

A DESCRIPTIVE STUDY TO ASSESS KNOWLEDGE REGARDING SELF-CARE MANAGEMENT OF CHRONIC RENAL FAILURE AMONG PATIENTS UNDERGOING HAEMODIALYSIS IN K. S. P. SUPER SPECIALITY, HOSPITAL, BALASINOR DIST. MAHISAGAR (GUJARAT)

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Received 2022 July 01, Accepted 2022 July 03, Published - 2022 July 09

ABSTRACT

A descriptive study was conducted to assess knowledge regarding self-care management of chronic renal failure among patients under going haemodialysis. Study design was descriptive. Population was patient undergoing haemodialysis and sample size was 42 patient with purposive sampling technique. Data was collected using structure knowledge questionnaire. Data was analysed and results of this study revealed that that the majority (40.5%) of CRF patients were in the age group of 41-50 years, and the majority of the CRF patients (69%) were male, and the majority of (31%) of CRF patients had primary education, that the majority of (40.5%) were daily wagers, that majority of (31%) of CRF patients had Rs. ≤ 2000 as family monthly income, the majority of (45.2%) of CRF patients had books as previous source of information, knowledge scores on self-care management of chronic renal failure patients shows that among seven areas the highest mean score (1.57 ± 0.67) which is 52.38% of the total score was obtained for the area "Introduction and meaning of self-care management" shows average knowledge and The lowest mean score (0.83 ± 1.07) which is 20.83% of the total score was for the area "Fluid and electrolyte management" shows very poor knowledge. Association of knowledge score with socio demographical variables was not significant at >0.05 .

Keywords: CRF, Hemodialysis Self care Management (Chronic Renal Failure)

1. INTRODUCTION

The kidneys are the principal organs of the urinary system. The nephron is the functional unit of the kidney. The kidneys play a major role in maintaining the body functions by regulating the water and electrolyte content and the acid-base balance of the body. They conserve appropriate amounts of essential substances vital to normal cellular function and excrete excess waste products of metabolism, toxic substances and drugs in urine. When the kidneys cannot remove the body's metabolic wastes or perform regulatory functions, it will result in renal failure. (Brunner and suddarth, 2004)¹

The U.S Renal data system (2001) reports that the substances normally eliminate in the urine accumulation of the body fluids as a result of impaired renal excretion, leading to a disruption in endocrine and metabolic functions as well as fluid, electrolyte and acids-base disturbances. (Lewis et. al., 2004)²

2. METHODOLOGY

"War is a way of shattering to pieces... materials which might otherwise be used to make the masses too comfortable and... too intelligent." [1]

George Orwell

A descriptive study design was used for the present study & 42 Patient undergoing haemodialysis were selected using the purposive sampling technique. A structured questionnaire was used to assess the knowledge level. Descriptive and inferential statistics were used to analyse the data.

3. RESULTS AND DISCUSSION

Analysis is a process of organizing and synthesizing data in such a way that the research questions can be answered and hypothesis tested. (Polit and Hungler, 2003)

This chapter deals with the analysis and interpretation of the data collected from the 42 chronic renal failure patients undergoing haemodialysis admitted in K. S. P. Super Speciality hospital, Balasinor, (Gujarat).

The present study was designed to assess the knowledge regarding self-care management of chronic renal failure among patients undergoing haemodialysis in a K. S. P. Super Speciality hospital, Balasinor, (Gujarat).

The data was coded, organized and interpreted by using descriptive and inferential statistics and was analyzed as per the objectives of the study under the following headings:-

SECTION-A : Description of demographic characteristics of chronic renal failure patients

SECTION-B : Assessment of the knowledge of CRF patients regarding self-care management of chronic renal failure.

- Area wise mean, SD, and mean percentage of knowledge scores of chronic renal failure patients undergoing haemodialysis regarding self-care management of chronic renal failure
- Item wise knowledge scores of chronic renal failure patients undergoing haemodialysis on self-care management of chronic renal failure.

SECTION C: Testing of hypotheses

- Association between post test knowledge scores of the chronic renal failure patients with their demographic variables.

H_{01} :-There is no significant association between knowledge scores and selected demographic variables of CRF patients.

SECTION - A

Description of demographic characteristics of chronic renal failure patients

Percentage wise distribution of CRF patients according to their age group depicts that highest percentage (40.5%) of CRF patients were in the age group of 41-50 years and 26.2% were in the age group of 31-40 years. whereas 14.3% and 11.9% were in the age group of 51-60 years and 21-30 years respectively. However 4.8% were in the age group of 61 and above years and only 2.4% of patients were in the age group of ≤ 20 . Hence, it can be interpreted that most of the patients under study were in the age group of 41-50 years. (Fig.4.1)

Percentage wise distribution of CRF patients according to their sex depicts that the majority of the CRF patients (69%) were male whereas only 31% of patients were female. It depicts that most of the CRF patients under study were male (Fig. 4.2).

Percentage wise distribution of CRF patients according to their educational status shows that the highest percentage (31%) of CRF patients had primary education and lowest percentage (9.5%) had postgraduate education. However only 19% and 11.9% of them had higher secondary school and graduate education, respectively whereas 28.6% of them had secondary school education. It is observed that the percentage of patients decrease with increase in educational status. (Fig. 4.3)

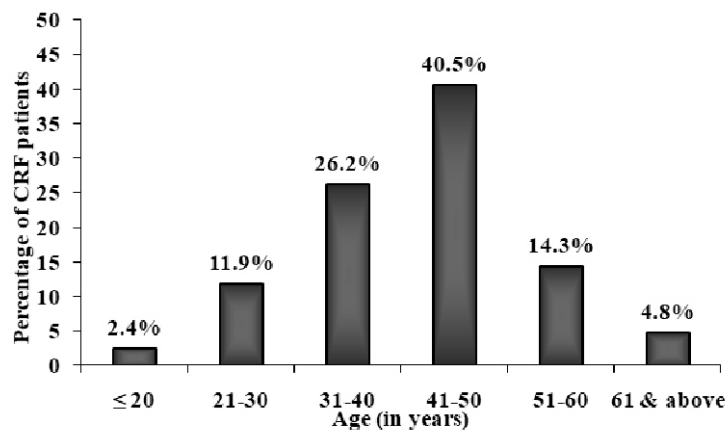


Fig.4.1: Bar diagram showing percentage wise distribution of chronic renal failure patients according to their age

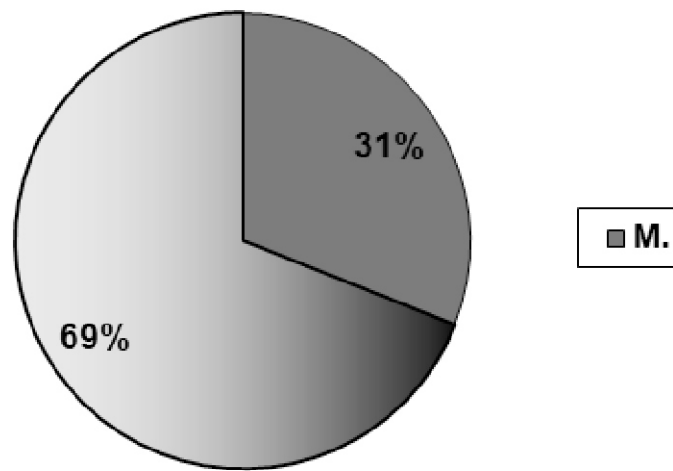


Fig.4.2: Pie diagram showing percentage wise distribution of chronic renal failure patients according to their sex

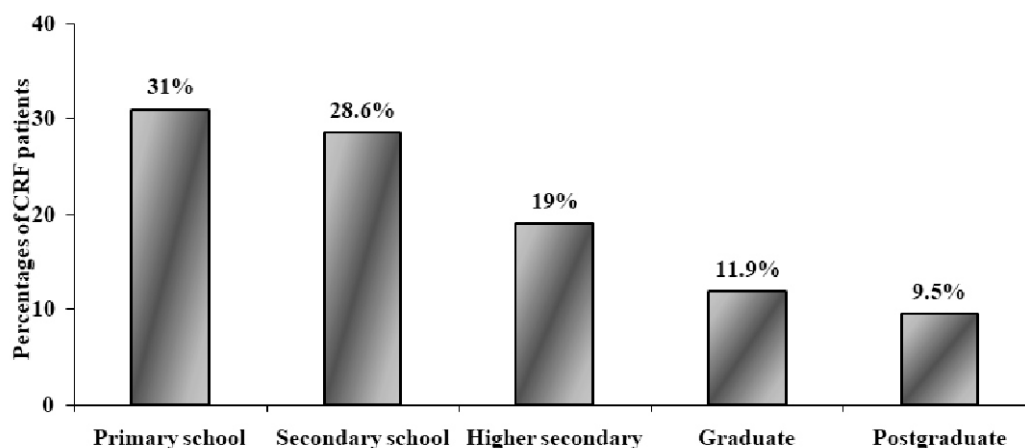


Fig.4.3: Bar diagram showing percentage wise distribution of chronic renal failure patients according to their educational status

Percentage wise distribution of CRF patients according to their occupation depicts that the highest percentage (40.5%) were daily wagers and 31% were private employee less than 10% of the employee in Govt employee. However it seems that majority of the CRF patients under study daily wagers. It might be due to their low educational status. (Fig.4.4)

Percentage wise distribution of CRF patients according to their family monthly income shows that highest percentage (31%) of CRF patients had Rs. ≤ 2000 as family monthly income and 26.2% had Rs. 2001-4000 as family monthly income. However only (21.4%) had Rs. 4001-6000 as family monthly income and only 16.7% were from the income group of Rs. 6001-8000 and the lowest percentage (4.8%) were from the income group of Rs. 8001 and above. It reveals that majority were from low income group. It might be due to their poor education and occupation status. (Fig.4.5)

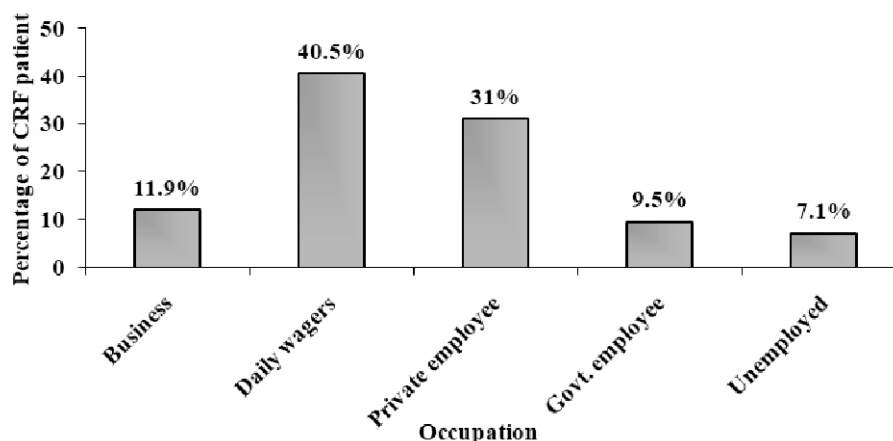


Fig.4.4: Bar diagram showing percentage wise distribution of chronic renal failure patients according to their occupation

Percentage wise distribution of CRF patients according to their previous sources of Information shows that highest percentage (45.2%) of CRF patients had books as previous source of information and 38% of patients had newspaper as sources. However their sources such as video (4.8%) , special training and workshop (7.1%) were less than 10%. (Fig.4.6)

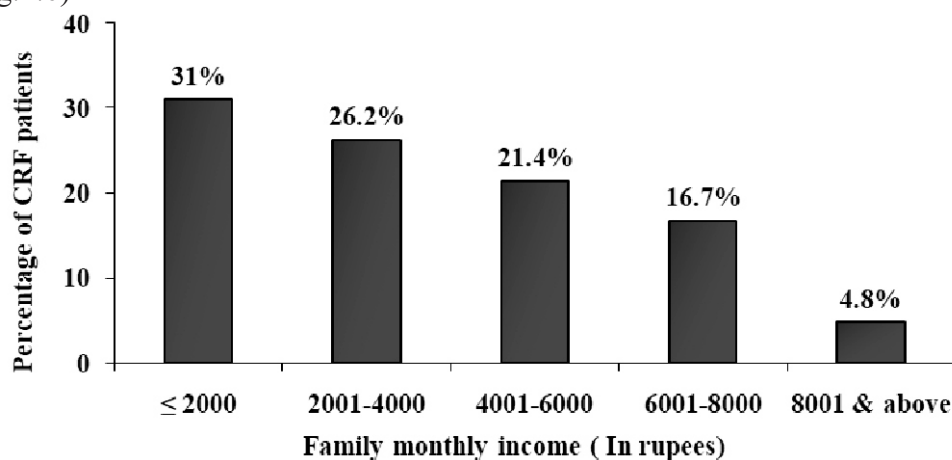


Fig.4.5: Bar diagram showing percentage wise distribution of chronic renal failure patients according to their family monthly income

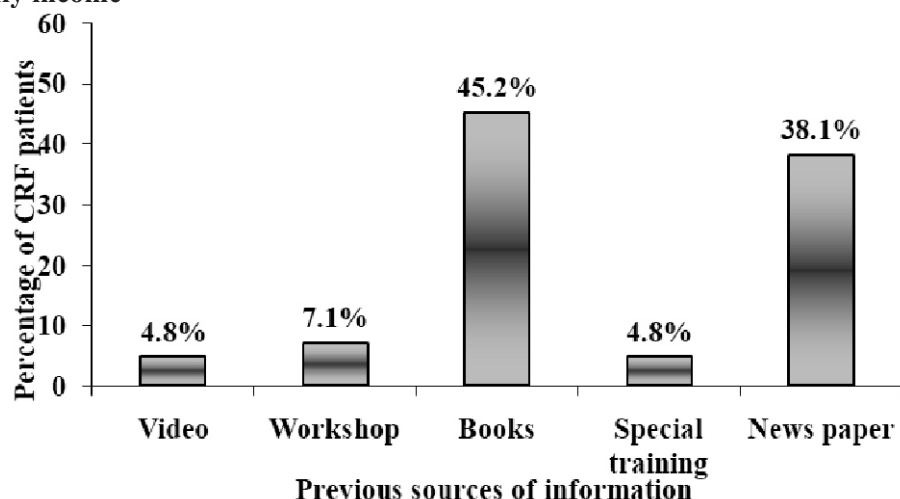


Fig.4.6: Bar diagram showing percentage wise distribution of chronic renal failure patients according to their previous sources of information

Section - B Assessment of knowledge of chronic renal failure patients undergoing haemodialysis.

Table 4.1 : Area wise distribution of mean, SD, and mean percentage knowledge scores of chronic renal failure patients undergoing haemodialysis regarding self-care management

Area	Scores			
	Max scores	Pre test		
		Mean	SD	Mean %
Introduction and meaning of self-care management	3	1.57	0.67	52.38
Dietary management	6	1.67	1.07	27.78
Fluid and electrolyte management	4	0.83	0.73	20.83
Care of vascular access site	8	1.81	0.94	22.62
Exercise	3	1.17	0.73	38.89
Drug management	4	1.02	1.07	25.6
Complications due to poor self-care management and Follow up care	3	0.90	0.79	30.16
Over all total	31	8.98	2.28	28.96

Area wise distribution of mean, SD, and mean percentage of knowledge scores on self-care management of chronic renal failure patients shows that among seven areas the highest mean score (1.57 ± 0.67) which is 52.38% of the total score was obtained for the area “Introduction and meaning of self-care management” shows average knowledge. The lowest mean score (0.83 ± 1.07) which is 20.83% of the total score was for the area “Fluid and electrolyte management” shows very poor knowledge. For all the other areas the mean percentage varies from 22.62% to 38.89% showing poor knowledge. Further, the overall mean was 8.98 ± 2.28 which is 28.96% of the total mean score reveals that the CRF patients understudy had poor knowledge regarding self-care management of CRF patients (Table 4.1).

1. Item wise analysis of correct responses of various items.

Table 4.3: Item wise comparison of correct responses regarding introduction and meaning of self-care management

Items	correct responses (X)%
Kidney is responsible for regulating salt and fluids in the body	90.48
High blood pressure is the cause of kidney failure	33.33
Self-care management is essential to prevent complications	33.33

Item wise correct responses regarding introduction and meaning of self-care management shows that highest percentage (90.48%) responded correctly for the item “Kidney is responsible for regulating salt and fluids in the body” which was also highest, while lowest percentage (33.33%) respond correctly for the item “high blood pressure is the cause of kidney failure” and “self-care management is essential to prevent complications” (Table 4.3)

Table 4.4: Item wise comparison of pretest and posttest correct responses regarding dietary management

Items	correct responses (X)%
Potassium and sodium to be restricted	57.14
High biological protein type of diet to be taken	16.67
Milk and milk products type of diet to be taken	9.52
Carbohydrate food to be taken to minimize catabolism	11.9
Rice, wheat and cereals are the sources of Carbohydrate food	47.62
Dry fish, pickles and canned vegetable type of food to be restricted	23.81

Item wise correct responses regarding “dietary management” shows that highest percentage (57.14%) each of CRF patients responded correctly for the item “Potassium and sodium to be restricted” lowest percentage (9.52%) of them responded correctly for the item “Milk and milk products type of diet to be taken” (Table 4.4)

Table 4.5: Item wise correct responses regarding fluid and electrolyte management

Items	correct responses
Urine out put to be measured to calculation of fluid intake	26.19
Lemon and grapes type of fruits to be avoided	11.9
Tea and coffee type of fluid to be taken in limited quantity	30.95
600ml+an amount equal to the previous day urine out put fluid to be taken per day	14.29

Item wise correct responses regarding fluid and electrolyte management shows the highest percentage (30.95%) of the CRF patients responded correctly for the item “Tea and coffee type of fluid to be avoided” while lowest percentage (11.9%) for item “lemon and grapes type of fruit to be avoided” (Table 4.5)

Table 4.6: Item wise correct responses regarding care of vascular access site

Items	Correct responses
Care of vascular access site is essential to prevent infection	40.48
Dry to keep the vascular access site	19.05
Antiseptic solution to be used to clean fistula site	11.9
Skin excoriation occur due to inadequate care of vascular access site	23.81
Drainage is to be assessed daily in the fistula	14.29
Proper function of fistula to be assess by palpating the bruit/thrill over the hand	35.71
Applying a constrictive pressure over the bleeding site to control the bleeding of the fistula	26.19
Fistula injury to be prevented by avoid pressure	9.52

Item wise correct responses regarding care of vascular access site shows that the highest percentage (40.48%) of the CRF patients responded correctly for the item “Care of vascular access site is essential to prevent infection” The lowest percentage (9.52%) of each responded correctly for the item “Fistula injury to be prevented by avoid pressure (Table 4.6)

Table 4.7: tem wise comparison of pre-test and post-test correct responses regarding exercise

Items	Correct responses
Exercise is essential to improve physical ability	11.9
Household activities to be carried out	28.57
Hand movement to be controlled during haemodialysis	76.19

Item wise correct responses regarding exercise shows that during highest percentage (76.19%) of the CRF patients responded correctly for the item “Hand movement to be controlled during haemodialysis” while lowest percentage (11.9%) responded correctly for the item “Exercise is essential to improve physical ability” (Table 4.7)

Table 4.8: Item wise correct responses regarding drug management

Items	correct responses
Diuretics to be used to increase urine output	14.29
Drugs to be taken after food	47.62
Haemodialysis is done to remove excess wastes products	16.67
Urea and creatinine wastes products are removed by Haemodialysis	23.81

Item wise correct responses regarding drug managements hows that highest percentage(47.62%) of the CRF patients responded correctly for the item” Drugs to be taken after food” The lowest percentage (14.29%) responded correctly for the item “Diuretics to be used to increase urine output”. (Table 4.8).

Table 4.9: Item wise correct responses regarding complication due to poor self-care management and follow up care

Items	Correct responses
Sepsis is the complication of poor self-care management	21.43
complications to be controlled through self assessment and treatment	26.19
Regular follow-up is necessary to prevent complications	42.86

Item wise correct responses regarding complication due to poor self-care management and follow up care shows that (42.86%) of the CRF patients responded correctly for the item” Regular follow-up is necessary to prevent complications” lowest percentage (21.43%) responded correctly for the item “Sepsis is the complication of poor self-care management” (Table 4.9)

SECTION- C

Assessment of demographic variables of the CRF patients

Table 4.10: Mean, SD, and mean percentage of knowledge scores of CRF patients undergoing haemodialysis regarding self-care management according to their age

Scores				
Age(in years)	No. of CRF patients	Knowledge test		
		Mean	SD	Mean%
≤20	1	6	0	19.35
21 -30	5	9.2	1.64	29.68
31-40	11	9.18	2.60	29.62
41-50	17	9.18	2.51	29.60
51-60	6	7.83	1.17	25.27
61 & Above	2	10.5	2.12	33.87
Total	42	8.98	2.28	28.96

Mean, SD and mean percentage with regard to age shows that the highest mean score (10.5 ± 2.12) which is 33.87% of the total score was for the CRF patients in the age group of 61 and above years . The lowest mean score (6 ± 0) which is 19.35% of the total score was for the patients in the age group of ≤ 20 years where sample size was only one. (Table 4.10).

Table 4.11 : Mean, SD, and mean percentage of knowledge scores of CRF patients undergoing haemodialysis regarding self-care management according to their sex

Scores				
Sex	No. of CRF patients	knowledge test		
		Mean	SD	Mean %
Male	29	8.79	2.26	28.36
Female	13	9.38	2.36	30.27
Total	42	8.98	2.28	28.96

Mean, SD and mean percentage regarding the sex shows that higher mean score (9.38 ± 2.36) which is 30.27% % of the total score was for the female patients while (8.97 ± 2.26) which is (28.36%) for the male patients. (Table 4.11)

Table 4.12: Mean, SD, and mean percentage of knowledge scores CRF patients regarding self-care management according to their educational status

Scores				
Educational status	No. of CRF patients	knowledge test		
		Mean	SD	Mean %
Primary school	13	8.54	2.15	27.54
High school	12	8.58	2.57	27.69
Higher secondary	8	9.63	1.85	31.05
Graduate	5	9.59	2.88	30.97
Post Graduate	4	9.5	2.38	30.65
Total	42	8.98	2.28	28.96

Mean, SD and mean percentage with regard to their educational status shows that the highest mean score (9.63 ± 1.85) which is 31.05% of the total score was for those who had higher secondary education whereas the lowest mean score (8.54 ± 2.15) which is 27.54% of the total score was for the CRF patients who had primary school (Table 4.12).

Table 4.13 : Mean, SD, and mean percentage knowledge scores of CRF patients regarding self-care management according to their occupation

Scores				
Occupation	No. of CRF patients	knowledge test		
		Mean	SD	Mean %
Business	5	7.08	1.83	32.26
Daily wagers	17	8.46	2	27.7
Private employee	13	8.59	2.4	27.3
Govt. employee	4	11.5	0.58	37.1
Unemployed	3	6.33	1.08	26.88
Total	42	8.98	2.28	28.96

Mean, SD and mean percentage regarding to their occupation shows that the highest mean score (11.5 ± 0.58) which is 37.1% of the total score was for the CRF patients who were Govt. employee. while the lowest mean score (6.34 ± 1.08) which is 26.88% was for the patients who were unemployed. (Table 4.13)

Table 4.14: Mean, SD, and mean percentage of knowledge scores of CRF patients undergoing haemodialysis regarding self-care management according to their family monthly income

Scores				
Family monthly Income	No. of CRF patients	Pre test		
		Mean	SD	Mean %
≤2000	13	8.15	1.63	26.3
2001-4000	11	10	2.19	32.26
4001-6000	9	8.67	1.87	27.96
6001-8000	7	8.57	3.41	27.65
8001 and above	2	11.5	0.71	37.1
Total	42	8.98	2.28	28.96

Mean, SD, and mean percentage with regard to their family monthly income shows that the highest mean score (11.5 ± 0.71) which is 37.1% of the total score was for the CRF patients who had Rs. 8001 and above family monthly income and the lowest mean score (8.15 ± 1.63) which is 26.3% of the total score was for the patients who had Rs. ≤2000 (Table 4.14).

Table 4.15: Mean, SD, and mean percentage of pre and posttest knowledge scores of CRF patients regarding self care management according to their previous source of information

Scores				
Previous source of information	No. of CRF patients	knowledge test		
		Mean	SD	Mean %
Video	2	12.5	0.71	40.32
Workshop	3	8.67	3.06	27.96
Books	19	9.11	2.23	29.37
Special training	2	7.5	0.71	24.19
Newspaper	16	8.63	2.19	27.82
Total	42	8.98	2.28	28.96

vMean, SD, and mean percentage with regard to their previous source of information shows the highest mean score (12.5 ± 0.71) which is 40.32% of the total score was for the patients who had video while the lowest mean score (7.5 ± 0.71) which is 24.19% of the total score was for the patients who had special training (Table 4.15)

SECTION - D

Testing of Hypothesis

To assess the knowledge of chronic renal failure patients undergoing haemodialysis regarding self-care management. Hypothesis testing was done by using paired t test and chi square test.

Hypothesis was:

H_{01} :- There is no significant association between knowledge scores and demographic variables of chronic renal failure patients undergoing haemodialysis regarding self-care management of CRF.

H_{01} There is no significant association between knowledge scores and demographic variables of CRF patients undergoing haemodialysis regarding self-care management of CRF

Table 4.17: Association between knowledge scores and selected demographic variables of CRF patients

<u>Sl.No.</u>	<u>Demographic variables</u>	<u>Df</u>	<u>Table value</u>	<u>χ^2 value</u>	<u>Level of significant</u>
1	Age	10	18.31	4.85	Not significant
2	sex	2	5.99	0.66	Not significant
3	Educational status	8	15.51	5.68	Not significant
4	Occupation	8	15.51	9.11	Not significant
5	Family monthly income	8	15.51	6.07	Not significant
6	Previous sources of information	8	15.51	3.90	Not significant

Chi-square values calculated to find out the association between the knowledge scores and the demographic variables of the CRF patients reveals that there was no significant association between knowledge scores of the patients when compared to age, sex, educational status, occupation, and family monthly income and previous sources of information. Hence it can be interpreted that the difference in mean scores related to the demographic variables were only by chance and not true and the null hypothesis was accepted.

DISCUSSION

Descriptive approach was undertaken in Mascot hospital, Gwalior(M.P) from 12.02.2014 to 26.02.2014. The data were collected by using structured interview schedule from 42 CRF patients selected by purposive sampling technique to assess their knowledge on self-care management of CRF. The collected data were analyzed by using descriptive and inferential statistics and presented in chapter IV.

This chapter deals with the discussion of the findings of chapter IV based on the objectives of the study. The findings are discussed under the following headings.

- Description of demographic characteristics of CRF patients.
- Hypotheses testing.

Description of the characteristics of CRF patients

Distribution of CRF patients according to their age group depicts that highest percentage (40.5%) of CRF patients were in the age group of 41-50 years and only 2.4% of patients were in the age group of ≤ 20 . It reveals that most of the patients under study were in the age group of 41-50 years. (Fig.4.1) It is supported by the findings of Phipps (2007), who also stated that the disease can affect person of all ages, but the peak incidence is between 20 to 64 years old.⁴

Percentage wise distribution of CRF patients according to their sex depicts that the majority of the CRF patients (69%) were male whereas only 31% of patients were female. It depicts that most of the CRF patients under study were male (Fig. 4.2). It is supported by the findings of Zrinyi M. et al (2003), who also found that CRF is more prevalence in males after 50 years of age.³

Distribution of CRF patients according to their educational status shows that the highest percentage (31%) of CRF patients had primary education and lowest percentage (9.5%) had postgraduate education. It is observed that the percentage of patients decrease with increase in educational status. (Fig. 4.3) It is supported by the findings of Remya .R.S. (2008), who also reported that (31.7%) of patients had primary education.⁵

Distribution of CRF patients according to their occupation depicts that the highest percentage (40.5%) of them were daily wagers and less than 10% were employee. It seems that majority of the CRF patients under study daily wagers. It might be due to their low educational status. (Fig.4.4)⁶

Percentage wise distribution of CRF patients according to their family monthly income shows that highest percentage (31%) of CRF patients had Rs. <2000 as family monthly income and (4.8%) of them were from the income group of Rs>8000. It reveals that majority of them were from low income group. It might be due to their poor education and occupation status. (Fig.4.5)⁷

Distribution of CRF patients according to their previous sources of Information shows that highest percentage (45.2%) of CRF patients had books as previous source of information and similarly (4.8%) of CRF patients had previous sources of Information through video and special training.⁸

- **knowledge of CRF patients regarding self-care management**

The overall knowledge test mean score (8.98± 2.28) which is 28.96% of the total score (Table 4.1) reveals that the CRF patients under study had poor knowledge regarding self-care management of CRF prior to self instructional module.

Area wise distribution of mean, SD, and mean percentage of knowledge scores on self-care management of chronic renal failure shows that among seven areas the highest mean score (1.57 ± 0.67) which is 52.38% of the total score was obtained for the area “Introduction and meaning of self-care management” shows average knowledge. The lowest mean score (0.83 ± 1.07) which is 20.83% of the total score was for the area “Fluid and electrolyte management” shows very poor knowledge

- **Item wise knowledge test correct responses**

Introduction and meaning of self-care management

Correct responses regarding introduction and meaning of self-care managements hows knowledge test score was lowest (9.52%). (Table 4.3) It is supported by the findings of Loise white and Genaduncan (2002), who also recommended that there is numerous cause of chronic renal failure, and then three leading causes are DM, hypertension and glomerulonephritis.

Dietary management

Correct responses regarding “dietary management” shows that highest percentage (45.24%) each of CRF patients responded correctly for the item “Potassium and sodium to be restricted” and “Rice, wheat and cereals are the sources of Carbohydrate food (Table 4.4) It is supported by the findings of Gupta .S and Tiwari .S (2003), who also recommended that the amount of salt and protein to be taken per day by the CRF patients are to alleviate certain symptoms of CRF and decrease the rate of progression of CRF.

Fluid and electrolyte management

Correct responses regarding fluid and electrolyte managementshows that the highest percentage (59.52%). of the CRF patients responded correctly for the item “600ml+an amount equal to the previous day urine output fluid to be taken per day” (11.9%) of them responded correctly for the item “Lemon and grapes type of fruits to be avoided”. (Table 4.5) It is supported by the findings of Cupistic. A. et. al. (2004), who also reported that protein, electrolytes and water restrictions may be necessary as renal failure progressions.

Care of vascular access site

Correct responses regarding care of vascular access site shows that highest percentage (40.48%) of the CRF patients responded correctly for the item “Care of vascular access site is essential to prevent infection” (Table 4.6) It is supported by the findings of Dhingra H and Laski E. M. (2003), who also stated that the importance of a functional assessment of permanent vascular access is to prevent complications and increase the placement during hemodialysis initiation.

Exercise

Correct responses regarding exercise shows that (76.19%)of the CRF patients responded correctly for the item “Hand movement to be controlled during haemodialysis” lowest percentage (11.9%) of them responded correctly for the item “Exercise is essential to improve physical ability”

(Table 4.7) It is supported by the findings of Carol Tyler (2003), also stated that regular exercise increase blood circulation including improved blood flow to the kidney. This allows the kidneys to maintain the body's fluid acid and base balance more effectively to excrete body waste.

Drug management

Correct responses regarding drug managements hows that (47.62%) of the CRF patients responded correctly for the item” Drugs to be taken after food” However the lowest percentage (14.29%) of them responded correctly for the item “Diuretics to be used to increase urine output” (Table 4.8) It is supported by the findings of Potter and porry (2001), who also recommended that before taking diuretic, assessing the vital signs and the hydration status are important. It is also supported by the findings of Vijay Kumar (2003), who also recommended that pharmacological treatment and Hemodialysis are the better method to correct multiple biochemical abnormalities with renal disease.

Complication due to poor self-care management and follow up care

Correct responses regarding complication due to poor self-care management and follow up care shows that (42.86%) of the CRF patients responded correctly for the item” Regular follow-up is necessary to prevent complications” The lowest percentage (21.43%) of them responded correctly for the item “Sepsis is the complication of poor self-care management” (Table 4.9) It is supported by the findings of Timby K.B. (2004) stated that the graft /fistula site requires proper care and must be assessed daily for signs of infection like redness, swelling, sepsis and drainage

• Testing of hypotheses

No significant association was found between the knowledge scores when compared with age, sex, educational status, occupation, family monthly income and previous sources of information ($P < 0.05$) (Table 4.17). Hence, it can be interpreted that the difference in mean score related to the demographic variables were only by chance and not true and the null hypothesis was accepted.

4. CONCLUSION

From the finding it can be concluded that highest percentage (40.5%) CRF patients were in the age group of 41-50 years, majority of the CRF patients (69%) were male, 31% of CRF patients had primary education, 40.5% of them were daily wagers, 31% of CRF patients had Rs. <2000 as family monthly income and, 45.2% of CRF patients had books as previous source of information.

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