

Introduction

The term quality is used in many situations and it often means different things to different people. Many definitions were mentioned for quality as: "a degree of excellence", "customer satisfaction", "a degree or standard of achievement". Another, definition is the quality of any product in its fitness for use and its freedom from defect was reported by *Al-Azzouny, (2003)*.

Quality improvement is defined as ongoing evaluation of nursing process of establishing optimum standards of nursing practice and planning or providing care that meets those standards (*Gillies, 2004; Sundeen & Stuart, 2004*). Quality improvement means that all employees in the institution are trying every day to do their jobs better, not merely trying to attain a minimum level of competence to satisfy quality assurance standards (*Bragger, 2005*).

Renal failure is an increasing problem almost all over the world. It could be acute or chronic. There is an apparent increase in the number of patients with chronic renal failure. There are three stages of chronic renal failure; the latest stage of chronic renal failure is called end stage renal disease (ESRD). The prevalence rate of ESRD in Egypt during 2004 was 483 per million populations, while in 2006 it was 604 per million populations (*Afifi & Karim, 2006*).

End state renal disease is gaining more attention not only in Egypt but worldwide as well, knowing the fact that the prevalence of ESRD in Egypt is one of the highest in comparison to other countries (*El-Setouhy, 2003*).

In Egypt, most of patients (99.9%) with ESRD are treated by hemodialysis, while only 0.1% of patients with ESRD are treated by peritoneal dialysis. The number of patients with ESRD on regular hemodialysis is increasing 10% every year. In year 2004, it was 330000, while it became 3960000 patients at the end of the year 2006 (*Afifi & Karim, 2006*).

Dialysis is a type of kidney replacement therapy which is used to provide an artificial replacement for lost kidney functions due to kidney failure. It is a life support treatment and does not treat any kidney disease. Dialysis may be used for very sick patients who have suddenly lost their kidney functions (acute renal failure) or for quite stable patients who have permanently lost their kidney functions (end stage renal failure). When healthy, the kidneys remove waste products (e.g., potassium, acid and urea from the blood and also remove excess fluid in the form of urine. Dialysis treatments have to duplicate both of these functions as dialysis (waste removal) and ultrafiltration (fluid removal), *the renal Unit (2006)*, report stated that kidney dialysis may also be used to remove drugs or poisons quickly in acute situations. This technique can be life saving in people with acute or chronic kidney failure, and can be performed using several different methods(*Bell et al., 2007*).

Peritoneal dialysis works by using the body's peritoneal membrane, which is inside the abdomen, as a semi-permeable membrane, also hemodialysis works by circulating the blood through special filters outside the body(*Brown,2005*).

Quality of kidney dialysis are dedicated to providing clients services they need in a safe and appropriate manner. Programs can achieve improvement in part by eliminating outdated, medically

unjustified policies and practices that pose barriers to use of kidney dialysis and by strengthening those that are necessary for good quality care (*Bostrom, 2000*).

Patient satisfaction is of fundamental importance as a measure of the quality of care, because it gives information on the providers success at meeting those patient values and expectation which the patient is the ultimate authority (*Carr, 2004*). Various methods of measuring satisfaction can be used to determine the different factors affecting patient satisfaction. The division of these factors to categories differs from one author to another. A patient attitude will influence his ratings of satisfaction with health care, a positive attitude toward health care will, therefore, result in better satisfaction rating (*Bostrom et al., 2004*).

Erikson (2003) found that patients were most satisfied, when they were given information about care they received, while, *Fitzppatrick (2003)* noted that patients were more satisfied of nursing care which was based on systemic assessment instruments.