Results and Data Analyses

Findings of the current study are represented in the following sequences:

Part I : Socio-demographic characteristics of the studied sample (Table 1).

Part II : Assessment medical history of the studied sample (Table 2).

Part III: Assessment of the studied sample regarding to their home environment (Table 3).

Part IV: Assessment of the studied sample knowledge about their disease (Tables 4.a-4.d).

Part V: Assessment attitude of the studied sample regarding to their disease (Table 5).

Part VI: Assessment daily living activities and practices of the studied sample regarding to their self care (Table 6).

Part VII: Statistical relation between studied sample characteristics and their total practices (Table 7).

Part VIII: Statistical relation between studied sample characteristics and their total knowledge (Table 8).

Part IX: Statistical relation between total practices and home environment (Table 9).

Part X: Statistical relation between total knowledge and total practices of studied group (Table 10).

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Part I: Socio-demographic characteristics of the studied sample

Table (1): Distribution of the studied sample according to their Socio-demographic characteristics (n=100).

characteristics	No.	%
Age		
18-	18	18.0
28-	10	10.0
38-	10	10.0
48-	42	42.0
58-	20	20.0
Educational level		
illiteracy	41	41.0
preparatory	29	29.0
secondary	30	30.0
Occupation		
worked	31	31.0
house wife	69	69.0
Marital status		
married	60	60.0
single	19	19.0
widower	21	21.0
Income		
Adequate	40	40.0
Inadequate	60	60.0
Hospital		
Educational hospital	60	60.0
University hospital	40	40.0
Residence		
rural	60	60.0
urban	40	40.0
Care giver		
Husband	19	19.0
Son/daughter	66	66.0
Father/mother	15	15.0

Table (1): Illustrated the frequency distribution for patients with hemodialysis that, according to their general characteristics the table revealed that (40%) of study sample between 48 to 57 years. As regarding to residence (60%) of studied sample, were live in rural compared (40%) in urban residence area, and (60%) of them were married.

Concerning the educational level of the patient it was found that, (41%) were illiterate, and (30%) was secondary school. And (69%) were housewives, and (31%) worked. But monthly income (60%) of patients had inadequate income for their needs. The main care providers for the patient at home were Son/daughter (66%).

Part II : Assessment medical history of the studied sample.

Table (2): Distribution of the studied sample according to medical record (n=100).

Previous Medical History	No.	%
Diabetic for long period		
Present	31	31.0
Absent	69	69.0
Hypertension for long period		
Present	61	61.0
Absent	39	39.0
Chronic polynephritis		
Present	51	51.0
Absent	49	49.0
Chronic glomerulonephritis		
Present	58	58.0
Absent	42	42.0
Hepatitis		
Present	19	19.0
Absent	31	31.0
Past surgical operation		
Present	31	31.0
Absent	69	69.0
Type of surgery		
minor	23	23.0
major	8	8.0
Family history of renal failure		
Present	48	48.0
Absent	52	52.0
Onset of disease		
6 months	10	10.0
1 year	39	39.0
2 years	30	30.0
From 3 years and more	21	21.0
Causes of renal failure		
Chronic polynephritis	42	42.0
Hypertension for long period	30	30.0
Diabetic for long period	18	18.0

Cont.table (2)

Previous Medical History	No.	%
***Laboratory investigation for patients**		
Kidney function	95	95.0
Liver function	11	11.0
Blood sugar	20	20.0
CBC	100	100.0
Abdominopelvic ultrasound	95	95.0
Urine analysis	95	95.0
No of hemodialysis sessions /week		
Three time /week	100	100.0
Duration of each session		
Three hours	80	80.0
Four hours	20	20.0
***Complications associated with disease**		
Present	51	51.0
Absent	49	49.0
Type of complications		
- peripheral edema and heart failure	26	26.0
- bone and muscle pain	49	49.0
- yellowish skin	25	25.0

***** The result was mutuality exclusive

Table (2): Illustrated the previous medical history of the studied subjects. According to table the most common diseases prevalence at the study subjects were diabetic mellitus, hypertension, chronic glomerulonephritis and polynephritis (31%, 61%, 45% and 51% respectively). (31%) of them previously had surgical operation and (48%) had family renal failure.

Concerning the onset renal failure (39%) one year before and (42%) reported the main cause of renal failure was chronic polynephritis, and (95%) performed kidney function test, abdominal ultrasound and urine analysis.

All of the subjects under hemodialysis three time/week and (80%) reported the duration of session was three hours and (51%) suffered from complications associated with disease such as bone and muscle pain (49%), peripheral edema, and yellow skin (26% and 25%) respectively.

Part III: Assessment of the studied sample regarding to their home environment

Table (3): Distribution of the studied sample according to their home environmental condition (n=100).

Home environment	No.	%
Source of Water supply		
Tape water	96	96.0
General tape	2	2.0
Water pump	2	2.0
Ventilation level		
good	20	20.0
average	41	41.0
poor	39	39.0
Lighting level		
Enough	33	33.0
Moderate	53	53.0
Not enough	14	14.0
Source of sewage		
Sewage	40	40.0
network government	47	47.0
Altaranchat	13	13.0
garbage disposal		
with Dustman	41	41.0
throw out the house	59	59.0
(W.C. cleaning)		
Daily	59	59.0
Weakly	41	41.0
Cleanliness level		
poor	11	11.0
average	31	31.0
good	58	58.0

Table (3): Illustrated the majority of the studied subject (96%) has tape water inside house. While (20%) have good ventilation level, according to lighting (33%) have enough lighting level and (59%) have daily W.C cleaning. In addition (58%) have good cleanliness level.

Part IV: Assessment of the studied sample knowledge about their disease

Table (4-a): Distribution of patients as regards their knowledge about renal failure (n =100):

Items	Incorrect answer		Incomplete correct answer		Complete correct answer	
	No.	%	No.	%	No.	%
Meaning of renal failure	52	52.0	0	0.0	48	48.0
Causes of renal failure	31	31.0	60	60.0	9	9.0
Symptoms of renal failure	22	22.0	49	49.0	29	29.0
Complication of renal failure	0	0.0	59	59.0	41	41.0
Treatment of renal failure	20	20.0	32	32.0	48	48.0
Precaution measures for renal failure	20	20.0	80	80.0	0	0.0

Table (4-a): Illustrated distribution of patients as regards their knowledge about renal failure .The results indicated that (48%) of patients mentioned complete correct answers about meaning of renal failure. On other hand the patients reported incomplete correct answers about knowledge regarding to causes, symptoms, Complication and Precaution measures for renal failure diseases (60%, 49%, 59% and 80%) respectively.

Table (4-b): Distribution of sample according to their knowledge about hygiene items (n =100):

Items	Incorrect answer		Incomplete correct answer		Complete correct answer	
	No.	%	No.	%	No.	%
Meaning of personal hygiene	0	0.0	52	52.0	48	48.0
Importance of personal hygiene	20	20.0	32	32.0	48	48.0
Summer bathing time /week	20	20.0	70	70.0	10	10.0
Winter bathing time /week	49	49.0	41	41.0	10	10.0
Importance of brush teeth	30	30.0	60	60.0	10	10.0
The way of brush teeth	0	0.0	50	50.0	50	50.0
Brush teeth time/daily	31	31.0	50	50.0	19	19.0
Clothes change /week	32	32.0	68	68.0	0	0.0
Boling special clothes	31	31.0	69	69.0	0	0.0

Table (4-b): Illustrated Patient's knowledge about daily self care the table showed that (48%) of patients mentioned complete correct answers about meaning and importance of personal hygiene ,and the (10%) reported complete correct answers about importance of brush teeth. While none of the studded sample gave complete correct answers about frequency of change clothes/weeks and boiling special clothes.

Table (4-c): Distribution of sample according to their knowledge about nutrition

Items	Incorrect answer		Incomplete correct answer		Complete correct answer	
	No.	%	No.	%	No.	%
Importance of diet	20	20.0	70	70.0	10	10.0
Diet should be increased	0	0.0	98	98.0	2	2.0
Diet should be decreased	0	0.0	89	89.0	11	11.0
Diet should be avoided	0	0.0	90	90.0	10	10.0

Table (4-c): Illustrated patient's knowledge about nutrition the table revealed that (70%) reported incomplete correct answers about importance of diet while the only (2%) reported completely the element of food should increased in diet, (11%) also know corrected the element should decrease in meals, in addition (10%) only mentioned the type of diet should be avoided.

Table (4-d): Distribution of sample according to their knowledge about sleep, rest and medication

Items	Incorrect answer		Incomplete correct answer		Complete correct answer	
	No.	%	No.	%	No.	%
Importance of sleep and rest	11	11.0	79	79.0	10	10.0
Daily sleep hours for patient	49	49.0	22	22.0	29	29.0
Patient taking nap	0	0.0	20	20.0	80	80.0
Importance of medication	11	11.0	79	79.0	10	10.0

Table (4-d): Illustrated patient's knowledge about sleep and rest that (49%) had wrong knowledge about daily sleep hours for patient. While (80%) gave correct answers about importance of taking nap. And only (10%) reported complete correct answers about the importance of medication.

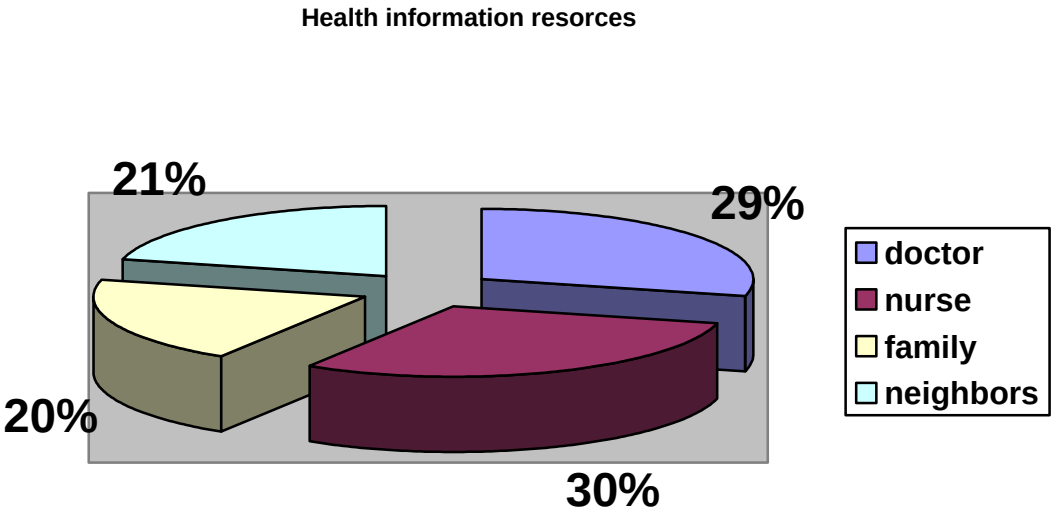

Fig. (1) Distribution of study sample regarding to health information resources (n=100)

Figure (1): Portray the main source of patients information about renal failure were nurses and doctors (30% and 29%) respectively.

Part V: Assessment attitude of the studied sample regarding to their disease

Table (5): Attitude of the study group related to disease

Items	never		sometimes		always	
	No.	%	No.	%	No.	%
Feel satisfy towards your kidney failure	40	40.0	40	40.0	20	20.0
Your life's quality depend on hemodialysis	12	12.0	30	30.0	58	58.0
Capable to prevent yourself from infection	100	100	0	0.0	0	0.0
Your special food dies plane cause problems with others	19	19.0	52	52.0	29	29.0
Doing daily usual activities without the affecting of the diseases	61	61.0	39	39.0	0	0.0
Feel ambitions and optimism in life	42	42.0	58	58.0	0	0.0
Seeing and following your doctor is important for you	30	30.0	40	40.0	30	30.0
Feel happy and satisfied with your family and others	50	50.0	50	50.0	0	0.0
your Feel safety towards healthy future	80	80.0	20	20.0	0	0.0
Feel frightened and worried	12	12.0	20	20.0	68	68.0
Feel depression and isolation (lonely) as a result of cutting off your work	29	29.0	40	40.0	31	31.0
Feel that your character changed due to your illness	19	19.0	30	30.0	51	51.0
Should be away from anger because it a bad effect	0	0.0	69	69.0	31	31.0
The disease affects on your relation with your husband	60	60.0	20	20.0	20	20.0
The disease affects on your relation with your family	11	11.0	59	59.0	30	30.0
The family has affected psychologically with your ill case	0	0.0	29	29.0	71	71.0
The disease affected badly on your relation with society	2	2.0	9	9.0	89	89.0

Table (5): presents patient attitude toward disease .According to the table the (89%) always feel the disease affect their relation with other, also (71%) always feel their disease affected the psychological condition of their family, (68%) of patient always worried about the future, also (58%) of them always feel their health problems affect their family psychological condition. On other hand (52%) of the studied sample sometimes face problem with other because her condition needed special kind of food .Also (69%) of them sometimes feel angry, and (59%) sometimes feel the disease affect her relation with their family.

Part VI: Assessment daily living activities and practices of the studied sample regarding to their self care (Table 6).

Table (6): distribution of the study sample according to Patients Self-Care Management

Items	never		Sometimes		always	
	No.	%	No.	%	No.	%
Personal hygiene :client hygiene by him self	69	69.0	11	11.0	20	20.0
Patient doing brush teeth	51	51.0	39	39.0	10	10.0
Patient bathing time /weakly	51	51.0	39	39.0	10	10.0
Boiling special clothes of patient	51	51.0	49	49.0	0	0.0
Clothes change /weakly from patient	61	61.0	29	29.0	10	10.0
Taking a nap	0	0.0	50	50.0	50	50.0
Patient is aware of his medication as prescribed: Take prescribed drugs at regular time	31	31.0	39	39.0	30	30.0
Patient observe drugs side effects	60	60.0	11	11.0	29	29.0
Patient observe drug expire date	81.0	81.0	19	19.0	0	0.0
Daily living activities: ability to spent daily needs without help	43	43.0	36	36.0	21	21.0
Patient doing her work	79	79.0	21	21.0	0	0.0
Walk every day half past hour or more or doing sample exercise	61	61.0	39	39.0	0	0.0
Doing simple moving activity	69	69.0	31	31.0	0	0.0
Doing light house work	60	60.0	40	40.0	0	0.0
Observe fistula daily	69	69.0	31	31.0	0	0.0
Eating and drinking: eating three of meals/day	39	39.0	40	40.0	21	21.0
Patient avoid prevention food	38	38.0	62	62.0	0	0.0
Following recommended food	20	20.0	80	80.0	0	0.0
Note amount of Urine elimination daily	0	0.0	69	69.0	31	31.0

Cont, Table (6)

Items	never		Sometimes		always	
	No.	%	No.	%	No.	%
Suffer from constipation	9	9.0	22	22.0	69	69.0
Amount of fluid intake Liter/day	20	20.0	79	79.0	1	1.0
Patient attitude: participate the family association	52	52.0	48	48.0	0	0.0
Make family visits	52	52.0	48	48.0	0	0.0
Making decision inside the family	79	79.0	21	21.0	0	0.0
Feel the impact of illness in his work	38	38.0	31	31.0	31	31.0
Feel that the impact of illness on his role to friends	1	1.0	21	21.0	78	78.0
Income: the illness cause of shortage income	10	10.0	20	20.0	70	70.0
Treatment price is very expensive	0	0.0	48	48.0	52	52.0
Hospital take with the treatment price	1	1.0	39	39.0	60	60.0
Take any giving from any charity	10	10.0	42	42.0	48	48.0
Feel isolated from family due to illness condition	0	0.0	40	40.0	60	60.0
Think that poor one of the reasons of illness	39	39.0	49	49.0	12	12.0

Table (6): Illustrated the distribution of the study group according to patients' self-care management the table revealed that (20%) of patients always doing his personal hygiene by hem self, and the (10%) of them always brushing teeth. As regarding to patient taking a nap there was (50%) of them doing that. While (30%) and (29%) take prescribed drugs at regular time and observe drugs side effects respectively. Regarding to daily living activities (21%) of them have ability to spend daily needs without help while (60%) not doing light house work. In the same table (38%) never avoid prevention food compared to (20%) not following recommended food, But (69%) Suffer from constipation. The result clarified that (79%) of patient never make decision inside family, also (78%) of them always feel the disease affect her relation with friends. Also (60%) always feel isolation from her family due to illness.

Part VII: Statistical relation between studied sample Socio-demographic characteristics and their total practices (Table 7).

Table (7) Relation between Total Practice and soci-demographic characteristics

Socio-demographic characteristic.	Total practice				Total		X^2	P value
	Satisfied (33)		Unsatisfied(67)					
	No	%	No	%	No	%		
Age (year)								
18-	1	3.03%	17	25.4%	18	18.0		
28-	7	21.2%	3	4.5%	10	10.0		
38-	9	27.31%	1	1.5%	10	10.0	31.8	< 0.001
48-	14	42.4%	28	41.8%	42	42.0		
58-	2	6.1%	18	26.9%	20	20.0		
Educational level								
Illiterate	5	15.2%	36	53.7%	41	41.0	17.9	< 0.001
Preparatory	10	30.3%	19	28.4%	29	29.0		
Secondary	18	54.5%	12	17.9%	30	30.0		
Occupation								
Worked	23	69.7%	8	11.9%	31	31.0	31.8	< 0.001
House wife	10	30.3%	59	88.1%	69	69.0		
Marital Status								
Married	28	84.8%	32	47.8%	60	60.0	12.7	< 0.001
Single	2	6.1%	17	25.4%	19	19.0		
Widow	3	9.1%	18	26.8%	21	21.0		
Income								
Adequate	25	75.8%	15	22.4%	40	40.0	24	< 0.001
Inadequate	8	24.2%	52	77.6%	60	60.0		
Residence								
Rural	8	24.2%	52	77.6%	60	60.0	24.1	< 0.001
Urban	25	75.8%	15	22.4%	40	40.0		
Care Giver								
Husband	7	21.2%	17	25.4%	24	24.0	0.5	>0.05
Son /daughter	20	60.6%	41	61.2%	61	61.0		
Father/ mother	6	18.2%	9	13.4%	15	15.0		

Table (7): Illustrated the relation between total self care practices of the studied subjects and their demographic characteristics. The table showed statistical significant difference between subjects total self care practices and their age, education, occupation, marital status and income ($p < 0.001$). Except for care giver the result was statistically insignificant ($p > 0.05$).

Part VIII: Statistical relation between studied sample Socio-demographic characteristics and their total knowledge (Table 8).

Table (8) Relation between Total Knowledge and soci-demographic characteristics

Socio-demographic characteristic.	Total knowledge				Total		X2	P value
	Satisfied (33)		Unsatisfied(67)					
	No	%	No	%	No	%		
Age								
18- y	0	0.%	18	29.5%	18	18.0		
28- y	5	12.08%	5	8.2%	10	10.0		
38- y	6	15.4%	4	6.6%	10	10.0	34.6	< 0.001
48- y	11	28.2%	31	50.8%	42	42.0		
58- y	17	43.46%	3	4.9%	20	20.0		
Educational level								
Illiterate	1	2.6%	40	65.6%	41	41.0	63.8	< 0.001
Preparatory	28	71.8%	1	1.6%	29	29.0		
Secondary	10	25.6%	20	32.8%	30	30.0		
Occupation								
Worked	29	74.4%	2	3.3%	31	31.0	52.9	< 0.001
House wife	10	25.6%	59	96.7%	69	69.0		
Marital Status								
Married	21	53.8%	39	63.9%	60	60.0	1.1	> 0.05
Single	9	23.1%	10	16.4%	19	19.0		
Widow	9	23.1%	12	19.7%	21	21.0		
Income								
Adequate	29	74.4%	11	18.0%	40	40.0	29.1	< 0.001
Inadequate	10	25.6%	50	82.0%	60	60.0		
Residence								
Rural	9	23.1%	51	83.6%	60	60.0	33.8	< 0.001
Urban	30	76.9%	10	60.4	40	40.0		
Care Giver								
Husband	7	21.2%	17	25.4%	24	24.0	0.5	>0.05
Son /daughter	20	60.6%	41	61.2%	61	61.0		
Father/ mother	6	18.2%	9	13.4%	15	15.0		

Table (8): Indicated statistical significant difference between patients demographic characteristics age, occupation, education, income and residence and their level of knowledge about renal failure (p<0,001). On other hand the satisfied level of knowledge were present among patient age less than 58 years, graduated from secondary, worked and had adequate income and live urban area. While marital status and care giver showed no statistically significant difference related to total knowledge (p>0, 05).

Part IX: Statistical relation between total practices and home environment

Table (9): Relation between home environment and total practice

Total practice	Home environment condition									
	Poor		Average		Good		total		X2	p
	No	%	No	%	No	%	No	%		
Un satisfactory	21	91.3	39	76.5	7	26.9	67	67.0%	27.1	<0.001
Satisfactory	2	8.7	12	23.5	19	73.1	33	33.0%		
Total	23	100	51	100	26	100	100	100.0%		

Table (9): Illustrated the relation between home environment condition and total self care practices among the studied subjects. The highly dependent level of practices was present among patient live in poor home environment condition. The result revealed statistically significant difference between total self care practices and home environment condition.

Part X: Statistical relation between total knowledge and total practices of studied group (Table10).

Table (10) Correlation of total knowledge and total practice of patients

Total knowledge	**Total practice**	
	r	**P value**
	0.53	<0.05

Table (10): shows statistically significant correlation was detected between the total knowledge and total patient practice scores (+ve correlation, $p<0.05$).