INTRODUCTION

Chapter I
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Renal failure is an increasing problem almost all over the world. There has been an apparent increase in the number of patients with chronic renal failure (CRF). Among the total world population, about 70-80 people per million per year under the age of 70 years develop CRF ***(Bloom, 1986)***.

In Egypt, the number of end stage renal disease (ESRD) on regular dialysis was around 12,000 at the end of 1993 as reported by Ministry of Health ***(Sobeh, 1994)***. An earlier study by El-Senousy (1984) pointed out that, as a result of bilharziasis, an incidence rate for ESRD more than 40 patients per million per year could be predicted.

Hemodialysis has gained a widespread acceptance by major medical centers as the treatment of choice for CRF. With the exception of kidney transplantation, hemodialysis remains the effective regimen for relieving major symptoms and prolonging the life of patients with ESRF. Moreover it rehabilitates the majority of patients depending on their degree of compliance ***(Wheatheral, 1987)***.

CRF patients face a range of problems such as: alteration in metabolic energy, electrolyte imbalance, problems of vascular access, itching, alteration in dietary adjustment, sleeping pattern disturbance, gastrointestinal disorders and sexual dysfunction ***(Dolan, 1991)***. Thus, successful treatment of patients with ESRD requires, in addition to

dialysis, strict control of dietary, fluid and medication intake. The compliance of the hemodialysis patient with different aspects of his regimen is thus multi-factorial ***(Morduchwicz, Sulkes, Aizic, Gabbay, Winkler & Boner, 1993)***.

Weaver, Narsavag, Rubenstein et al. (1994) declared that both the physiological and psychological variables affect the individual functional status including daily life activities. Therefore, hemodialysis patients require not only strong attention for acute care, but also require chronic long-term care where there is consideration of the psychological, emotional, socioeconomic and physical disabilities influencing these patient's daily functions.

The health care system may contribute to focus on the symptoms of a disease rather than on the disabilities and the behavior and life style changes it produces. The chronic nature of hemodialysis requires that the patients' life style warrants the early introduction of rehabilitation activities into the acute-care setting ***(Urban and Greenlee, 1995)***.

Rehabilitation is as a process of assisting a disabled, acutely or chronically-ill, or convalescent person to realize his/her particular goals in living and working to the "almost of his/her potential". This process involves various aspects, such as physiological, psychological, social, economic, emotional and vocational for the proper functioning of the individual. It allows the patient, family and physician and other health care providers to deal with the whole person and not just to focus on a specific physical manifestation common to disorders ***(Rosdahi, 1995)***.

Significance of the study:

From previous experience as a clinical instructor, the researcher objectively observed that hemodialysis patients' physical, emotional, and social conditions were drastically altered. Thus, this study will be conducted to identify hemodialysis patients' functional status and accordingly, design an individualized structured program of nursing care for this category of patients. Validation of effectiveness of this program on the functional status will be achieved by this study.

AIM OF THE STUDY

1. Designing an individualized structure nursing care program.
2. Implementing and evaluating the effectiveness of the program on the functional status of hemodialysis patients under study.

Study Hypotheses:

1- Subjects' post-functional status index scores will be higher after participation in the program as compared to their prior scores.

2- Post-program functional status index score of the group who will be subjected to the program will be higher than that of the control group who will not participate in the program.