

IDENTIFICATION OF HOME CARE NEEDS OF PATIENTS WITH CHRONIC KIDNEY DISEASE UNDERGOING HEMODIALYSIS IN PEKANBARU, INDONESIA

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Abstract

Needs of Home Care for patients with chronic diseases are increasing rapidly in developing countries, including Indonesia. Home care services are also growing in many provinces in Indonesia. The home care services are organized by personal, organization, or hospital. The objective of this study was to identify home care needs of patients with Chronic Kidney Disease undergoing hemodialysis. This study was a descriptive study. 60 participants undergoing hemodialysis in hemodialysis center Arifin Achmad General Hospital were recruited using convenience sampling. Data were collected using a questionnaire which has been tested its validity and reliability. The results showed that 26 participants (43.3%) were in early adult stage (26-35 years old). There were 41 participants (68.3%) reported that they did not need home care and only 19 participants (31.7%) needed it. The study also revealed that needs of home care were mostly related to physiological needs such as oxygenation, food and drink, wound or skin treatment. The participants who needed home care also needed psychological, social and spiritual consultation and support. It is suggested to home care providers to provide care which are needed by their patients and also provide nurses who can fulfill the needs professionally at the patients' homes.

Keywords: chronic kidney disease, hemodialysis, home care, patients.

BACKGROUND

Chronic Kidney Disease (CKD) is a progressive renal dysfunction and irreversible in which the body fails to maintain metabolism and fluid and electrolyte balance, causing uremia (Black & Hawks, 2009). The disease is caused by hypertension, diabetes mellitus, and infectious diseases of the kidney such as glomerulonephritis, Systemic Lupus Erythematosus, and other causes. CRF cause a variety of disorders in various systems of the body of the sufferers.

Clinical manifestations of CKD such as anorexia, nausea, vomiting,

ammonia smell in the mouth, stomatitis, hiccups, gastritis, and peptic ulcer. Other manifestations are skin irritation such as pale skin, easily scratched, brittle, dry, raised spots black and itching due to uremic or calcium deposition in the skin. Other disorders of this disease are anemia, bleeding due to platelet dysfunction or thrombocytopenia, easily infected because of decreased immunity, weakness, sleep disturbances, impaired concentration, tremors, seizures until loss of consciousness or coma (Black & Hawks, 2009).

During January to June 2012 the number of patients who visited the hemodialysis Center in Arifin Achmad General Hospital Pekanbaru were 655 patients (Neliya, Utomo & Misrawati, 2013). In Pekanbaru, Number of Chronic Kidney Disease patients on dialysis (hemodialysis) in 2011 were 8,124 patients (Neliya, Utomo & Misrawati, 2013).

Hemodialysis is the most preferred therapy by people with Chronic Kidney Disease. The other therapies are peritoneal dialysis and kidney transplantation. The CKD patients undergoing hemodialysis only come to the hospital to undergo hemodialysis for a few hours and then go back home. The patients are not hospitalized unless they have serious health problems. Ability to care for themselves at home is very important to maximize their body functions.

Sometimes the patients also suffer from other diseases which affect body functions, such as paralysis or weakness in the body due to a stroke or a leg wound which difficult to heal due to Diabetes Mellitus. The physical problems would further aggravate their condition so that they need the help of family members or from healthcare professionals.

Most of the patients with CKD live with family members so they can easily to get support or help to perform their daily

activities. However, not all patients get adequate care from family members. This condition occurs when they living only with their partners (husband / wife) where their spouses are workers so that not always beside the patients. In addition, it can be caused family members in their homes are unable to provide good care because of lack of knowledge or skill in providing care.

In that condition, need of care from healthcare professionals for patients with CKD at home is increasing. Health services provided by health professionals are needed to be maximize in helping patients to maintain their body conditions.

Home care services for patients with chronic diseases have become a necessity in developed countries. In Indonesia, home care began to grow and develop in recent years. People are starting to realize the importance of home care services, especially for those who are very concerned with the health of family members and have sufficient financial capacity, because home care also requires an additional fee to pay for healthcare professionals who provide services in the home or the purchase of equipment needed for home care.

Pekanbaru as a city which growing rapidly with large population need for adequate home care services for the population. In order to provide appropriate

services, adequate identification and analysis of what are required by the home care patients. This condition is a challenge and an opportunity for health professionals to prepare home care services which meet needs of the home care patients.

This study will attempt to answer this challenge, particularly for patients living with CKD and hemodialysis. The purpose of this study was to identify the home care needs for patients with diseases CRF undergoing hemodialysis in Hemodialysis Center of Arifin Achmad General Hospital in Pekanbaru.

METHODS

This study was a descriptive study conducted in Pekanbaru. The target population in this study were patients with CKD undergoing hemodialysis in Arifin Achmad General Hospital, Pekanbaru. The sample size used in the study were calculated using a modified sample size of the quick survey according to the WHO (Ariawan, 1996). 60 respondents were recruited in this study using convenience sampling method.

Data was collected using a questionnaire. The questionnaire were tested its validity of using the Pearson correlation test. Reliability of the questionnaire was tested using Cronbach alpha. Validity and reliability tests

performed using statistical software. The next stage after data collection was data analysis. Data were analyzed using a computer program and are described descriptively.

RESULTS

Data collected from 60 respondents showed 55% (33 persons) of the respondents were male and 45% (27 persons) were female. Most of respondents (26 persons) graduated from senior high school or equivalent (43, 3%). Majority of respondents were housewives (33.3%). Regarding suffering from CKD, 24 respondents (40%) had suffered from CKD in the span of 1-3 years and 27 respondents (45%) had undergone the most HD also in the range of 1-3 years.

68.3% or 41 respondents did not need home care services. Only 19 respondents (31.7%) stated that they needed home care services. 17 of them (89.5%) stated that they need home care services which related to the physiological needs regarding food and beverages such as set up the appropriate menu, and the need for adequate rest. Furthermore, 16 of them (84.2%) need home care services related to the provision of oxygen therapy and treatments related to the use of medical devices such as nebulizer, catheters, and hygiene care including skin care/wound. 14

respondents who needed home care (73.7%) stated that they needed consultation and support related to social relationships/socialization with other people, as well as religious support and consultation. 11 respondents (57.9%) needed of home care which related to consultation and support psychologically for them. Only 5 respondents (26.3%) required consultation services related to sexuality.

DISCUSSION

The results of this study showed that only 31.7% of respondents needed home care services. It can be caused by various factors such as not all respondents have disorders or health problems such as shortness of breath, edema, itching, or other problems associated with CKD and hemodialysis. In addition, not all patients with these problems were unable to care for themselves. Most patients were able to care for themselves and did not need the help of health professionals. Several studies have shown that hemodialysis patients are trying to cope with a variety of health problems they experienced as part of an effort to preserve his life (Al-Arabi, 2006; Clarkson & Robinson, 2010; Hagren et al., 2004; Molzhan, Bruce, & Shields, 2008; Richard & Engebretson, 2008).

In addition, the results of this study also showed the majority of respondents needed of home care services related to the physiological needs of the body such as oxygenation, nutrition, and hygiene or self-care. John and Thomas (2013) Reported that the physical changes experienced by hemodialysis patients impacted on lowering abilities to perform roles and daily activities therefore they needed help from their families or healthcare professionals.

This study also showed that most respondents needed consultation and support from health professionals of home care provider related social relationships with other people and religion.

More than half of the respondents who needed home care stated that they needed support and psychological counseling for them. This result indicates that CKD and hemodialysis therapy also resulted in the patient's psychological problems. According to Rahimi, Ahmadi, & Gholyaf (2008), CKD patients undergoing hemodialysis experienced a change in terms of psychological and social relationships are a challenge for health professionals. Halligan (2008) said that hemodialysis patients experience stress and frustration Furthermore, family and socio-cultural influences care for them.

CONCLUSION

Most patients with CKD undergoing hemodialysis experience various health problems in which they and their families may not be able to care for the patients well and require assistance in the form of home care. Problems experienced by hemodialysis patients ranging from physical/biological, psychological, social, spiritual and even touch the issue of sexuality. These conditions should be understood by home care. They have to be able to provide services appropriately to the problems experienced by the patient.

Professional ability and knowledge of nurses who work in the home care are needed to provide the required nursing care of patients at home and help patients in maximizing their ability to care for themselves and improve their quality of life.

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