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A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE REGARDING DIETARY REGULATION AMONG CHRONIC RENAL FAILURE PATIENT UNDERGOING HEMODIALYSIS IN SELECTED HOSPITAL AT TIRUNELVELI DISTRICT

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ABSTRACT

The modification of food cannot directly improve the working of the kidney but it reduce the excess load an functioning of the kidney and improves the quality of the life chronic renal failure patients undergoing hemodialysis. The aim of the study to assess the knowledge and practice of dietary regulations in Chronic Renal Failure patients undergoing hemodialysis using non experimental descriptive design was used in this study. 50 samples were selected by using purposive sampling technique. The checklist was used to assess the knowledge and practices of dietary regulation in Chronic Renal Failure patients undergoing hemodialysis. On assessing the knowledge score on dietary regulation in chronic renal failure patient undergoing hemodialysis, 14% of patients had the adequate knowledge level between the ranges of 31-40. The 70% of patient had moderate knowledge between the ranges of 21-30 and 16% of patient had poor level of knowledge between the ranges of 0-20. On assessing the practice score of dietary regulation in chronic renal failure patient undergoing hemodialysis, 42% of patients had the benefical practice level between the ranges of 19-26, 56% of patient non beneficial practice between the ranges 10-18 and 2% of patient had the poor practice between the ranges 0-9. The study concluded that from the basis of findings, the chronic renal failure patients undergoing hemodialysis had an inadequate knowledge on dietary regulations and also poor practice to maintain dietary regulation.

Key words: Assessments; Knowledge; practice; Dietary regulations; Chronic renal failure patients; Hemodialysis.

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INTRODUCTION

Kidney failure is a condition in which one or both of your kidneys no longer work on their own. Causes include diabetes, high blood pressure and acute kidney injuries [1]. In hemodialysis a machine filters wastes, salts and fluid from your blood when your kidneys are no longer healthy enough to do this work adequately [2]. A renal diet is one that is low in sodium, phosphorous, and protein. A renal diet also emphasizes the importance of consuming high quality protein and usually limiting fluids. patients may also need to limit potassium and calcium [3]. According to Who global burden of disease project, disease of kidney and urinary tract contribute global burden with approximately 8, 50,000 death every year. Chronic kidney disease is the 12th leading cause of death and 17" cause of disability. The nurse play a central role in renal management by directing the dietary regulations through patient education and enhance the patient's knowledge and practice regarding dietary regulations in patients with Chronic Renal Failure undergoing hemodialysis, because it helps in education of discomfort, prevention further damage to kidney by educating the kidney's work load and maintenance of health in prolonging life.

Statement of the problem

A study to assess the knowledge and practice regarding dietary regulation among chronic renal failure patient undergoing hemodialysis at selected hospital in Tirunelveli district.



Objectives of the study

- To assess the knowledge and practice regarding dietary regulation among chronic renal failure patient undergoing hemodialysis.
- To find out the relationship between knowledge and practice regarding dietary regulation among chronic renal failure patient undergoing hemodialysis.
- To find out the association between the knowledge and practice regarding dietary regulation among chronic renal failure patient undergoing hemodialysis.

Hypothesis:

H1: There will be a significant relationship between the knowledge and practice regarding dietary regulation among chronic renal failure patients undergoing hemodialysis.

H2: There will be a significant association between the level of the knowledge and practice among chronic renal failure patient undergoing hemodialysis with their selected demographic variables.

RESEARCH METHODOLOGY

Quantitative research approach was adopted for this study using non experimental descriptive design. Purposive sampling technique is adopted for this study. Sample size is 50. The samples were selected based on the criteria of sample selection. After getting initial permission the investigator got informed consent from the participants and proceeded with data collection with a given period of time. The data was collected regarding demographic variables and checklist to assess the knowledge and practice. Ethical principle, justice were maintained during and after the course of data collection.

Scoring interpretation RESULTS AND DISCUSSION

While considering the age in the group out of 50 patients, 18 (36%) of patient belongs to the age group of 56

to 65 years, 12 (24%) of patients belong to 46-55 years,16 (32%) of patients belong to 25-35 years. With regard to the gender, out of 50 patients 32(64%) of them were male and 18 (36%) of them were female. Based on the dietary pattern in the group out of 50 patients 45 (90%) of them were taking non vegetarian and 5(10%) of them were taking vegetarian frequently. Based on the specific habits in the group out of 50 patients18(36%) of them were taking alcoholism, 10(20%) of them taking tobacco and 10(20%) of them were smoking. Based on education in the group out of 50 patients 28(56%) of them were had the higher secondary education, 12(24%) of them were graduate and 10(20%) of them were had primary education. Based on the marital status in the group out of 50 patients 38(76%) of them were married 3 (6%) of them were single and 9(18%) of them widow. Based on the occupation in the group out of 22 (44%) of them were heavy worker ,12(24%) of them were secondary worker and 16(32%) of them moderate worker. Based on associated illness in the group out of 50 patients 20(40%) of them had diabetic mellitus ,14(28%) of them had hypertension, 6(12%) of them had cardiac problems and 10(20%) of them had other renal problems. Based on the income 23(46%) of them have the family income of (18%)Rs. 5000-Rs. 10000 and 10 (20%) of samples had the monthly income above Rs.20000/-. Based on the duration of illness 18(36%) of them had chronic renal failure for 8-10years, 12(24%) of them had for 2-4 years, 10(20%) of them had for 5-7 years and 10(20%) of them had for 11-15 vears.

The table 1.1 that the knowledge score of dietary regulation among chronic renal failure patient undergoing hemodialysis, 14% of patients had the adequate knowledge level between the ranges of 31-40. The 70% of patient had moderate knowledge between the ranges of 21-30 and 16% of patient had the poor level of knowledge between the ranges 0f 0-20.

 Table 1: Frequency and percentage distribution of the sample based on the level of knowledge on dietary regulation among chronic renal failure patient undergoing hemodialysis.
 N=50

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Level of knowledge	Knowledge score interval	Frequency (f)	Percentage (%)		
Adequate knowledge	31-40	7	14%		
Average knowledge	21-30	35	70%		
Poor knowledge	0-20	8	16%		

Table2: Frequency and percentage distribution of the level of practice regarding dietary regulation among chronic renal failure patient undergoing hemodialysis. N=50

Level of practice	Practice score interval	Frequency (f)	Percentage (%)
Beneficial practice	19-26	21	42%
Non beneficial practice	10-18	28	56%
Poor beneficial practice	0-9	1	2%

The table 2 that the practice of dietary regulation among chronic renal failure patient undergoing hemodialysis,

42% of patients had beneficial practice level between the ranges of 19-26. And 58% of non beneficial practice



between the ranges of 10-18 and the 2% of patient had the poor beneficial practice 0-9.

CONCLUSION

The study concluded that from the basis of findings, the Chronic Renal Failure patients under hemodialysis had an inadequate knowledge on dietary regulations and also had poor practice to maintain dietary regulation. Hence it can be concluded that though the patients have knowledge, they do not comply with the dietary regimen.

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Conflict of interest: There is no conflict of interest **Source of fund:** Self

Ethical clearance

The proposed study was conducted after the approval of the ethical committee. Assurance was give to the study participants regarding the confidentiality of the data collection.