Adequacy of Pictorial Instructional Module on Information Regarding Lifestyle Modification Among Renal Failure Patients Undergoing Haemodialysis

Angelin Lavanya S*, Kiruba J
Department of Mental Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, Tamil Nadu, India

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ABSTRACT
Renal failure is analyzed when the kidneys are done working sufficiently to keep up the ordinary procedure. This results in imbalance in fluid electrolytes, calcium level, RBC creation and diminished disposal of waste items. The main purpose of this study adequacy of pictorial instructional module on information regarding lifestyle modification among renal failure patients undergoing haemodialysis. Quantitative approach and quasi experimental design used in this study. The sample size was 60 renal failure patients undergoing haemodialysis. Organized meeting was utilized to gather demographic data regarding lifestyle modification among renal failure undergoing haemodialysis patient used pictorial instructional module. Sample includes renal failure patient undergoing haemodialysis at saveetha medical college and hospital, who fulfils the inclusion criteria were chosen non-likelihood advantageous examining strategy. The assessment of level of information about renal failure patient among haemodialysis29 (48.33%) had moderately adequate and adequate information, 2 (3.34%) had inadequate, 29 (48.33%) adequate information regarding lifestyle modification of renal failure patients undergoing haemodialysis. The mean score of information among renal failure patient was 22.20 with standard deviation of 3.64. The calculated paired ‘t’ test value of t=17.218 was found to be statistically highly significant at p<0.001 level. The demographic variable, sex had shown statistically significant association with post test level of information regarding lifestyle modification among renal failure patients undergoing haemodialysis at p<0.05 level. This obviously construes pictorial instructional module managed to renal disappointment patients experiencing haemodialysis brought about a huge improvement in the post test level of information.

INTRODUCTION
The kidney performs fundamental capacities like discharge of waste items, upkeep of water balance, in this manner keeping up homeostasis. Renal disappointment is a dynamic decay of renal capacity wherein the body can’t keep up metabolic and liquid electrolyte balance coming about in uraemia. The impact of renal failure, the personal satisfaction of patient by acting adversely on their social, monetary and mental wellbeing. Legitimate working of kidneys is fundamental for having a decent nature
of life (Singh et al., 2016; Hapipa and Bhuvaneswari, 2020).

Figure 1: Percentage distribution of level of information regarding lifestyle modification of renal failure patients undergoing hemodialysis

In excess of 1,00,000 new instances of constant renal disappointment are available every year. In India, of these scarcely 15,000 figure out how to arrive at the phase of dialysis. Renal disappointment saw in any age and on premise report given in 2006, the mean time of renal disappointment predominance is 58.8 years. In worldwide general medical issues influencing 5-10% of total populace as a rule is kidney infection. Practically 2.5 lakh individuals die of kidney disappointment in India each year. (Prem, 2010; Saini and Arora, 2017)

Haemodialysis is one of the important interventions for chronic renal failure. It exists when lingering renal capacity is under 15% of typical. Loss of renal capacity offers ascend to uraemia, a dynamic increment in the degree of the metabolites of protein breakdown flowing in the blood, left unchecked, there will quickly arrive at harmful and inevitably lethal levels. Indicated haemodialysis fluid over load not responsive to diuretics and fluid restrictions. Haemodialysis is the most widely recognized strategy used to treat progressed and perpetual kidney failure. (Gerogianni and Babatsikou, 2014)

According to worldwide weight of illness study, constant kidney ailment was in 27th position in the rundown of reasons for mortality worldwide in 1990, yet rose to eighteenth in 2010. In worldwide through renal substitution treatment more than 2 million individuals are being kept alive. At present, about 2.4million individuals are alive on dialysis around the world. Renal disappointment is one of the principle issues of social insurance association and can cause mortality worldwide. (Min et al., 2018)

They have helpless nourishment, which is a central point of low quality of life since it builds the pace of dreariness and mortality. It has been stated that physical action improves the personal satisfaction of patients on dialysis, gave that is dynamic and individualized by tolerant constraints (kind of activity, recurrence, timing, power of activity) and their pathophysiology conditions. Personal satisfaction has become a key result measure in the treatment of ceaseless ailment, for example, kidney illness, where the objective isn’t end of malady, yet rather the alteration of patients to physical constraints, changes in way of life and clinical treatment. (Gonçalves et al., 2015; Wright and Wilson, 2017)

Diet therapy is the fundamental aspect of the treatment of renal failure patient’s experiencing haemodialysis. A balanced healthy diet regimen is required to dialyzing patients to remain solid. Monitoring diet and assessment of nutritional status by a trained dietician or doctor play a vital and central role in the care for dialysis patient. The dialysis persistent should be expended perfect measure of vitality, protein, liquids, nutrients and minerals. It is indispensable that the supplement substance of food devoured by these individuals is deliberately adjusted. The significant various nourishments and the sort of supplements they have to add to their eating regimen and the food which they ought to restrict. (Durose et al., 2018) The medical caretaker assumes a focal job in renal management by coordinating the dietary guidelines through patient training, and improve the patients information and works on in regards to dietary guideline in quiet with renal dialysis experiencing haemodialysis, since it helps in decrease of uneasiness, avoidance further harm to kidney, by lessening the kidney’s outstanding task at hand, and upkeep of well-being in drawing out life. (Rodger, 2012; Hill et al., 2016) The purpose of this study is 1) To assess the information on lifestyle modification among renal failure patients. 2) To determine the effectiveness of pictorial instructional module on the information of life style modification among renal failure patients. 3) To find out the association between the levels of information among renal failure patients regarding lifestyle modification with their selected demographic variables.

MATERIALS AND METHODS

A quantitative approach with quasi experimental research design was used to selected to assess the effectiveness of pictorial instructional module information regarding lifestyle modification among renal failure patient undergoing haemodialysis. The study was conducted in saveetha medical college and hospital. After obtaining permission from department of haemodialysis, the investigator
Table 1: Frequency and rate dispersion of level of information in regards to lifestyle modification of renal failure patients undergoing hemodialysis.

<table>
<thead>
<tr>
<th>Information</th>
<th>Inadequate Information (&lt;50%)</th>
<th>Moderately Adequate Information (51 – 75%)</th>
<th>Adequate Information (&gt;75%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Pretest</td>
<td>54</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>%</td>
<td>90.0</td>
<td>10.0</td>
<td>0</td>
</tr>
<tr>
<td>Post Test</td>
<td>2</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>%</td>
<td>3.34</td>
<td>48.33</td>
<td>48.33</td>
</tr>
</tbody>
</table>

Table 2: Comparison of pretest and post-test information scores regarding lifestyle modification among renal failure patients undergoing hemodialysis.

<table>
<thead>
<tr>
<th>Information</th>
<th>Mean</th>
<th>S.D</th>
<th>Paired ‘t’ test Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>10.57</td>
<td>3.34</td>
<td>t = 17.218</td>
</tr>
<tr>
<td>Post Test</td>
<td>22.20</td>
<td>3.64</td>
<td>p = 0.0001</td>
</tr>
</tbody>
</table>

** ***p<0.001, S – Significant

selected 60 samples by using non probability convenient sampling technique. The sample who met the inclusion criteria for the sampling are who are all know to read and write in Tamil and are available at the time of data collection. The exclusion criteria are who are all having other disease conditions. The investigator introduced and explained the purpose of the study to the samples and obtains the written informed consent. The surveys have been thoroughly and were conducted from March 21. Data were assembled using structure interview schedule for renal failure patient undergoing haemodialysis. The questionnaire contains 30 questions. The sample characteristics were described using frequency and percentage.

RESULTS AND DISCUSSION

The above Table 1 and Figure 1 shows that in the pretest, 54(90%) had inadequate information and 6(10%) had moderately adequate information. Whereas in the post test, 29(48.33%) had moderately adequate and adequate information respectively and 2(3.34%) had inadequate information regarding lifestyle modification of renal failure patients undergoing hemodialysis.

The supportive study was Sharaf El Din, U. A., Salem, M. M., & (Din et al., 2016) Led an examination on the board of kidney disease preventing the progression of renal disease. In this investigation patients with renal illness were chosen. An organized instructing program was given to the patients and a semi - trial research configuration was chosen. The organized encouraging project incorporated the accompanying, treating illness intensifying conditions like diabetes mellitus, hypertension, weakness and so forth, and smoking discontinuance, sodium and potassium limitation, antihypertensive treatment etc. The study report demonstrated that these treatments were viable to forestall the movement of kidney sickness in this chosen samples.

The Table 2 depicts that the pretest mean score of information score was 10.57 with standard deviation 3.34 and the post-test mean score of information was 22.20 with standard deviation 3.64. The calculated paired ‘t’ test value of t = 17.218 was found to be statistically highly significant at p<0.001 level. This clearly infers that Pictorial Instructional Module (PIM) administered to renal failure patients undergoing hemodialysis resulted in a significant improvement in the post-test level of information.

CONCLUSIONS

Health status and quality of life are important concepts for patients with kidney diseases and those undergoing haemodialysis. The study revealed that the pictorial instruction module was highly effective in improving information regarding lifestyle modification among renal failure patient undergoing haemodialysis.

Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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REFERENCES


