Relationship between Quality of Life and Social Support in Hemodialysis Patients in Imam Khomeini and Sina Educational Hospitals of Tabriz University of Medical Sciences

ZAMANZADEH V, PhD: Assistant Professor of Nursing Department, Tabriz Faculty of Nursing & Midwifery (Corresponding author)
E-mail: zamanzadeh@tbzmed.ac.ir
HEIDARZADEH M: Master of Sciences Student in Tabriz Faculty of Nursing & Midwifery
OSHVANDI KH, MS: Instructor of Nursing in Hamadan Faculty of Nursing & Midwifery
LAKDIZAJI S, MS: Instructor of Nursing in Tabriz Faculty of Nursing & Midwifery

ABSTRACT

Background and Objectives: The main treatment of chronic renal failure is kidney transplantation. But unfortunately, patients should be treated by dialysis, until being transplanted. In spite of therapeitics effects of hemodialysis, these patients are faced with various physical and psychological stressfull factors which leads to decreasing quality of life. There have been done a few research on social support of hemodialysis patients in the world, and their quality of life in Asian countries, specially in Iran, so in this research beside of determining quality of life and social support of hemodialysis patients, we are going to measure their relationship with each other.

Materials and Methods: For this purpose, all hemodialysis patients who had interance criterias and were hospitalized in hemodialysis wards of Tabriz Medical Sciences University hospitals; were selected and data were collected by interviewing and completing questionnaire including three parts of demographic, quality of life, and social support.

Result: The results indicate that quality of life in 56.1%, and social support in 50.6% of hemodialysis patients were desirable, and there is a direct and significant relationship between these two variables (p< 0.001, r = 0.4). In quality of life subsector, social dimension in 88% of patients was desirable, while physical dimension (57/3%) and psychological dimension (53%) in most of the patients were undesirable. In social support subsecters, emotional support (57.3%) was the biggest amount, while it was 14% of total variance of quality of life. The effects of instrumental support, and informational support on quality of life were not statistically meaningful.

Conclusion: Nearly half of the mentioned patients had not desirable quality of life and social support, and regarding to positive relationship between these two concepts specially important effects of supports in emotional subsector, it is suggested that health care planner and managers in addition of increasing instrumental and informational support should take care of emotional support in such groups for improving quality of life in hemodialysis patients.

Key Words: Dialysis, Quality of life, Social support