

**“A STUDY TO ASSESS THE LEVEL OF ANXIETY AND COPING STRATEGIES AMONG NEWLY DIAGNOSED CHRONIC RENAL FAILURE PATIENTS UNDERGOING HEMODIALYSIS IN SELECTED HOSPITALS OF SANGLI CITY, MAHARASHTRA (INDIA).”**

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Article Received on  
15 Jan. 2018,

Revised on 07 Feb. 2018,  
Accepted on 27 Feb. 2018,

DOI: 10.20959/wjpr20185-11295

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**ABSTRACT**

**Background:** Generation today is very different from the past years. Many things are invented in terms of food, technology and other things that make a lot of people to live in luxury. But along these, in terms of the health of the people nowadays, there are certain diseases that are quite making a name in the statistical data of our health department. Due to sedentary life style, stress from daily living and lack of healthy activities, numerous people are now suffering from certain diseases. One common disease in this present time is kidney failure.<sup>[1]</sup>

**Objectives of the study were:** To assess the level of anxiety among newly diagnosed chronic renal failure patients undergoing haemodialysis. To assess the coping strategies among newly diagnosed

chronic renal failure patients undergoing haemodialysis. To find out the association between level of anxiety with selected demographic variables. **Material and Method:** Exploratory descriptive research design was conducted to assess the level of anxiety and coping strategies among newly diagnosed chronic renal failure patients undergoing haemodialysis in selected hospitals of sangli city.” Total 170 Samples were selected by Non-probability convenient sampling method. Modified beck anxiety scale and modified coping strategies questionnaire administered. The reliability coefficient ‘r’ of the modified beck anxiety scale was 0.84 and of the modified coping strategies questionnaire was 0.88, which is more than 0.7, hence it was found to be reliable. The conceptual framework based, developed by Sr. Roy’s

adaptation model. **Result and Conclusion:** Modified beck anxiety scale was used to collect the data. The total score was divided as 0-21 mild anxiety and 22-35 moderate anxiety, Exceed 36 severe anxiety. It was found that majority 93% (159) of newly diagnosed chronic renal failure patients have severe anxiety and 4.7% (8) moderate anxiety and 1.8% (3) mild anxiety. Modified coping strategies questionnaire was used to collect the data. The total percentage was 100% and was divided as Inadequate coping (<50%) and Adequate coping (>75%), Moderate adequate (50-75%). It was found that majority 98.2% (167) moderate coping and 1.8% (3) adequate coping. The study showed that the and proved that there was no association between level of anxiety with selected demographical variables.

**KEYWORDS:** Level of anxiety and coping strategies, newly diagnosed chronic renal failure patients undergoing hemodialysis.

## INTRODUCTION

Renal failure is the inability of the kidney to excrete wastes, concentrate urine, and conserve electrolytes. Renal failure is precipitated from a variety of etiological factors. It is treatable but not curable, which means that the patient needs a long term therapies or transplantation. The first dialysis ever to be performed on the human being occurred in 1924, in the department of internal medicine in Giessen. Haemodialysis is a standard treatment of end stage renal disease [ESRD] or failure that has been practiced now for nearly quarter of a century. It has emerged as one of the most viable, safe and sufficient method for the maintenance of patient with ESRD. In life one dialysis is perpetual challenge, due to the demanding treatment schedule and dietary restriction. The dialysis patients' dependence on a machine for survival conflicts with the independence needed to maintain a normal life.<sup>[2]</sup>

The individuals with end-stage renal disease (ESRD) undergoing dialysis experience increased levels of anxiety and depression. Anxiety and depression are known causes of morbidity among patients with chronic illnesses. Anxiety is an alerting signal, it warns of threat, external or internal and it is probably the life saving more than once in a life time. Majority of patients undergoing haemodialysis' were depressed. Major risk factors for depression were marital status, illiteracy, number of children, socioeconomic factors, gender, hypertension and hypoalbuminemia. Depression is the most important under lying problem in the suicidal ideation and behaviour of dialysis patients. Depression in dialysis patients is often the result of the combined psychological and social impairments associated with the treatment of ESRD.<sup>[3]</sup>

Going through hemodialysis, is most often challenging and complex to manage by the patient itself because of the different medications and routine treatments that should be followed. A person with this kind of condition will go through a lot of compensation in able to survive each day that comes. As a hemodialysis patient, everything in their life is affected such as the daily activities they used to do; the food they used to eat; their social life; and as well as their emotional adaptation with regards to their condition. Coping is the person's effort to manage psychological stress. Effectiveness of coping strategies depends on the individuals needs. For this reason no single coping strategy works for every one or every stress. The same person may cope differently from one time to another. In stressful situation people may use a combination of problem focused coping and emotion focused coping strategies.<sup>[4]</sup>

### **RESEARCH OBJECTIVES**

1. To assess the level of anxiety among newly diagnosed chronic renal failure patients undergoing hemodialysis.
2. To assess the coping strategies among newly diagnosed chronic renal failure patients undergoing hemodialysis.
3. To find out the association between level of anxiety with selected demographic variables.

### **ASSUMPTIONS**

1. Newly diagnosed chronic renal failure patients undergoing hemodialysis may have anxiety.
2. Newly diagnosed chronic renal failure patients undergoing hemodialysis may adopt certain coping strategies for anxiety which may be positive or negative.

### **RESEARCH APPROACH**

In the present study, quantitative survey approach used.

### **RESEARCH DESIGN**

Exploratory descriptive study design was used for the study.

### **SETTING**

The present study was conducted in Bharati hospital Sangli.

### **POPULATION**

In this study the population consists of newly diagnosed chronic renal failure patients undergoing hemodialysis.

**SAMPLE**

In this study samples are newly diagnosed chronic renal failure patients undergoing hemodialysis in selected hospitals of Sangli City.

**SAMPLE SIZE**

The sample size consisted of 170 newly diagnosed chronic renal failure patients undergoing hemodialysis.

**SAMPLING TECHNIQUE**

In this study Non probability convenient sampling technique was used.

**ANALYSIS OF DATA & RESULTS****SECTION-I****Frequency and Percentage Distribution of Selected Demographic Variables Table No. 1**

n=170

Sr. No.	demographic Characteristics	Frequency	Percentage
<b>1</b>	<b>Age in years</b>		
A	18-40 years	102	60%
B	41-60 years	51	30%
C	Above 61years	17	10%
<b>2</b>	<b>Gender</b>		
A	Male	121	71.2%
B	Female	49	28.8%
<b>3</b>	<b>Educational</b>		
A	Higher Secondary	120	70.6%
B	Graduate	36	21.2%
C	Post graduate	14	8.2%
<b>4</b>	<b>Occupation</b>		
A	Working	115	67.6%
B	Non-Working	17	10%
C	Business	38	22.4%
<b>5</b>	<b>Monthly Family income</b>		
A	1000-4000	02	1.2%
B	4001-8000	31	18.2%
C	>8001	137	80.6%
<b>6</b>	<b>Duration of CRF</b>		
A	<2months	56	32.9%
B	2-4months	86	50.6%
C	>months	28	16.5%
Sr. No.	Demographic Characteristics	Frequency	Percentage
<b>7</b>	<b>Frequency of dialysis cycle</b>		
A	First	10	5.9%
B	Second	61	35.9%

C	Third	83	48.8%
D	Fourth	16	9.4%
<b>8</b>	<b>Other alternative therapy</b>		
A	Yes	77	45.3%
B	No	93	54.7%

Table No -1 The data represented in above table shows that most of the patients i.e. about 60% were in the age group 18-40 years. Minimum 10% patients were from >61 years. The data represent in above table shows that maximum patients 71.2% were males. The data represent in above table shows that Greater percentage of patients 70.6% were educated to higher secondary. The data represented in above table shows that shows maximum patients 67.6% were doing working. The data represented in above table Shows that maximum patients 80.6% were having monthly family income >8001. The data represented in above table shows that most of the patients 86% were 2-4 months. The data represented shows that most of the patients 48.8% were third cycle. The data represent shows that most of the patients 54.7% were no.

## SECTION II

### Frequency and Percentage Distribution of Anxiety Among Newly Diagnosed Chronic Renal Failure Patients Undergoing Haemodialysis Table No.2

n=170

Category	Frequency	Percentage
Mild anxiety (0-21)	3	1.8%
Moderate anxiety (22-35)	8	4.7%
Severe anxiety (Above 36)	159	93%

Table No -2 The data represent in above Shows present study that that majority of the patients about 159 (93%) severe anxiety and 3 (1.8%) having mild anxiety.

## SECTION III

### Frequency and Percentage Distribution of Coping Strategies Among Newly Diagnosed Chronic Renal Failure Patients Undergoing Hemodialysis Table No. 3.

n=170

Coping Mechanism	Frequency	Percentage
Inadequate (<50%)	00	00%
Moderate adequate (50-75%)	167	98.2%
Adequate (>75%)	3	1.8%

Table No -3 The data represent shows majority of the newly diagnosed patients chronic renal failure patients were Inadequate coping (<50%) and Adequate coping (>75%), Moderate adequate (50-75%). It was found that majority 98.2% (167) moderate coping and 1.8% (3.) adequate coping.

#### SECTION IV

#### Association between Demographic Variable With Level of Anxiety Among Newly Diagnosed Chronic Renal Failure Patients Undergoing Hemodialysis Table No.4

n=170

Sr.No.	Demographic Variables	Fisher's exact test	Chi-Square test	'P' value	Association
1	Age	10.252	-	0.016	<b>Association</b>
2	Gender	0.789		0.863	No association
3	Education	3.186		0.498	No association
4	Occupation		0.47	0.79	No association
5	Monthly income	4.7		0.336	No association
6	Duration of chronic renal failure	6.80		0.089	No association
7	Frequency of dialysis cycle	6.69		0.26	No association
8	Other alternative therapy	9.8		0.003	<b>Association</b>

Table No -4 The data represent shows that there is association between level of anxiety and demographic variables in relation age and other alternative therapy and there is no association between education, occupation, gender, monthly income, duration of chronic renal failure, frequency of dialysis cycle, other alternative therapy.

#### SUMMARY

Analysis and interpretation done on 170 newly diagnosed chronic renal failure patients undergoing hemodialysis. where Frequency and percentage distribution done for demographic variable and the association of selected demographic variables was done on calculated p value shows that there is association between level of anxiety and demographic variables in relation age and other alternative therapy and there is no association between education, occupation, gender, monthly income, duration of chronic renal failure, frequency of dialysis cycle, other alternative therapy.

**REFERENCES**

1. Paraiso et al. coping mechanisms of patients undergoing hemodialysis in selected Tertiary Hospital in Bacoar, CAV. Available from: [http:// www.scribd.com/doc/22396991/cop](http://www.scribd.com/doc/22396991/cop).
2. TR Uday kumar et al. Level of stress and coping abilities in patients on chronic hemodialysis and peritoneal dialysis. College of Nursing & Dept of Nephrology, Sri Ramachandra Medical College & Research Institute (Deemed University), Porur, Chennai.
3. Brunner & Suddarth's. Text book of medical- surgical Nursing. 11 th edition. Lippincott publication; 2008.
4. Joseph chilkot et al. Depression on dialysis. Nephron clin pract, 2008; 108: 256-264.