Summary

Hemodialysis method have become the ministry of palliative treatment for extensive chronic renal failure disease , Renal rehabilitation for hemodialysis is one of several emerging rehabilitation nursing specialists , since the primary goal for most patients will not be extend life but rather to reduce morbidity and to improve functional status.

***Aim of the study**

The aim of this study was to identify factors affecting quality of life for adolescences under going hemodialysis .

***Subject and Method**

The methodology of the current study was discussed under the following designs.

1-Technical design:-

A-Research setting.

This study was conducted at a renal dialysis unit of Benha University Hospital .

B- Research subject.

The study was comprised of 79 adolescences undergoing hemodialysis unit

1-Aquestionnair format.

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It was designed in simple Arabic language it consists of three parts

Part 1:-

Was concerned with demographic characteristics of children as regard –age-gender-residence, level of education.

Part 2:-

Was concerned with knowledge about the disease as definition, risk factors, duration of illness, clinical manifestations, complications, compliance of child treatment.

Part 3:-

Was concerned with quality of life as culture, socioeconomic state presence of other illness.

(2) Quality of life scale (Ferrell and grant 1998)

- quality of life rating scale it was used to determine the level of quality of life for the children undergoing hemodialysis ,

- The scale it was adopted modified and translated to Arabic language by the researcher to suit the nature of the present study. The scale was formed of 60 questions that were grouped to four domains:-

1-Physical domain (20 items)

2-Psychological domains (20 items)

3-Social domains (15 items)

4-School domains (5 items)

 QOL for children undergoing hemodialysis was classified according to their responses into good (75-100 %), average (60-75 %), and poor (< 60 %)

2- Operational design:-

A -preparatory phase:

The researcher was reviewing the related references to be acquainted various aspect of the problem. An official approval was obtained from directors of the selected settings to conduct the study.

B- A pilot study:

A pilot study was conducted to test applicability And Reliability of the study tools, then the Necessary Modification will be done.

C- Field work:

The study was conducted for 2 days /week over 3 months period at the first of October 2007 to the end of December 2007, the researcher will be available twice per week

from (9 am to 2 pm) in hemodialysis unit, each adolescences was interviewed individually together, the necessary data of the study time was consumed for each procedure for assessment regarding actual adolescence practices took 16 to 20 minuets.

The result

1- More than half of studied children about(51.9%) are females while the rest of them (48.1%) Males .

2- As regarding the reside found that rural reside (53.2%), while urban reside(46.8%).

3- According to family history found that (39.2%) of studied children with family history and (60.8%) with no family history.

4- As regarding duration of disease of studied children of 2.00 year (25,3%) , and 3000 years about (20.3%) , while the 7000 years about (1.3%).

5- Regarding dialysis sessions regarding once weekly about (1.3%) and twice weekly about (1.3%) and twice weekly about (31.6%), while (67.1%) Three weekly session NO.

6- Regarding knowledge about disease definition causes symptom, found that about 59.5%   of studied with incomplete write answer and (20.3%) with wrong answers .

7- As regarding to the cause of CRF found that the most common causes are chronic infection (45.6%) and about (2.5%) of studied children say unknown causes , as regarding symptoms found that about (1.3%) Nausea and vomiting and (98%) all of the above of symptoms as Nausea, Vomiting, cramps abdominal pain ,hypertension.

8- As regard complication of disease about 96.2% of studied children with complication and 3.8% with no complication as regarding Types of complication about 26.6% of convulsion and spasm and muscle spasm 21.5%.

9- Regarding physical condition about 51.9% with normal weight while 48% 1% with abnormal weight , as regarding height 51.9% with normal height and 48.1% with abnormal height.

10- As regarding to total knowledge about 67% of good total knowledge in studied children and about 32.9 % with overage total knowledge.

11- As regarding physical .QOL. domain about 6.8% with poor physical .QOL. domain . AS regarding QOL domain and (81.0%) poor QOL domain . As regarding social domain (19.0%) with good social QOL domain and (81.0%) with average social QOL domain as regarding spiritual domain

1.3 with good spiritual QOL and 87.3% with poor spiritual QOL domain.

12- AS regarding to QOL about 34.2% of average QOL presented in studied children and about 65.8% with poor QOL.

13- There was a highly statistical significant differences (p>0.05) between physical – psychological, social , and spiritual domain of QOL and gender of studied children.

14- There was a highly statistical significant differences (p>0.05) between the male and female fender and QOL.

15- There was a highly statistical significant differences (p<0.05) between age of studied children and their total knowledge.

16- There was a highly statistical significant differences (P>0.05) between gender of studied children and there total knowledge.

17- There was a highly statistical significant differences (p> 0.05) between education of studied children and their total knowledge.

18- There was a highly statistical significant differences (p>0.05) between duration of disease and total QOL.