(3):203-208.
3. Aydin M. Chronic renal failure and renal replacement treat-ment, *Practical Approach in Renal Transplantation*, Istanbul, Turkey. 2000: 113-120.
4. Valderrabano F, Jofre R, Lopez-Gomez JM. Quality of life in end-stage renal disease patients. *Am J Kidney Dis* 2001;38(3):443-464.

5. Eker D, Arkar H. Perceived social support: psychometric properties of the MSPSS in normal and pathological groups in a developing country. *Soc Psychiatry Psychiatr Epidemiol* 1995;30(3):121-126.
6. Gudex CM. Health-related quality of life in endstage renal failure. *Qual Life Res* 1995;4(4):359-66.
7. Lok P. Stressors, coping mechanisms and quality of life among dialysis patients in Australia. *J Adv Nurs* 1996;23(5):873-81.
8. Suet-Ching WL. The quality of life for Hong-Kong dialysis patients. *J Adv Nurs* 2001;35(2):218-227.
9. Tel H. Determining quality of life and sleep in hemodialysis patients. *Dial Transplant* 2009;38(6):210-215.
10. Yang TC, Lin YW, Lian JD, Lee HS. Hemodialysis duration, gender, nutritional status, hematocrit and SF 36 Health-related quality of life in patients on hemodialysis. *Acta Nephrologica* 2004;18(3):111-115.
11. Pinar R. Quality of life in health research. *Sendrom*.1996;10(1):109-113