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An exploratory study to assess the Selfcare Coping Strategies among patients undergoing Hemodialysis in a Tertiary Care Centre at Puducherry

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Abstract

Background: Kidney disease can affect body's ability to clean blood, filter extra water out of blood, control blood pressure. It can also affect red blood cell production and vitamin D metabolism needed for bone health, increases risk of heart disease and stroke. Another major complication includes metabolic acidosis. Without treatment, the damage can get worse and kidneys may eventually stop working. If left untreated, CKD may lead to kidney failure. This stage is called as an end-stage renal disease (ESRD).
Aim: The main aim of the study is to explore the selfcare coping strategies employed by patients undergoing hemodialysis in a tertiary care centre, Ariyur, Puducherry.
Methodology: A qualitative approach using phenomenological design was utilized in this study. A total of 10 patients with ESRD undergoing hemodialysis were selected by using convenience sampling technique in a tertiary care centre at Puducherry. In- depth interview process was utilized for data collection through unstructured questionnaires. Interviews were audio-recorded and verbatim were transcribed. Colaizzi's phenomenological analysis method was chosen to interpret the phenomenon under this study.
Results: The phenomenological data analysis process transformed the set of 10 hemodialysis patients transcripts into significant meaning statements and thematic clusters. Six themes and 20 sub-themes were identified on the patients undergoing hemodialysis such as physical health which included reduced functional abilities and increased tiredness and the patients had overcome the problems through selfcare coping strategies such as seeking help from others, avoiding to go out and bed rest for comfort, the second theme was psychological health which included mood instability and the patients had overcome the problems through spending more time family members and uses some distraction techniques, the third theme was social health which included social functioning and the patients had overcome the problems through seeking support, the fourth theme was spiritual pattern which included spiritual disconnection and patients had overcome these problems through prayer and meditation, the fifth theme was self-esteem pattern which included feelings of worthlessness and impact of physical appearance and the patients had overcome the problems through focusing on abilities, the sixth theme was support group which included emotional and physical strain on loved ones, financial burden, need for comprehensive support and the patients had overcome the problems through open communication and joining support groups.
Conclusion: The findings of the present study revealed that the patients undergoing hemodialysis faced many problems to copeup with them. The most prevalent problems faced by the patients undergoing hemodialysis were increased fatigue which reduces their functional ability also mood instability and need for comprehensive support. Majority of the patients used to overcome their problems by using selfcare strategies such as bed rest to avoiding go for out also spending leisure time with their family members and seeking help from others. These findings also indicate the important role for the staff nurse to motivate the patients by creating awareness through provision of information booklet regarding selfcare coping strategies of patients undergoing hemodialysis.

INTRODUCTION

The human excretory system is a specialized system for excretion. The kidney is one of the excretory systems. Nephrons are the approximately one million filtering units that make up each kidney. The kidney produces erythropoietin, calcitriol, and renin in addition to removing poisons generated by cellular or xenobiotic metabolism.

Reabsorption/secretion mechanisms must be followed by plasma filtration in order to maintain the body's.[1][2]

The gradual loss of kidney function which reaches an advanced state is known as ESRD. Hemodialysis, a vital and life sustaining procedure for those with advanced chronic kidney disease (CKD) and end-stage kidney disease (ESKD) who necessitate long term or permanent renal replacement therapy. Hemodialysis is frequently known as renal dialysis and operates through the passage of a patient's blood through a semipermeable membrane while a dialysis solution resides on the other side. Hemodialysis can be done at a dialysis center or at home. Treatments usually last about four hours and are done three times per week. Some people may need more time for treatments based on their specific needs. Although hemodialysis has a therapeutic effect on end stage renal disease (ESRD) these patients encounter many physical, psychological, and social stressful factors that lead to a decrease in their quality of life (QOL)[3]

Patients may experience a wide variety of symptoms in hemodialysis process. These include fatigue, drowsiness, decrease in urination or inability to urinate, dry skin, itchy skin, headache, weight loss, nausea, bone pain, skin and nail changes and easy bruising, poor sleep, and shortness of breath etc. The chronicity of these illnesses, with their associated hospitalization, treatment costs, and profound impact on familial and social dynamics, demands adaptive responses from those who grapple with them. These adaptive actions, often referred to as self-care coping strategies[4]

According to the National Center for Chronic Disease Prevention and Health Promotion (2020) report around 30 million people, or 15% of adults, in the U.S. are estimated to have chronic kidney disease. Chronic kidney disease can often be treated before it progresses to end-stage renal failure or leads to other health problems.[4]

The number of patients presenting to the rena l services has been steadily rising, according to referral patterns at major hospitals in Chen nai and Puducherry had a brief medical history, severe renal failure contracted kidneys, and no history of protein uria or hypertension. According to a recent report from a Puducherry referral facility, a disproportionate number of CKD patients (56%) were from the Tamil Nadu districts of Villupuram and Cuddalore. CKD was identified in about 52% of cases. A later community based CKD screening effort in same communities found that 19% of people had the disease (National Institutes of Health, 2021).[5]

OBJECTIVES

- To identify the self-care coping strategies employed by patients undergoing hemodialysis at SVMCH&RC.
- To develop information booklet on selfcare coping with the hemodialysis.

ASSUMPTIONS

- Patients undergoing hemodialysis may have varied level of selfcare coping abilities.
- Information booklet on selfcare coping with hemodialysis may

enhance their self-care coping strategies.

MATERIALS AND METHODS

Study Design: The research design adapted for this study was phenomenological design.
Study Population: In this study, population comprises the patients with kidney diseases who are all undergoing hemodialysis in a tertiary care centre at Puducherry.
Sample Size: The sample size for the study was selected till the data saturation and until the redundancy point is reached. The researcher obtained data saturation with 10 samples.
Sampling Technique: Convenience sampling method was adopted in this study.

Inclusion and Exclusion Criteria: Patients undergoing hemodialysis in the age group of > 18 years old, patients with renal disease who are all undergoing hemodialysis, patients attending dialysis unit for 3 times a week and patients who are all initiated hemodialyis within a year were included in the study. Patients with known cognitive impairment, patients who are all unable to speak and patients who are critically ill at the time of date collection are excluded from the study.

Data Collection: The data collection was started after obtaining permission from the Institutional Review Committee (IRC NO: ICON IRC-2022-2023-003). The data was collected over a period of four weeks from 08.07.2024 to 10.08.2024 at selected hospital, Puducherry.

For the study, the sample was selected till the data saturation and until the redundancy point is reached. The researcher obtained data saturation with 10 samples using convenience sampling method. Each person was explained about the purpose of the study and written consent was obtained from all the samples. 1 sample was recruited for three days. Data was collected by using unstructured face-to-face in depth interview schedule and asked the patients to explore the selfcare coping strategies on the following themes such as physical, psychological, social, spiritual, self-esteem, support group. The duration was about 30-40 minutes for each sample. These experiences were measured by using Colaizzi's phenomenological data analysis method.

RESULTS

Table 1: Frequency and percentage distribution of Demographic variables among patients undergoing hemodialysis. (N =10)

Demographic variables	Category	Study Group	
		Frequency (F)	Percentage (%)
Age of the patient	18-28 years	1	10%
	29-39years	2	20%
	40-50years	4	40%
	≥51years	3	30%
Gender	Male	7	70%
	Female	3	30%
	Transgender	-	-
Marital status	Single	2	20%
	Married	8	80%
	Widow/separated	-	-
Religion	Hindu	8	80%
	Muslim	2	20%
	Christian	-	-
	Others	-	-
Place of residence	Rural	9	90%
	Urban	1	10%

Educational status	Non-formal	2	20%
	Higher secondary	5	50%
	Undergraduate	3	30%
	postgraduate	-	-
Occupation	Employed	5	50%
	Unemployed	1	10%
	Retired	2	20%
	Homemaker	2	20%
Income	less than 15,000	2	20%
	between 15,000-25,000	4	40%
	more than 25,000	1	10%
Dietary pattern	Vegetarian	1	10%
	Non -vegetarian	9	90%
Family type	Extended family	2	20%
	Nuclear family	8	80%
	Others	-	-

The above table shows that 4(40%) of patients in the age group of 40-50 years, About7(70%) were males. Regarding marital status 8(80%) were married and 7(70%) were Hindus. Majority of the participants 9(90%) were residing inrural area. In respect to education 5(50%) belong to higher secondary school. Regarding to employment 5(50%) of the participants were employed, In this 4(40%) were earning about Rs.15,000-25,000. Majority of the participants9(90%) were consuming non vegetarian dietary pattern. Around 8 (80%) were living in nuclear type of family.

Table 2: Frequency and percentage distribution of clinical variables among patients undergoing hemodialysis. (N =10)

Clinical variables	Study Group	
	Frequency (F)	Percentage (%)
1Height of the patient		
A) ≤150 cms	3	30%
B) 151 to 160 cms	4	40%
C) 161 to 170 cms	1	10%
D)≥171 cms	2	20%
2.Weight of the patient		
A)≤40 kg	-	-
B) 40 to 55kg	8	80%
C) 56 to 70 kg	2	20%
D) more than 71 kg	-	-
3.BMI		
A) ≤18.5	1	10%
B) 18.5-24.9	8	80%
C) 25-29.9	1	10%
D) 30 and above	-	-
4.Diagnosis of the patient		
A) End stage renal disease	4	40%
B) Chronic kidney disease	6	60%
C) Acute kidney injury	-	-
D) Others	-	-

5.Duration of hemodialysis treatment		
A) first time session(initiates)	2	20%
B) for past 2 weeks -4 month	4	40%
C) for past 5 month-7 month	1	10%
D) for past 8 month -12 month	3	30%
6. Mode of traveling		
A) By their own	2	20%
B) By family members	7	70%
C) By the hospital institution vehicle	1	10%
D) Others	-	-
7. Vascular Access for hemodialysis		
A) Arteriovenous (AV) fistula	6	60%
B) Arteriovenous (AV) graft	2	20%
C) Temporary hemodialysis catheter	1	10%
D) Permanent tunneled hemodialysis catheter	1	10%
8.Any complications associated with hemodialysis		
A) Cramps/ pain	1	10%
B) Weight gain/loss	3	30%
C) Tiredness	5	50%

D) Any others	1	10%
9. Other significant information		
A)Yes	10	100%
B) No	-	-
10. Blood investigations		
A)Hemoglobin		
i)≤8.0g/dl	1	10%
ii)8.1-9.1g/dl	**7**	**7%**
iii)9.2-10.2g/dl	1	10%
iv)10.3-11.3g/dl	1	10%
v)≥11.4g/dl	-	-
B)Urea		
i)≤40.0mg/dl	-	-
ii)41-61mg/dl	-	-
iii)62-82mg/dl	2	20%
iv)83-103mg/dl	3	30%
v)≥104mg/dl	5	50%
C)Creatinine		
i)≤7.0mg/dl		
ii)7.1-8.1mg/dl	2	20%
iii)8.2-9.2mg/dl	2	20%
iv)9.3-10.3mg/dl	4	40%
v)≥10.4mg/dl	2	20%

D)Blood glucose		
i)≤80mg/dl	-	-
ii)81-121mg/dl	2	20%
iii)122-132mg/dl	2	20%
iv)133-143mg/dl	-	-
v)≥144mg/dl	6	60%
E)Electrolytes: Sodium		
i)≤135mmol/l	5	50%
ii)136-146mmol/l	4	40%
iii)147-157mmol/l	1	10%
iv)≥158mmol/l	-	-
Potassium		
i)≤3.5mmol/l	-	-
ii)3.6-4.6mmol/l	1	10%
iii)4.7-5.7mmol/l	8	80%
iv)≥5.8mmol/l	1	10%
Chloride		
i)≤96mmol/l	1	10%
ii)97-107mmol/l	6	60%
iii)108-118mmol/l	3	30%
iv)≥119mmol/l	-	-

The above table shows that about 4(40%) of patient are in the height range between 151 to 160 cms and 8(80%) are in the category of 40 to 55kg weight, In that 8(80%) are at normal range BMI. About 6(60%) are diagnosed as chronic kidney disease and indicated for hemodialysis. Regarding the duration of hemodialysis treatment 4(40%) are undergoing hemodialysis for past 2 weeks-4 months. Mode of travelling

was about 7(70%) through their family members. When considering the vascular access of the patient 6(60%) were undergoing hemodialysis through AV Arteriovenous fistula. The complications of hemodialysis as tiredness identified at 5(50%) of patients. About 10(100%) had comorbidities, in that 5(50%) had diabetes mellitus,4(40%) had hypertension,1(10%) had congestive heart failure. In respect to blood investigation,7(70%) hemoglobin between range of 8.1-9.1g/dl, 5(50%) with ≥104mg/dl of urea and 4(40%) with creatinine range of 9.3-10.3mg/dl, 6(60%) with ≥144mg/dl range of blood glucose, also 5(50%) with ≤135mmol/l range of sodium electrolyte, 8(80%) with potassium level of 4.7-5.7mmol/l, 6(60%) had 97-107mmol/l range of chloride.

EXPLORING THE SELF CARE COPING STRATEGIES AMONG HEMODIALYSIS PATIENTS BY USING COLAIZZI'S PHENOMENOLOGICAL METHOD

THEME 1-PHYSICAL DOMAIN:

PROBLEMS FACED BY PATIENTS:

(i) **Reduced functional abilities:** A common concept aroused from the participants description that their weakness led to a decline in their ability to effectively carry out essential daily activities, including dressing, bathing, and cooking.

Participant 7 says:"I feel overwhelmed by the number of medical issues I face, which contributes to my physical inactivity"

Participant 5 states:"I can't do the things I used to do"

(ii) **Increased tiredness:** Most of the patients have felt more tired at the starting period of hemodialysis. This fatigue limits their ability to be active and connect with others.

Participant 2 states "I often experience significant fatigue on the days I undergo dialysis, which limits my ability to engage in physical activities"

SELFCARE COPING STRATEGIES TO OVERCOME PHYSICAL HEALTH ISSUES:

a) **Seeking help from others**: Many participants expressed that they need some help or assistance from others in handling their some daily activities to cope-up with tiredness.

Participant 4 states: "My wife will help me in taking care of my little ADL'S."

b) **Avoid to go for works (job):** participants expressed that they completely or partially avoided attending the important events or occasions and jobs.

Participant 6: "I won't go for any family functions or public places also for my jobs it causes weakness on my body."

c) **Comfort:** Participants shared that they need fulltime bedrest after hemodialysis which makes them comfort.

Participant 3 says: "I will stay on bed for full day it makes me to feel comfortable and reduces breathing difficulty."

THEME 2-PSYCHOLOGICAL DOMAIN:

PROBLEMS FACED BY PATIENTS:

(i) **Mood instability:** Most of the participants faces emotional distress such as depression, anxiety. It affects motivation and energy

levels necessary for them in maintaining treatment regimens.

Participant 10: "Feelings of sadness and helplessness associated with my condition further hinder my ability to be physically active."

SELFCARE COPING STRATEGIES TO OVERCOME PSYCHOLOGICAL ISSUES:

a) **Leisure time:** Some Participants says that they spend most of their leisure time with the children when they are hurted or frustrated by dialysis complications.

Participant 4: "I spend most of my time with my son and daughter after they are returning from school because I feel comfort only when I am with them."

b) **Distraction Techniques:** Some participants prefers that engaging in hobbies, watching movies, or participating in social activities, walking which provide them temporary relief from stressors.

Participant 5 commented:" When I watch my favorite movies, it really helps me forget about my worries for a while,

THEME 3-SOCIAL DOMAIN:

PROBLEMS FACED BY PATIENTS:

(i) **Social functioning:** Most of the patients reported that their Physical health and emotional problems affected their social relationships and activities respectively.

Participant 1 explains: "Living with my chronic illness has been incredibly challenging, not just physically but emotionally as well. I've noticed that my health issues have really strained my relationships with friends and family. There are days when I feel too fatigued or unwell to go out, which means I miss out on social gatherings and activities that I used to enjoy"

SELFCARE COPING STRATEGIES TO OVERCOME SOCIAL ISSUES

a) **Seeking Support:** Some patients says that they rely on the social support from family, friends, and peers. Like engaging in conversations and sharing experiences helps to alleviate feelings of loneliness and provide emotional comfort.

Participant 9 says: "When I was first diagnosed with my condition, I felt completely alone and overwhelmed. The uncertainty of what lay ahead was terrifying, and I didn't know how to cope. That's when I realized I needed to reach out to my loved ones for support"

THEME 4 -SPIRITUAL DOMAIN:

PROBLEMS FACED BY PATIENTS:

(i) **Spiritual Disconnection:** Most of the participants said, they feel like they've lost their connection to their spiritual beliefs and practices. The demands of their medical treatment make it difficult to engage in spiritual activities, leading to feelings of being cut off from their faith.

Participant 10 states: "1 often find myself questioning my faith and purpose. The constant struggle with my health makes it hard to feel connected to something greater"

SELFCARE COPING STRATEGIES TO OVERCOME SPIRITUAL ISSUES:

a) **Prayer and Meditation:** Few participants reported that engaging in prayer or

meditation provides them with a sense of comfort and spiritual connection. These practices help them find peace amidst the challenges of their illness.

Participant 6: "When I feel overwhelmed by my illness, I turn to prayer. It gives me a sense of peace and connection to something greater than myself."

THEME 5 –SELF ESTEEM DOMAIN:

PROBLEMS FACED BY PATIENTS:

(i)Feelings of Worthlessness: Many patients frequently reported feelings of inadequacy and worthlessness, often originating from their inability to perform tasks they once could. This erosion of self-worth makes them to belief that they are a burden to those around them.

Participant 7: "I used to feel confident in who I was, but now I often feel like a burden. My illness makes me question my value and contributions to my family."

(ii)Impact of Physical Appearance: Many patients noted that the physical changes from hemodialysis, like weight changes and tiredness, These changes often made them feel self-conscious and less willing to join in social activities.

Participant 5 says: "Every time I look in the mirror, I see someone who is weak and unwell and looks weight loss(thin), It's hard to feel good about myself when I'm constantly reminded of my limitations."

SELFCARE COPING STRATEGIES TO OVERCOME SELF ESTEEM ISSUES:

a) **Focusing on Abilities:** Some participants highlighted the need to focus on their abilities, no matter how little. Taking part in activities that showcase their strengths helps them feel better about themselves.

Participant 1 states: "I try to focus on the things I can still do, like helping my kids with their homework. It reminds me that I still have value and can contribute to my family."

THEME 6- SUPPORT GROUP DOMAIN (FAMILY, FRIENDS, HEALTHCARE, FINANCIAL):

PROBLEMS FACED BY PATIENTS:

(i)Emotional and Physical strain on loved ones: Most of the participants felt that their illness affects their family members, who often take on care giving responsibilities. This realization makes them to feel guilt and a desire to protect their loved ones from further strain.

Participant 8: "My family tries their best to support me, but I can see how exhausted they are. I worry that I'm putting too much strain on them emotionally and financially."

(ii)Financial burden: Most of the patients highlighted the financial burden of their chronic illness, including costs for medical care, lost earnings, and travel expenses. This financial stress worsen their feelings of anxiety and a sense of being overwhelmed.

Participant 3 comments: "The financial burden of my treatment is a constant source of stress. I worry about how I'll afford the costs, especially if my condition worsens."

(iii)Need for comprehensive support: Many Patients expressed the need for a more comprehensive approach to care that provides a range of support services, including emotional support, practical help, and financial resources.

They want their various needs to be addressed in an integrated way for cope-up with these issues.

Participant 9 says: "I feel like I'm constantly navigating the healthcare system on my own. It's overwhelming trying to keep track of appointments, medications, and insurance coverage."

SELFCARE COPING STRATEGIES TO OVERCOME SUPPORT GROUP ISSUES:

a) Open communication: A few patients highlighted the need to talk about their feelings and what they're going through. They felt that, open communication allows their loved ones to provide better support and makes them feel less alone.

Participant 1: "I make it a point to communicate openly with my family about how I'm feeling. It helps them understand what I'm going through and strengthens our bond."

b)Joining Support Groups: some patients reported that joining support groups specifically for dialysis helps them to share their stories in a safe environment. These groups offer emotional help, useful advice, and a feeling of community.

Participant 4: "I attend a local support group of dialysis patients. Sharing my experiences with others who understand has been incredibly comforting and uplifting."

DISCUSSION

The objective of the study is to explore the selfcare coping strategies among patients undergoing hemodialysis. The researcher developed 6 themes and 20 subthemes from the selfcare coping strategies and their problems explored by the participants with the help of thematic analysis.

THEME 1- PHYSICAL HEALTH PROBLEMS FACED BY HEMODIALYSIS PATIENTS AND THEIR SELFCARE COPING STRATEGIES

First theme of the study was - physical health with the sub-themes such as reduced functional abilities and increased tiredness and overcoming the problems through selfcare strategies such as seeking help from others, avoiding to go for jobs and comfort.

Most of the participants describes that their weakness led to a decline in their ability to effectively carry out essential daily activities, including dressing, bathing, and cooking, also often experience tiredness but they use some selfcare strategies to overcome these problems by taking bedrest at home and completely or partially avoided attending the important events or occasions their jobs also seeking help from others/family members.

The result of the study was supported by similar quantitative study conducted by Naglaa et.al., (2020) a descriptive exploratory research study to assess the Selfcare behaviors, Self efficacy and level of physical activity of patients undergoing hemodialysis[6]. They concluded that more than half of the patients had inadequate physical activity level with percentage-53%, inadequate self-care behavior with percentage-65% and moderate self-efficacy in 40% of them.

THEME 2- PSYCHOLOGICAL HEALTH PROBLEMS FACED BY HEMODIALYSIS PATIENTS AND THEIR SELFCARE COPING STRATEGIES

Second theme of the study was - psychological health with the sub-themes such as mood instability and their selfcare strategies are leisure time and distraction techniques.

Maximum number of participants faces emotional distress such as depression and anxiety. Some of the patients use most of their leisure time to spend with the children when they are hurt or frustrated by dialysis complications and some patients engaging in hobbies, watching movies, or participating in social activities and walking which provide them temporary relief from stressors in a short term.

The study's findings were consistent with a qualitative study conducted by Han E, et al., (2019)[7], which assessed the biopsychosocial experiences and coping mechanisms of older ESRD patients. Three closely related aspects of their quality of life—biological/physical, psychological, and social—were found to be impacted by ESRD and dialysis. Participants employed four main coping mechanisms to deal with these biopsychosocial issues: (a) family support (financial, practical, and emotional support); (b) religious/spiritual support (experiencing gratitude/contentment, the power of prayer, and belonging to a faith community); (c) avoidance (cognitive avoidance and distraction techniques); and (d) acceptance (positive thinking and problem solving).

THEME 3-SOCIAL HEALTH PROBLEMS FACED BY HEMODIALYSIS PATIENTS AND THEIR SELFCARE COPING STRATEGIES

Third theme was —Social health with the sub-theme such as social functioning by overcoming these problems through selfcare coping strategies such as seeking social support.

Some patients experience an affected social relationship and experience by physical and emotional problems. For overcoming that patients rely on coping strategies such as social support from family, friends, and peers also engaging in conversations.

The result of the study was supported by similar qualitative study conducted by Cholina (2020)[8] explored the self-care performed by patients undergoing hemodialysis therapy. This study revealed 5 themes, namely: (1) family support and attention, (2) therapeutic communication in services, (3) taking action swiftly and according to the rules, (4) attention and courtesy in services, and (5) supporting facilities and infrastructure. They ultimately came to the conclusion that better self-management of hemodialysis patients necessitates the assistance of those close to them, including family, nurses, and other medical professionals, as well as the availability of the facilities required for therapy. Increasing patient support is crucial for enhancing self-management and boosting self-assurance in the face of reduced kidney function.

THEME 4-SPIRITUAL HEALTH PROBLEMS FACED BY HEMODIALYSIS PATIENTS AND THEIR SELFCARE COPING STRATEGIES

The fourth theme of the study was-Spiritual health with the subtheme of spiritual disconnection and their coping strategies such as prayer and meditation.

Participants reported, they feel like they've lost their connection to their spiritual beliefs and practices due to their chronic illlnesses. Few patients reported that engaging in prayer or meditation provides them with a sense of comfort and spiritual connection.

The study's findings were corroborated by a comparable qualitative study carried out by Nurbadriyah et al. (2021)[9], who conducted a systematic review to determine what coping mechanisms work best for patients receiving

hemodialysis for chronic renal disease. The findings showed that a number of coping mechanisms, including self-management, spiritual techniques, and somatic and clinical symptoms, were linked to the quality of life of CKD patients. For CKD patients on hemodialysis, the spiritual/religious coping technique can enhance quality of life and lower stress.

THEME 5- SELF ESTEEM PROBLEMS FACED BY HEMODIALYSIS PATIENTS AND THEIR SELFCARE COPING STRATEGIES

The fifth theme of the study was Self esteem with the subtheme of feeling worthlessness, impact of the physical abilities and their coping strategies such as focusing on the abilities.

Many participants commonly expressed emotions of worthlessness and inadequacy, which were frequently caused by their incapacity to carry out tasks that they had previously been able to. Participants' negative self-perceptions were influenced by the physical changes brought on by hemodialysis, such as weight swings and exhaustion. Some participants stressed the significance of acknowledging and appreciating their skills in order to deal with these issues.

The result of the study was supported by similar cross-sectional study conducted by Sharif Nia, et.al., (2023)[10] conducted a cross-sectional study to determine the relationship between self-care behavior and body image concern in patients undergoing hemodialysis. The study result showed that increasing age reduces the improving level of selfcare behaviors in patient undergoing hemodialysis, but middle aged peoples had more concern in body image comparatively older age, in gender women were the strongest predict or of body concern image anxiety.

THEME 6-SUPPORT GROUP PROBLEMS FACED BY HEMODIALYSIS PATIENTS AND THEIR SELFCARE COPING STRATEGIES

The sixth theme of the study was- Support group with the subtheme of Emotional and physical strain on loved ones, Financial burden, Need for comprehensive support and their coping strategies such as open communication, Joining support groups.

Most of the Participants recognized the toll their illness takes on their family members. This awareness make them to feel of guilt and a desire to protect their loved ones from further strain. Also the financial implications were a significant concern for many participants. Few Participants emphasized the importance of discussing their feelings and experiences with family members and attending support groups specifically for dialysis patients.

The result of the study was supported by similar cross-sectional study conducted by Shayan (2023)[11] to measure the level of compassionate care from the perspective of hemodialysis patients and coping with the disease. The study results that providing compassionate care is associated with positive coping strategies. Therefore, it is suggested for health care working in the hemodialysis units provide high-quality compassionate care and help the patients and their families to cope with their chronic disease.

CONCLUSION

The findings of the present study revealed that the patients undergoing hemodialysis faces many problems on coping with their treatment regimens such as reduced functional abilities,

increases fatigue, mood instability, social functioning, spiritual disconnection, impact on their physical appearance, financial burden and need of comprehensive support. The most prevalent problems in this study were increased fatigue and emotional distress also need of support groups. Majority of the patients used to overcome their problems by using selfcare strategies such as seeking help from others, bedrest at home, avoiding to go for a jobs/works also spending leisure time with their family members and their children. These findings also indicate the important role for the dialysis unit nurse to motivate the patients by creating awareness through provision of information booklet regarding selfcare coping strategies of hemodialysis patients.

IMPLICATIONS

The findings of the study have practical application in the field of nursing. The implication of the study could be discussed in four areas namely: Nursing practice, nursing administration, Nursing education and Nursing research.

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