COPING BEHAVIOURS OF HAEMODIALISED PATIENTS AND FAMILIES IN A PRIVATE CLINIC IN GAUTENG, SOUTH AFRICA

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Renal failure continues to be the fastest growing disease both internationally and in South Africa. Most patients suffer from predisposing diseases e.g. hypertension and diabetes which are the leading causes. Family has to adapt to the changes associated with these diseases and, then later, renal failure.
PROBLEM STATEMENT

Families with a member on chronic haemodialysis are faced with several challenges. Amongst others, role changes if the bread winner is the sufferer, and financial constraints regarding their daily living.

How do these families deal with the challenges they are faced with?
STUDY OBJECTIVES

• To identify and explain coping behaviours used by the families of patients with renal failure (Phase 1)

• To explore the identified coping behaviours of these families (Phase 2)
The study followed a non-experimental, descriptive and explanatory, mixed methods approach with a sequential design.

The study comprised two phases:
- Phase 1: quantitative
- Phase 2: qualitative
ETHICAL CONSIDERATIONS

- North West University Research Committee
- Fresenius Medical Care (South Africa) Pty
- Participants:
  - Informed consent
  - Anonymity
  - Confidentiality
  - Beneficence
POPULATION AND SAMPLE

• All inclusive sample of the Fresenius Medical Care units in Johannesburg’s Gauteng Province

• Both men and women were included in the study and had to be 18 yrs or older.
DATA COLLECTION and ANALYSIS (Phase 1)

- Family Crisis Oriented Personal Scales (F-COPES)
- Unit managers assisted with data collection

- Data were captured using EpiData version 3.1
- Data analysis with SPSS 16.0 (SPSS, 2007) package
- Descriptive statistics was used to present and analyse data
## RESULTS

<table>
<thead>
<tr>
<th>SUBSCALE</th>
<th>Number of items</th>
<th>Cronbach’s Alpha (n=57)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have social support</td>
<td>9</td>
<td>0.84</td>
<td>3.05 (0.89)</td>
</tr>
<tr>
<td>Reformulate</td>
<td>8</td>
<td>0.74</td>
<td>3.89 (0.73)</td>
</tr>
<tr>
<td>Seek spiritual support</td>
<td>4</td>
<td>0.64</td>
<td>4.16 (0.79)</td>
</tr>
<tr>
<td>Utilisation of family support</td>
<td>4</td>
<td>0.66</td>
<td>3.94 (0.94)</td>
</tr>
<tr>
<td>Passive evaluation</td>
<td>4</td>
<td>0.56</td>
<td>3.52 (0.93)</td>
</tr>
</tbody>
</table>
DATA COLLECTION and ANALYSIS (Phase 2)

• Focus group interviews
• Individual face to face interviews

Data analysis using Tesch’s method
• Themes and sub themes
• Coding and recoding of data
FINDINGS

• Challenges
  - Psychological, diet, death, exclusion by partners, stress, restricted movement.

• Support Structures
  - Church, praying for miracle, family, friends, lack of professional knowledge, social clubs
FINDINGS (Cont.)

• Coordinated care
  - Establish support groups, contact with nurses, spouses to have more professional education from nurses and doctors

• Beliefs about diseases
  - Natural or supernatural
  - Only God can heal both
INTEGRATION OF FINDINGS

- 1. Seeking spiritual support (M=4.16)
- 2. Mobilising family (M=3.94)
- 3. Reframing (M=3.89)
- 4. Passive appraisal (M=3.52)
- 5. Acquiring social support (M=3.05)

- 1. Beliefs about diseases
- 2. Support structures
- 3. Coordinated care
- 4. Challenges
CONCLUSION

• Participants seek spiritual support when facing a stressful situation
• Did not seek advice from the minister even though they did trust in the minister
• Attendance of church services
• Family support was one of the favoured coping methods for the families
• Seeking social support is the least utilised
REFERENCES


• **EPI DATA** Info V6 (Lauritsen, 2008)

• Statistical Package for the Social Sciences (SPSS, 2007)
ACKNOWLEDGEMENTS

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  • Unit managers of participating units
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  • Prof Christa Van der Walt (Co-supervisor)
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My research mentor, Dr Rosemary Crouch
QUESTIONS?

COMMENTS?

Thank you