

Caring for Patients on Hemodialysis in Rwanda: Experience of Family Caregivers

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ABSTRACT

End stage Renal diseases is a major public health problem affecting patient and family members directly and indirectly. Little is known about caring experiences and support needs of family care givers of patients with End Stage Renal Diseases (ESRD) in Rwanda

The aim of this study was to explore the experiences of caring and support need of family caregivers of patients with End Stage Renal Diseases (ESRD) at selected hemodialysis units in Rwanda. This study used a phenomenological exploratory design.

Twelve participants were selected purposively. Five themes emerged.

OBJECTIVE

Purpose of the study

The purpose of the study was to explore the caring experiences and support needs of family care givers of patients with End Stage of Renal Diseases at selected hemodialysis units in Rwanda.

Specific objectives

- To describe the caring experiences of family care givers of patients with End Stage of Renal Diseases at selected hemodialysis units in Rwanda.
- To identify the support needs of family care givers of patients with End Stage of Renal Diseases at selected hemodialysis units in Rwanda. .

MATERIALS AND METHODS

- **Design:** This study used a qualitative phenomenological design to explore the experience of caring and support need of family caregivers of patient with ESRD.
- **Study participants:** The study participants consists of all family caregivers of patients with ESRD in renal units of three referral hospital in Rwanda,
- **The setting:** The study settings were renal units of University teaching hospital of Kigali (UTHK), Rwanda military Hospital (RMH) and King Faisal Hospital (KFH) .
- **Data Collection period:** Data were collected from April to May 2019.
- **Sample and sample size:** The sample consisted of twelve family caregivers who have lived the experience of caring for patients with ESRD; the sample size was determined by the concept of data saturation. Interview guide was used to explore their lived experiences .
 - All participants preferred to be interviewed in Kinyarwanda; then later were translated verbatim in transcripts in English.
- The data were analyzed using content analysis approach and the steps described by Stewat and Shamdasni (2007) were applied.
- Trustworthiness (credibility, dependability, confirmanility & transferaibility) was maintained throughout the study following Lincoln & Cuba’s (2003) strategies.
- The ethical clearance was obtained from the University of Rwanda (UR), College of Medicine and Health Sciences (CMHS) internal review Board (IRB) and approved by research committees of associated hospitals.

RESULT

In this study, twelve participants aged between 25 and 62 years were interviewed. Three male and nine female. The duration of caring their patients ranged from four months to two years. Participants were coming from all Provinces of Rwanda.

Five major themes were emerged and are provided in the following table.

Table 1. Themes and Categories for caring experiences

<i>Theme</i>	<i>Categories</i>
Personnel issues	<ul style="list-style-type: none">• Work Life balance• Social Isolation
Spiritual issues	<ul style="list-style-type: none">• Provision of spiritual support• Inability to meet spiritual need
Sense of satisfaction	<ul style="list-style-type: none">• Personal satisfaction• Transfer of heritage

Table 2. Themes for support need of family caregivers

<i>Theme</i>	<i>Category</i>
Financial support need	<ul style="list-style-type: none">• Financial challenges• Dietary challenges
Need for policy changes	<ul style="list-style-type: none">• Shelter of family caregiver• Need for Dialysis policy change

The caring experiences of family care giver of patients with ESRD and the support needs were presented in five main themes and ten categories. The emerging themes were: personal issues, spiritual issues, sense of satisfaction, Need for policy changes and Financial support need.

Personal issues: Participants described it was difficult to combine caring patient on hemodialysis and doing other activities. Family caregivers explained how they have been experiencing social isolation

Spiritual issues: Majority of family caregivers comfort their patient by prayers. They felt prayers will help the patient. Participants also said that they were not able to meet their spiritual need. They said that they are caring with their patients but they cannot easily get to church.

Sense of satisfaction: participants were motivated by personnel satisfaction in caring for their loved ones. Others were motivated by a sense of responsibility which was given by their parents to care for those in needs.

Financial challenges: Most of participants have said that they experience financial challenges in provision of care to their relative with ESRD undergoing hemodialysis. Many of them were being challenged by abiding to dietary recommendations.

Policy change: Many have reported that staying in the hospital with their patient and maintain their hygiene was a challenge due lack of available facilities. They wish if all insurances should cover the whole process of the disease management.

CONCLUSION

The exploration of family caregivers’ experience in caring patients with ESRD has found different experiences similar to other studies. However, some experiences were particular to Rwanda.

The current study revealed that dialysis policy is among the main stressors which influence financial issues together with dependence nature of patients with ESRD where the family caregiver is managed by patient which indicate that this task is burdensome.

RECOMMENDATIONS

It is recommended that health care professionals collaborate with family caregivers in order to support them in their caregiving activities. Nurses are recommended that same care and attention given to the patients with End stage Renal Diseases(ESRD) should be given to the family caregivers also.

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