

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This descriptive study was designed to describe and examine the relationships between coping strategies and quality of life of patients with chronic renal failure undergoing hemodialysis and their spouses. Subjects were recruited from the hemodialysis unit of three hospitals in Bandung, West Java Province of Indonesia, from November 1st, 2003 until January 31st, 2004, using purposive sampling. Ninety-one couples of hemodialysis patients and their spouses participated in this study. They were asked to fill in one of two sets of questionnaires; one for patients and another for spouses. Each questionnaire consisted of three parts; a Demographic Data and Health Information Form, a Jalowiec Coping Scale, and a WHO Quality of life-Bref. The data gathered in this study were subsequently analyzed using the Statistical Package for the Social Sciences. In this chapter, the topics are presented as follows:

1. Summary of the study results
2. Implications and recommendations

1. Summary of the Study Results

Most hemodialysis patients in this study were male with a mean age of 52.1 years, while most spouses were female with a mean age of 51.4 years. The majority of subjects were Muslim, high school educated, income level lower than the minimum standard of income, and covered by partial reimbursement from health insurance. They had been married and living together for an average of 29.11 years.

Although most of the patients had been on hemodialysis for an average of 2.5 years, twice a week, they reported no other illness concerns, and no use of traditional therapy. Most of the spouses perceived themselves as having a good health and good family relationship, and no particular illness concerns.

Both patients and spouses used predominantly problem solving focus coping when then encountered problems regarding the renal disease and hemodialysis treatments. The total mean score of the patients' coping strategies was higher than the spouses. Most patients and spouses showed a similarity in identification of the top ten of both affective coping and problem solving coping strategies. However, they were different in rank. The subjects' choosing of coping strategies reflected the values, beliefs, and cultural background of the population from which they came.

Overall quality of life was rated as poor to fair by the majority of patients, perhaps related to their score of their general health as mainly dissatisfactory or very dissatisfactory. Unlike the patients, most of the spouses rated their overall quality of life as good to very good, and general health as satisfactory to very satisfactory. The mean score of the patients' quality of life was lower than the spouses. The five lowest and highest quality of life aspects were identified to provide a deeper understanding of which aspects of life the subjects were most and least satisfied with.

The findings of this study support previous studies that have found a negative correlation between affective focus coping strategies and quality of life both in patients and spouses (Baldree, et al., 1982; Gurlis & Menke, 1988; Lok, 1996; Mok & Tam, 2001). However, problem-solving focus scores and total coping scores were not associated with quality of life in either the patients or the spouses.

2. Implications and Recommendations

2.1 Nursing Practice

The findings show a significant negative correlation between affective coping strategies and quality of life. The more patients and spouses use affective coping strategies, the lower the quality of life. Nurses need to be aware of the various coping strategies that patients and spouses use while on hemodialysis. Assessment of coping strategies with respect to beliefs, values, and cultural background is a prerequisite to facilitating appropriate care for patients on hemodialysis and their spouses. An ongoing evaluation of individuals' coping strategies is needed to detect changes and balance in coping patterns. Enhancement of problem solving coping strategies might enable these patients and their spouses to resolve health-related problems in order to promote their quality of life. Nurses can assist patients and their spouses by providing support, encouragement, information, and alternative strategies to promote effective coping in order to improve their quality of life. However, it is important to stress that the use of coping strategies is individual and often changes over time, and their effectiveness is often situation-dependent.

By knowing which aspects of quality of life are rated as most and least satisfactory by patients and spouses, nurses may gain some insight into which nursing intervention should be given priority and what resources are needed to help patients and spouses achieve optimal function and promote well-being. This study found that most subjects, especially spouses, perceived the availability of needed information in the five lowest quality of life aspects. Providing knowledge as well as information to the patients and spouses must be an integral part of nursing care. A continuing health-teaching program regarding living and coping with renal failure and hemodialysis can

be useful to help both patients and spouses develop effective coping strategies and promote improved quality of life.

2.2 Nursing Education

The findings of this study indicate that the coping strategies used reflected beliefs, values, and cultural background of the subjects. The content of basic nursing education related to caring of patients with renal failure undergoing hemodialysis should thus incorporate coping and quality of life with regard to culture, values, beliefs, and wisdom of the local population.

2.3 Nursing Research

Further study on the effects of an enhanced effective coping program to improve quality of life is still needed. Regarding the subjective nature of coping and quality of life, it is suggested that further studies that explore coping and quality of life not only rely on quantitative measurements but also incorporate qualitative measurements to gain new information as baseline data that will help to develop new and appropriate nursing interventions.