Lived experience of sleep disturbances, fatigue and Quality of life among patients undergoing Haemodialysis and the effect of cognitive behavioural therapy on their sleep, fatigue and Quality of life in selected hospitals, Kerala

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ABSTRACT

Objective

The study was conducted with a primary objective of exploring the lived experience of sleep disturbances, fatigue and Quality of Life (QOL) among patients undergoing hemodialysis (HD) and evaluating the effect of Cognitive Behavioural Therapy (CBT) on their sleep, fatigue and QOL in selected hospitals in Kerala.

Material and methods

Mixed method research approach was used in the study. In the first phase, the lived experience of sleep disturbances, fatigue and QOL was explored and analyzed using Van Manen’s phenomenological approach. Data were collected from seven participants using a semi structured interview guide. During the second phase, after the pre-test (using Pittsburgh sleep quality index, Piper fatigue scale and QOL index) patients were allotted to experimental and control group by permuted block randomization. The sample size was 138. Experimental group received six sessions of CBT while the control group received the routine care. Post-tests were done thrice after the intervention.

Results

The themes that emerged from the lived experience were

- Sleep disturbances: accompanying discomforts, abounding thoughts, ongoing coping with difficult hours, interrupted sleep
- Fatigue: overwhelming physical toll, cornered to home, demanding rest, dynamic fatigue
- QOL: crestfallen life, support and comfort, accompanying death, unfulfilled wishes

Qualitative findings helped in the refinement of CBT protocol. CBT was found to be effective in making a statistically significant difference in sleep, fatigue and QOL (P< 0.001). There was a weak negative correlation (P< 0.01) between fatigue and QOL and a weak positive relationship between sleep and fatigue (P< 0.05). There was a significant association between the clinical variables, presence of diabetes mellitus, using sedatives and sleep. There was a significant association between age, marital status, type of family, duration of diagnosis of chronic renal failure, presence of diabetes mellitus, exercise schedule and fatigue.

Conclusion

CBT was found to be effective in making a statistically significant difference in sleep, fatigue and QOL among patients undergoing HD.

Keywords: Lived experience; Hemodialysis; sleep; fatigue; Quality of life; Cognitive Behavioural Therapy