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EFFECT OF ADAPTATION PROGRAM ON ACCORDANCE WITH STRESSORS RELATED TO DISEASE AND QUALITY OF LIFE IN PATIENTS ON THE HEMODIALYSIS IN BAM PASTOR HOSPITAL 2014

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ABSTRACT

Chronic diseases such as chronic renal failure are the biggest problem in the field of the health care system, because of the duration of treatment, the patients Constraints and multiple stressors are encountered. Stressors cause a change in life style or performance, creating Suspension or alteration will be permitted. Thus, the Health negatively impacts the quality of life, these terms Compliance with training program in accordance with the stressors improve the quality of life in patients undergoing

This study is a quasi-experimental intervention. Sample consisted of 50 hemodialysis patients Pasteur Hospital Bam formed using simple sampling methods, with consent were enrolled (20 in the control group 20 patients in the intervention group). Patients' quality of life stressors Intervention and control groups before and after treatment using SF36 questionnaire and HSS was measured. Information using statistical software spss version 16 using the

Measures of central tendency and with regard to the establishment parametric test of repeated measures (Repeated measure were analyzed).

There is no significant differences between the intervention Average of stressors and quality of life in both groups, after training, a month after the intervention (0/0001> p-value). Average stressor adaptation training program in the intervention group decreased and also the quality of life consistent increased with this program in the intervention group.

The findings of this study indicate that the training program in accordance with the stressors cause compatibility with the quality of life in patients undergoing hemodialysis. The training program compatibility will be offered for these patients.

INTRODUCTION

Chronic diseases are the biggest problem for the health care system [1] The control of communicable diseases during the past decade and increased life expectancy, it is an essential problem have been proposed in the health system [2]. A chronic disease that affects a significant impact on people's lives, Chronic renal failure is a common disease in the world for several reasons is increasing [3]. Statistics show that more than one million the annual worldwide incidence of end-stage renal failure have lost their lives, the statistics increased dramatically [4]. Prevalence of chronic renal failure will be added in the world 242 Cases per million population, and approximately 8% of this amount [5]

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The process of self-stress and stress-related diseases it is extremely important, and the reaction against the person is stressful. [12] Stress situations event that people are forced to react and Stress reactions play an important role in providing emotional problems and we will play in the human body [13].

An important part of the response to stress depends on individual assessment of his ability, How to control stressful situations and

importance this deal is for a person's health, as well as stressors Changes in life style or performance, creating immediate suspension or Transformation and Damage or destruction of the body and In human growth and development and interrupt The way of basic human needs and overall body the physical and mental balance [14].

Survival of hemodialysis patients with kidney failure is caused, however, due to the limitations of stress in their lives [15] Including stressors that dialysis patients are exposed to it,can be long and almost continuous period of dialysis, Invasive treatment method, the time-consuming nature of each session, Job loss, inability to perform daily activities as usual, Dementia, cardiovascular disease, malnutrition and readmission and Fear of death, which leads to frustration, depression, conflict and Guilt in this disease [16], [17]. This method of adjustment is necessary [18] the training can improve physical, emotional and social function and general health [19].

In general it can be said that chronic diseases on the health negatively impacts the quality of life and the quality of life and Health is closely related [20]. So that Walters and Colleagues in their study that concluded that The prevalence of chronic renal failure and dialysis patients, reduced quality of life [21], And also due to the quality of life can affect the disease process causing remission of symptoms and physical diseases and mental health [22]. The study Cinar et al (2009) identified three of the major stressors in patients with limited leisure time, Fatigue and uncertainty about the future were reducedthe quality of life of these patients [22]. Therefore, patients should have their strategies for disease control and be used to improve the quality of life.

Today, more than ever, the quality of life as a supplement used for clinical studies to Thereby the quality of services provided, the effect of therapeutic interventions and Medical practices and health care costs to be assessed [23]. But so far little research on the effectiveness of adaptation In accordance with the stressors associated with illness and quality of life for patients Hemodialysis was performed in Iran. Given the role of advocacy and Nursing care and its impact on quality of life in chronic patients [24], and the central role of the nurse in providing care to patients Chronic renal failure who are receiving dialysis treatment [25], is a good opportunity to increase the feedback effects, Increase patient compliance (25), on the other hand to reduce anxiety, Enhanced compatibility, deciding decision support, emotional support and Patient education of

nursing interventions are, So the nurse to adapt with this problem, Fear of them could help him [24].

Effect of psychological services as part of Rehabilitation programs can be lifestyle changes, correct opinion, as well as increased motivation and compliance affect their lives better; the study aimed to determine the effect of Education Program Compatibility In accordance with the stressors associated with the disease, and Quality of life Hemodialysis.

MATERIALS & METHODS

This study is a quasi-experimental intervention to evaluate the effectiveness of compliance in accordance with Stressors associated with illness and quality of life in patients on hemodialysis Pasteur Hospital in 1393 was done in bass. Community and The sample consisted of 50 hemodialysis patients Pasteur Hospital of Bam formed using simple sampling methods, With consent were enrolled, it should be noted that 10 of them lack the inclusion criteria were excluded. Individuals assigned to two groups (20 patients in the control group 20 patients in the intervention group) were randomly paired based on or a person who would go to the center and there were a couple of days to get medical treatment in the test group and control group.

Inclusion criteria included: (1) age 18 years, 2. The incidence of chronic renal failure 3-hemodialysis For at least one year, 4. In the case of dialysis centers, 5. In terms of physical and mental health and able to respond to questions Participate in training sessions, 6. Informed consent to participate in research and Exclusion criteria included: psychiatric treatment, Tend to leave the study participants, Having received training related stressors disease.

In this study, data collection tools weredemographic characteristics questionnaire (Survey 36-Item Short Form Health) SF36 and Inventory HSS (Hemodialysis stressor scale) was as follows:

Demographic questionnaire: The questionnaire included age, sex, marital status, education, occupation, Duration, the duration of treatment.

Quality of Life Questionnaire: The Health Assessment Questionnaire Short Form Multidimensional which has 36 questions that the quality of life in 8 areas Including physical functioning, limitations associated with physical problems, Bodily pain, general health, vitality, social functioning, Restrictions in connection with psychological problems and mental health. The scoring of this instrument in areas ranging from zero to a hundred higher scores indicating higher

quality of life. This means the doctor's waiting and colleagues in 1384 is designed for the population. Using statistical analysis and internal consistency reliability test Cronbach's alpha reliability coefficients are determined using the test Known-groups method Convergent validity was assessed. Internal consistency analysis showed that the area of vitality (0/65 = α) other areas of Persian SF36 as the minimum standard coefficients Ranging from 0/77 to 0/9 status. Statistical analysis showed that compared groups are known,this tool is able to differentiate subgroups of the population by sex and age, Inventory HSS: The questionnaire contains 31 items.

On a scale of four options in any way (0), low (1), To moderate (2) and to a large extent (3) that Type of stress experienced by patients undergoing hemodialysis measures that Includes both physiological stressors (12 items) Psychosocial stressors (19 items). Scores range from 0 to 93 variables and Stress levels are classified as low (score 0-30), medium (31-61) and Excessive stress (62-93). And0/58 to 0/95 is valid [26].

Both questionnaires by Forward and Backward was translated into Persian by three experts Persian translation by three other experts in English translation The original version was evaluated compliance with And any needed corrections have been applied. Face validity by ten Members of the Faculty of Nursing and Midwifery Razi investigated and corrective feedback He applied and reliability of With this test, a sample of 10 people Patients were conducted, in which Questionnaire by 10 Imam Khomeini Hospital Patients of Jiroft was collected and again after two weeks questionnaires They were completed by the alpha Cronbach calculated for inventory HSS 0/88 respectively.

The researchers began to get permission from authorities and BAM dialysis center After obtaining informed consent from patients about their research to ensure that the Forced to participate in this research, At any time they can be removed from the study. Patients were also ensure that Information they absolutely "would be confidential and only "in the context of achieving the objectives of the study are used.

Stressors associated with illness and quality of life of all participants using HSS and SF36 questionnaire for hemodialysis patients were measured and the content of education-related stressors Disease were prepared by clinical psychologist and a nurse colleagues; after the training content by 6 members Clinicians also assessed, the pamphlets were provided training in this area. Well matched to the participants and test Controlling for age,

duration of disease, gender, marital status, and education was conducted. The intervention group received 10 sessions of 2 hours threads related stressors were trained in accordance with consistent training.

Content of the training program include:

- Relaxation training, progressive muscle relaxation For 16 muscle groups, progressive muscle relaxation To 8 groups of muscles, breathing, imagery, Progressive muscle relaxation for 8 muscle groups, Progressive muscle relaxation passive, Training for heart rate, Breathing, stomach and forehead, free education Along with illustration and induction, Free training for weight and warmth, Replacing the rational thoughts, the mantra meditation, Countdown meditation, visualization and meditation

- Manage stress: Stress and awareness, communicate ideas Emotions, negative thinking and cognitive distortions, fight efficiently, Implementation of coping responses, anger management, Expressiveness and social support and education program review

Immediately after the training sessions, questionnaires was completed by the participants again, then again one month after the last training session of the questionnaire were completed by both groups.

Data using statistical software spss version 16 Using measures of central tendency and Due to the emergence of parametric Repeated measures analysis (Repeated measure were analyzed).

RESULTS

The findings of this study showed that, overall, 40 hemodialysis patients with a mean range Sny80-20 SD (9/88 ± (53/95 years participated in the study. Most participants (85%) were married. 35% of the participants were illiterate. The average age of participants in the intervention group (12/38 ± 52/4) in the control group (7/38 ± 55/5 years). Demographic characteristics of the sample are presented in **Table 1**. Between the experimental and control groups in terms of age, duration of diabetes, chronic renal failure, Gender, marital status and education were not significant and were similar.

Comparison of quality of life and Stressors associated with disease control before the intervention, after the training program and One month after the intervention were used according to repeated measure the emergence of parametric tests. The following table shows the means of stressors and disease Quality of life before and after training and one month after There was a significant difference (0/0001> p-value).

The following **diagram 1** shows the Average stressor training program compatibility the patients in the intervention group decreased.

The following **Diagram 2** shows the Average Life quality adjustment education program The patients in the intervention group increased.

Repeated measures showed that Age, gender, marital status, Education, occupation, disease and treatment effect the illness-related stressors and Time is measured in both groups before and not after the intervention. Also the Demographic variables, only age effect significantly affect the quality of life for patients (0/001 = p-value) and the time is measured before and after training in the two groups (0/007 = p-value) So that with increasing age, reduced quality of life.

Table 1: Demographic characteristics of the patients were assigned to the experimental group and the control group

Control group			Experimental group	Variable	
Frequency percent	Frequency	Frequency percent	Frequency		
55	11	50	10	**Male**	**Gender**
45	9	50	10	**Female**	
10	2	20	4	**Single**	**Marital status**
90	18	80	16	**Married**	
50	10	20	4	**Illiterate**	**Education**
5	1	35	7	**Primitive**	
20	4	30	6	**Guidance School**	
25	5	10	2	**High School**	
0	0	5	1	**University**	
25	5	45	9	**Unemployed**	**Job Status**
20	4	20	4	**Worker**	
20	4	30	6	**Employer**	
0	0	5	1	**Retired**	
35	7	0	0	**House-wife**	
20	4	45	9	0-5	**Duration of disease**
60	12	40	8	5-10	
20	4	15	3	10-15	
50	10	65	13	0-5	**Duration of treatment**
45	9	25	5	5-10	
5	1	10	2	10-15	

Table 2: Comparison of mean and standard deviation related stressors Illness and quality of life in hemodialysis patients before, after the intervention and one month after the intervention and control groups

p-value	One month after the intervention		After intervention		Before intervention		Variables	
	Control	Test	Control	Test	Control	Test		
	Mean (± SD)	Mean (± SD)	Mean (± SD)	Mean (± SD)	Mean (± SD)	Mean (± SD)		
0/0001 <	(±3/15) 21/5	(±3/31) 8/6	(±3/26) 21/45	(±4/63) 10/65	(±2/98) 19/95	(±5/1) 25/1	**Physiological**	**Dimensions of stressors**
	(±7/46) 32/4	(±4/88) 13/95	(±5/84) 32/7	(±9/52) 17/85	(±9/55) 32/55	(±8/04) 40/85	**Psychosocial-sociological**	
	(±9/04) 53/9	(±7/4) 22/55	(±7/51) 54/15	(±13/13) 28/5	(±11/17) 52/5	(±12/14) 65/95	**Total**	
0/0001 <	(±7/16) 42/56	(±4/00) 55/43	(±5/97) 47/04	(±4/46) 53/42	(±8/01) 47/35	(±10/11) 44/28	**Life quality**	

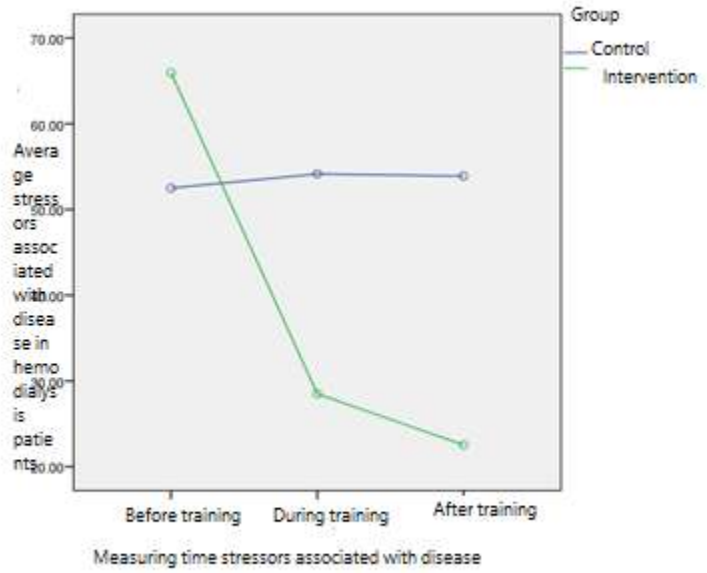

Diagram 1:

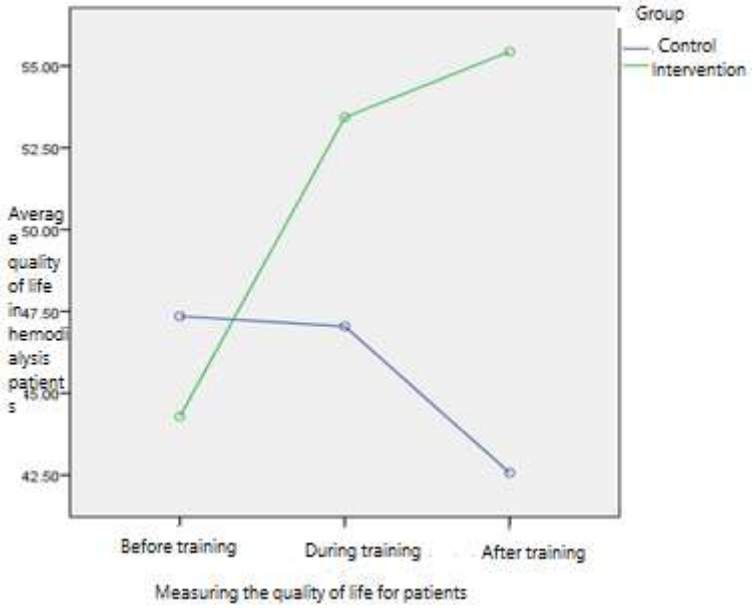

Diagram 2

DISCUSSION

Note that the stressful process of dialysis [27] has arrived witha lot of stress in patients with chronic renal failure [28] and as a result of compliance with stressors related to illness affect their quality of life [15] It should be noted that Mental health is linked to the amount of stress on the individual [29], [30] The training program compatibility are among the factors that In accordance with the stressors associated with the disease, and

Improving Life quality plays an important role.

The results showed that the mean stressor training program Compatibility of patients in the intervention group than in the control decreased. These results with the results of 2005 Shiow-Luan Tsay, Basler et al. 1997 and Schwartz 1999, Grey, Hains et al. 2000 is consistent with Results suggest that the use of The program resulted in reduced levels of stress and depression Enhance compliance with stressors Is associated with chronic diseases. ([31], [32], [33], [34].

According to Lazarus &Folkman(1984) on perceptions of stressors and coping strategies subsequently affect the results of the compatibility [35] Therefore, it can be concluded that patients with greater ability to adapt training programs to deal with Stressors have experience less stress than those who did not get it.

The findings also suggest that Average quality of life in patients on hemodialysis training program compatibility In comparison to the control group increased after the training program compatibility. Amini et al study (2012) that Effect-based model adaptation on the activities of daily life in hemodialysis patients examined showed That the implementation of this program is to improve the ability of hemodialysis patients In activities of daily living and improve the quality of life [36] The results for men and colleagues (2011) and Goldstein studies (2003) and Hampel et al. (2002) and Hall et al (2009) showed that chronic diseases Compliance training programs can reduce stress, anxiety, Depression and thus improve the quality of life [37].

According to the findings, it can be assumed that Compatibility of knowledge and training in hemodialysis patients Knowledge in the field and it cannot be said that training and Principles to patients by medical staff (doctors and nurses) could be due to the low quality of life. And using the knowledge gained and more compatibility problems and mental illness Enhance the quality of life diminished mental causes Patients to be trained.

It should be noted that age was a significant effect on quality of life before and after training in two groups. These results with the results Taghizadeh et al (2005), Shafipour et al. (2008), Yousefi (2011), pochio (2004) and New (2005) is consistent ([41], [15], [42]) [43] We can say that with increasing age due to physiological changes and The addition of other diseases of the primary disease, and reduced Life quality and feelings of inadequacy and thus lead to lower

performance in terms of physical Dimensions of are the same grip.

CONCLUSION

Because chronic diseases are psychological effects play an important role in Life quality, So as to stress the need for consistent conformity. As you can see, the findings of this study indicate that Compliance training program in accordance with stressors enhancing the Life quality in patients undergoing hemodialysis. Due to the increasing number of dialysis patients in Iran In recent years, the importance of compliance with related stressors Disease education program compatibility, the patients will be offered.

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