



COPING PROFILE AND QUALITY OF LIFE OF PRE AND POST-KIDNEY TRANSPLANT PATIENTS

PERFIL DE ENFRENTAMENTO (COPING) E QUALIDADE DE VIDA DOS PACIENTES PRÉ E PÓS-TRANSPLANTE RENAL

PERFIL DE AFRONTAMIENTO (COPING) Y CALIDAD DE VIDA DE LOS PACIENTES PRE Y POST-TRASPLANTE RENAL

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ABSTRACT

Objective: To characterize the coping profile of patients queued for a kidney transplant. **Method:** this is a cohort study, with a quantitative approach, to be conducted in the hemodialysis clinic of a private hospital in Porto Alegre/RS. The data will be collected by the questionnaires, the Jalowiec Coping Scale Inventory and SF36 Quality of Life. The data will be analyzed according to the SPSS 19.0 IBM Software. The Chi-square test will be applied to compare coping profiles. The Spearman correlation coefficient will be used to analyze the Jalowiec Coping Scale Inventory. **Expected Results:** the coping profile of patients queued for a kidney transplant are expected to be revealed with the application of the instruments. **Descriptors:** Kidney Transplant; Nursing; Psychological Adaptation; Psychological Stress.

RESUMO

Objetivo: caracterizar o perfil de enfrentamento dos pacientes em lista de espera de transplante renal. **Método:** estudo de coorte, de abordagem quantitativa, a ser realizado no ambulatório do serviço de hemodiálise de um hospital privado, em Porto Alegre/RS. Os dados serão coletados utilizando um questionário, o Inventário de Jalowiec Coping Scale Coping e Qualidade de Vida SF36. Os dados serão analisados conforme o Software IBM SPSS 19.0. O Teste de Qui-quadrado será aplicado na comparação entre os perfis enfrentamento. Para o Inventário de Jalowiec Coping Scale será utilizado o coeficiente de correlação de Spearman. **Resultados esperados:** com a aplicação dos instrumentos, espera-se revelar o perfil de enfrentamento dos pacientes em lista de espera para transplante renal. **Descritores:** Transplante Renal; Enfermagem; Adaptação Psicológica; Estresse Psicológico.

RESUMEN

Objetivo: caracterizar el perfil de enfrentamiento de los pacientes en lista de espera de trasplante renal. **Método:** estudio de cohorte, de enfoque cuantitativo, a realizarse en el ambulatorio do servicio de hemodiálisis de un hospital privado, en Porto Alegre/RS. Los datos serán recogidos utilizando un cuestionario, el Inventario de Jalowiec Coping Scale Coping y Calidad de Vida SF36. Los datos serán analizados conforme el Software IBM SPSS 19.0. El Test de Chi-cuadrado será aplicado en la comparación entre los perfiles afrontamiento. Para el Inventario de Jalowiec Coping Scale será utilizado el coeficiente de correlación de Spearman. **Resultados esperados:** con la aplicación de los instrumentos, se espera revelar el perfil de afrontamiento de los pacientes en lista de espera para trasplante renal. **Descriptor:** Trasplante Renal; Enfermería; Adaptación Psicológica; Estrés Psicológico.

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INTRODUCTION

A kidney transplant is a surgical procedure that consists in the transfer of a healthy kidney to an individual with terminal kidney failure. This procedure has the objective to compensate or replace the organ's loss of function.¹

The patient submitted to this type of procedure has specific needs to be fulfilled because the success in the evolution of the transplant faces potential or post-surgical complications. Therefore, it is of utmost importance that patients are properly guided to avoid complications and provided help in the adaptation to a new lifestyle.²

A total of 7,898 transplants were performed in Brazil in 2014; of these, 5,639 were kidney transplants. In that same year, the State of Rio Grande do Sul (RS) was the third Brazilian state in numbers of kidney transplants, totaling 555.¹

Organ transplant in Brazil is a social activity because it is funded by the Unified Health System-SUS, and depends on the spontaneous donation from the population. Thus, a significantly growing number of organ transplantation has been observed in the latter years in Brazil, which ranks Brazil as one of the countries with most transplant surgeries in the world.³

Consequently, the growing number of kidney transplants highlights the importance of qualifying care centers to offer a treatment of excellence to these patients. The São Lucas Hospital from PUCRS is one of the reference care centers in RS State that has sought to enhance the development of scientific research, staff training, and technological investment.⁴

Coping is a cognitive and behavioral instrument used by individuals submitted to stressful situations. The confrontation strategy used by individuals to deal with stress may be a coping response, independently of success or failure achieved in this process. According to the authors, there are two main types of coping: one centered on the problem and one in the emotion. The emotionally centered coping corresponds to strategies that derive from defensive processes with the objective of modifying the meaning of a given situation. This strategy leads the individual to avoid confrontation with threatening situations and conduct cognitive activities such as escaping, detaching, and accepting, among others, in an attempt to downplay the stress source. In the problem-focused coping, the strategies are based on reality and are

considered more adaptive because they allow modifying the environmental pressures and even eliminating the stress source.⁵

The Coping Strategy Inventory (JCS) was elaborated with the objective of identifying the individual's strategic characteristics of coping. It considers behaviors based on cognitive elaboration categorized in eight different styles of coping, which are disorderly laid out, and individuals should mark an "X" in their most frequently used behaviors when facing stress.⁶ The Jalowiec Scale of Coping was created based on the Cognitive Theory and was primarily used with cardiac disease patients. The authors added that this is the most internationally used instrument in coping studies performed by nurses.⁷ Recent studies in Brazil used this instrument to identify the type of coping predominantly used by individuals facing stress.⁸⁻⁹

The JCS aims at identifying the individual strategic characteristics when facing stress. It is composed of 60 statements divided into eight coping styles based on cognitive elaboration and behavioral attitudes such as: confrontation, evasiveness, optimism, fatalism, emotiveness, palliativeness, supportiveness, and self-confidence.

The quality of life related to health (QVRS) involves, in general, the perception of health, and the social, psychological, and physical impacts on it, which includes aspects related to personal health, but excludes others that are more generic such as income, freedom, and quality of the environment.¹⁰

The evaluation of the quality of life related to health has been used to determine aspects associated with diseases or linked to therapeutic interventions. This type of evaluation tends to sustain a multidimensional character even if the emphasis falls over symptoms, inabilities, or limitations caused by diseases.¹¹

The patient's quality of life improves significantly with a successful transplant when the kidney function is fully reestablished by the new organ and a change in diet is taken place, freeing the patient from needing dialysis and allowing him to resume everyday activities in the family, social, and work realms.

Therefore, the evaluation of the quality of life of patients queued for a kidney transplant will utilize the SF-36 instrument, which evaluates eight health concepts (or dimensions): Functional Capacity, Physical Aspect, Pain, General Health Status, Vitality, Social

Aspects, Emotional Aspects, and Mental Health.

OBJECTIVE

- To characterize the coping profile of patients queued for a kidney transplant.

METHOD

This is a cohort study with a quantitative approach. A quantitative research has the objective to investigate phenomena, precisely measured and quantified, involving a controlled and rigorous model. Cohort studies are observation studies where individuals are classified (or selected) according to the exposure status, and are followed by the evaluation of the incidence of certain events.

The research scenario will be the hemodialysis clinic of a mid-size private hospital in Porto Alegre, Rio Grande do Sul. The research will be executed in January and February of 2016. The research subjects will be selected according to the following inclusion criteria: subjects queued for a kidney transplant, willing to participate in the study by signing the TCLE, over 18 years old, and literate. The exclusion criterion is: subjects not queued for a kidney transplant.

The data will be collected in the hospital environment utilizing the following instruments: a questionnaire with patient socio-demographic data, the Jalowiec Coping Scale Inventory, and the Quality of Life SF36.⁸

The socio-demographic data questionnaire will be applied by the researcher himself; the Jalowiec Coping Scale Inventory and Quality of Life (SF36) are self-applied. However, they will only be applied after providing answers to participants' questions about the study at the HSL/PUCRS and obtaining their signed TCLE. The classification will be made according to points achieved in the questionnaires.

The Jalowiec Coping Scale Inventory is an instrument with 60 statements that were divided into eight coping styles: confrontation (confronts the problem directly - 10 items), evasiveness (avoids the problem - 13 items), optimism (has positive thoughts - 9 items), fatalism (desperation and pessimism towards the problem, - 4 items), emotiveness (responds emotionally- 5 items), palliativeness (faces the problem by doing things that makes him feel better - 7 items), supportiveness (uses things to supports facing the problem - 5 items), and self-confidence (uses strategies that involve own resources - 7 items). The coping styles named confrontation and supportiveness are classified as a 'problem-focused' coping strategy, the other styles

(evasiveness, fatalism, emotiveness, palliativeness, and self-confidence) are 'emotionally focused' coping strategies.

The SF-36 is composed of 11 questions and 36 items that involve eight components (domains or dimensions) represented by functional capacity (ten items), physical aspects (four items), pain (two items), general health status (five items), vitality (four items), social aspects (two items), emotional aspects (two items), mental health (five items), and one comparative question about the current perception of own health and that from one year ago. The scores in each domain go from 0 to 100; 0 representing the worst score and 100 the best.

The socio-demographic data will be analyzed through the SPSS 19.0 IBM Software. A descriptive analysis will be conducted on the socio-demographic data, presented in absolute numbers and percentages, and displayed in a table. The Chi-square Test will be applied to compare coping profiles. The Jalowiec Coping Scale Inventory will be used; the Spearman coefficient of correlation will be used because it is a non-parametric method.

The project was submitted to the Research Ethics Committee (CEP) from the Pontifical Catholic University of Rio Grande do Sul/PUCRS and approved in 2015 - CAAE: 47843515.3.0000.5336. As advocated by the Resolution 466/12 of the National Health Council of the Brazilian Ministry of Health, some commitments will be formulated by the researcher in collaboration with participants and study collaborators. Participants will sign the Volunteer Term of Consent (TCLE) after being properly orientated by the study researcher about the ethical aspects related to the study objectives and outcomes as well as about data production and study insertion, which is also stated in the written term to ensure confidentiality, anonymity, voluntary participation, and safety to participants.

EXPECTED RESULTS

The coping profile of patients queued for a kidney transplant is expected to be revealed with the application of the instruments.

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