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Psychosocial Health Profile and Social Support among patients with Chronic Renal failure at Assiut University Hospital

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Abstract: *Chronic Kidney Disease (CKD) draws heavily on patients' daily functioning. The disease, treatment and associated demands have a great impact on physical and emotional wellbeing and interfere with patients' social roles. Patients with CKD who are being prepared for, or receive renal replacement therapy often experience difficulties in participating in various domains of life, such as paid work, sports and other social and leisure activities This study aimed to assess and identify the psychosocial health profile among patients with chronic renal failure and shed light social support available for them. The study was carried out at the hemodialysis unit at Assiut university hospital. The hospital is serving Assiut city and Upper Egypt governorates. The study sample comprised All patients attending to the dialysis unit and who are agree to participate in the study within a period of 6 months from October 2013 to April 2014 . The study subjects mounted about 334 cases but 44 cases was dropped from the study due to die and refuse to complete the study, the actual amount of the study about 290 cases. Four tools were used for data collection: namely: Sociodemographic Data Structured Interview schedules:, Social readjustment rating scale by (Holmes and Rahe), Beck depression inventory scale by Beck, and Social Support scale by Zimet and Farley .The main results yielded by the study proved that males more than female (54.8%). Regarding their marital status, more than half of the studied sample was married (61.0%), concerning the level of stress , the majority of patients (84.8%) had moderate level of stress, regarding to the social readjustment level (70.3%) of them had highly exposed to stress than others. The majority of patients had moderate depression (42.3%). (69.3%) of patients had high social support mainly there families (59.3%).The study recommended psychological counseling and psychotherapy may be necessary and assisting the patients and their families to cope with the changes brought about by renal failure and its treatment*.

Key Words: *Psychosocial Health Profile, Social Support, Chronic Renal failure*

I. Introduction

Chronic Kidney Disease (CKD) draws heavily on patients' daily functioning. The disease, treatment and associated demands have a great impact on physical and emotional wellbeing and interfere with patients' social roles. Patients with CKD who are being prepared for, or receive renal replacement therapy often experience difficulties in participating in various domains of life, such as paid work, sports and other social and leisure activities (Heijmans & Rijken, 2004) (1).

Chronic renal failure or end – stage renal disease is a progressive irreversible deterioration in renal function in which the body's ability to maintain metabolic, fluid and electrolyte balance fails resulting in uremia (Brunner, 2000) (2). . The incidence of chronic renal failure is high all over the world. Regardless of age, sex, socioeconomic status and / or educational level (luckmann, 1993) (3). In the United States, it is estimated that the prevalence of chronic kidney disease has increased from 20 % to 30 % in recent years with significant associated burden of illness (Harwood, 2009) (4).

Hospital records at Assiut university hospital indicated progressive increase in the number of patients admitted with renal failure for dialysis. In 1994, 71 patients were admitted to the hospital for dialysis, the number increased to 100 patients in the year 2000 and 18044 in the year from 2003 to 2009.

Brundage (1994) (5) reported that many physiological and psychological problems associated with chronic renal failure, the physiological changes involving all body systems may appear, and these changes include fluid, electrolyte and acid base imbalance, cardiovascular and hematological problems, gastrointestinal problems and reproductive system problems susceptibility to infections. While patients with chronic renal failure exposed to psychological problems such as extreme stress, alteration in the family role, life style and the dependence on the dialysis machine to excrete waste products from the body are other causes. Expected behavior disturbances and marked personality changes may be observed. Insomnia, effort intolerance, inability to work, increased demands on others for self-care, a sense of being different and later depression may occur (Beaman, 1995) (6).

Perry (1990) (7).showed that some patients experience weakness and fatigue, confusion, disorientation, seizures, restlessness and other psychological distress such as anxiety, depression and feeling of inadequacy.

As nurses are the key persons in giving care for patients with chronic renal failure, hence have an important role to play in assessing patients to cope with the psychosocial reactions and helping them to avoid undue illness behavior characterized by high anxiety level, avoidance of activity and a dependence attitude.

Significance the study:
Assessing the psychological status for patients with chronic renal failure to detect depression, stress and other psychological disturbances and providing support services for those patients.

Aim of the study:
The study aimed to assess and identify the psychosocial health profile among patients with chronic renal failure and shed light social support available for them.

Research questions:
There is a variation among chronic renal failure patients related to psychosocial health and social support?

II. Materials and Methods

Materials
Research design:
The design followed for this study is a descriptive study design will be used.

Setting:
The study was conducted at the hemodialysis unit at Assiut university hospital. The hospital is serving Assiut city and Upper Egypt governorates.

Subjects:
Subjects of the study comprised All patients attending to the dialysis unit and who are agree to participate in the study within a period of 6 months from October 2013 to April 2014 . The study subjects mounted about 334 cases but 44 cases was dropped from the study due to die and refuse to complete the study, the actual amount of the study about 290 cases.

Inclusion criteria:
1- Hemodialysis patients participate in the study.
2- Age from 18 to 80years old.

Exclusion criteria:
1- Delirious patients.
2- Children under 18 years.

Tools of the study:
Four tools were used for data collection:
Tool (1): Sociodemographic Data Structured Interview schedules: This interview schedule developed by the researchers included the sociodemographic data of the study subjects, It Includes age, sex, education …etc.

Tool (2): Social readjustment rating scale by (Holmes and Rahe 1967) (8).
This scale contained 43 items, based on the premise that good and bad events in ones life can increase stress levels and make one more susceptible to illness and mental health problems. Each event should be considered if it has taken place in the last 12 months. Scoring of this scale categorized into:

Low	< 149
Mild	= 150- 200
Moderate	= 200-299
Major	> 300

Tool (3): Beck depression inventory scale by Beck (1992) (9).

The Arabic version of Beck depression inventory scale which modified by Ghareeb, A (1990) (10). will be used. This scale is composed of (13 items) measured on a four points (0 – 3) Likert scale. Participants will choose the most suitable of these statements that describe his status of depression, the minimum score is (0), and maximum score is (39).

Beck used the following definition of severity levels:-

- Not depressed ranges from 0 to 9°
- Mild depression ranges from 10 to 15
- Moderate depression ranges from 16 to 24
- Severe depression ranges from 25 to 39

Tool (4): Social Support scale by Zimet and Farley (1988) (11).

This scale translated into Arabic language which composed of (12items) measured on a 7 points (1-7) Likert scale. The items tended to divided into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant others (SO). Patients will choose the most suitable of these statements that describe his social support. The total score is (84). This divided into three levels:

- Low social support level ranges from 1to 27
- Moderate social support level ranges from 28 to 55
- High social support level ranges from 56 to 84

Methods:

1. An official letter from the dean of the faculty of nursing – Assiut University directed to the head of kidney dialysis department at Assiut university hospital in order to get permission to conduct the study.
2. Collect data about the patient through four tools which are prepared for the study.
3. The aim of the study will be explained to the patients before starting data collection. Patients will be informed about what will be done for them.
4. Oral Consent will be taken from patients who will be agree to participate after reassured them about the confidentiality and the information will be used for the purposeful research.
5. The investigator will interview patients at hemodialysis unit during dialysis and in waiting hall.
6. Each patient was interviewed individually by the investigator; the number interview per day was 6 to 10 patients at three shifts. The average time taken for filling each sheet was around 20 – 30 minutes depending on the response of patients.
7. The data were collected by the researchers during the period of six months from October 2013 to the end of April 2014.
8. After assessing the psychosocial health profile for patients with chronic renal failure. Making follow – up for those patients at homes after discharge from the hospital.

Statistical analysis

The data were computerized and verified using the SPSS (statistical package for social science) version 11.5 to perform tabulation and statistical analysis. Data were presented using descriptive statistics in the form of numbers and percentages. Statistical significance was considered at p – value <0.05.

III. Results:

Results of the present study showed that:

Table (1) portrayed the sociodemographic characteristics among patients with chronic renal failure. There age ranged from 18 to 87 years old, with a mean of 46.6 ± 13.7 years, males more than female (54.8%).

Regarding their marital status, more than half of the studied sample was married (61.0%), while the least either divorced (21.7%) or single (17.2%). Illiterate was prevailing (43.1%) of them, the majority of patients (35.2%) were house wife, while manual work constituted 10% of them and (58.3%) of them live in rural areas. according to time live in dialysis (47.2%) of patients spent in dialysis more than 3 years, (64.8%) of them take more than two sessions of dialysis / week and (68.3%) spent in dialysis machine from 4 to 5 hours /week.

Table (2) reveals the level of stress among the studied sample, the majority of patients (84.8%) had moderate level of stress, regarding to the social readjustment level (70.3%) of them had highly exposed to stress than others.

Table (3) shows the level of depression among the studied sample, the majority of patients had moderate depression (42.3%).

Table (4) illustrate the level of social support, (69.3%) of patients had high social support mainly there families (59.3%).

Table (5 a and b) shows the relation between the level of stress and demographic data among the studied sample, there were a significant differences between gender and the level of stress , males have severe stress than females (79.17%) . patients with university level have severe stress than other educational levels (54.17%) , while 65% of patients have no work had mild stress level . according to the number and hours of dialysis / week , the highest percentage of them (95.83%) take more than two sessions of dialysis and lasting in machine of dialysis from 4 to 5 hours exposed to severe stress .

Table (6) shows the relation between the level of depression and demographic data among the studied sample, 81.25% of married patients had no feelings of depression, also who taking dialysis more than two sessions / week have no feeling of depression (79.17%).
Table (7) illustrate the relation between the level of social support and demographic data among the studied sample, illiterate patients have high social support (47.26%), while married patients, not working and who live in rural areas have moderate social support level, patients who stayed in dialysis from 3 years and more, taking dialysis more than two / week and spent in dialysis machine from 4 to 5 hours also had moderate social support.

Table 1: Socio-demographic data among the studied sample (No. 290)

Socio-demographic data	No.	%
Age		
Range	18 - 87	
Mean±SD	46.6±13.7	
Sex		
Male	159	54.8
Female	131	45.2
Level of education		
Illiterate	125	43.1
Read & write	65	22.4
Basic education	55	19.0
University	45	15.5
Marital status		
Single	50	17.2
Married	177	61.0
Widow/divorced	63	21.7
Occupation		
No work	76	26.2
Worker	35	12.1
Employee	48	16.6
Manual work	29	10.0
House wife	102	35.2
Residence		
Urban	121	41.7
Rural	169	58.3
No of family		
Range	2 - 12	
Mean±SD	5.6±1.9	
Time live in kidney dialysis		
6 months - 12 months	75	25.9
1 year - 3 years	78	26.9
3 years and more	137	47.2
Number of dialysis /week		
Once	21	7.2
Twice	81	27.9
More than two	188	64.8
Hours of dialysis /week		
From 4 to 5 hours	198	68.3
More than 5 hours	92	31.7

Table 2: Level of stress and exposure of stress among the studied sample (No. 290)

Social readjustment level of stress	No.	%
Mild	20	6.9
Moderate	246	84.8
Severe	24	8.3
Range	35 - 115	
Mean±SD	80.4±11.8	
Social readjustment exposure	**No**	**%**
No exposure	13	4.5
Mild exposure	38	13.1
Moderate exposure	35	12.1
Major exposure	204	70.3
Range	29 - 713	
Mean±SD	291.8±100.9	

Table 3: level of depression among the studied sample (No. 290)

Depression scale level	No	%
Not depression	48	16.6
Mild depression	94	32.4
Moderate depression	122	42.1
Severe depression	26	9.0
Range	1 - 35	
Mean±SD	15.6±6.7	

Table 4: level of social support among the studied sample (No. 290)

Social support level	No	%
Moderate	89	30.7
Severe	201	69.3
Range	32 - 85	
Mean±SD	63.6±12.4	

Table 5 –a: Relation between social readjustment level of stress and demographic characteristics among the studied sample (No. 290)

Demographic characteristics	Social readjustment level of stress						P. value
	Mild (n=20)		Moderate (n=246)		Severe (n=24)		
	No.	%	No.	%	No.	%	
Sex							
Male	12	60.00	128	52.03	19	79.17	0.035*
Female	8	40.00	118	47.97	5	20.83	
Level of education							
Illiterate	8	40.00	114	46.34	3	12.50	0.000**
Read & write	5	25.00	57	23.17	3	12.50	
Basic education	5	25.00	45	18.29	5	20.83	
University	2	10.00	30	12.20	13	54.17	
Marital status		0.00					
Single	4	20.00	40	16.26	6	25.00	0.605
Married	13	65.00	149	60.57	15	62.50	
Widow/divorced	3	15.00	57	23.17	3	12.50	
Occupation							
No work	13	65.00	58	23.58	5	20.83	0.000**
Worker	1	5.00	29	11.79	5	20.83	
Employee	3	15.00	34	13.82	11	45.83	
Manual	0	0.00	28	11.38	1	4.17	
House wife	3	15.00	97	39.43	2	8.33	
Residence							
Urban	5	25.00	103	41.87	13	54.17	0.147
Rural	15	75.00	143	58.13	11	45.83	
Time live in kidney dialysis							
6 months - 12 months	3	15.00	68	27.64	4	16.67	0.605
1 year - 3 years	6	30.00	65	26.42	7	29.17	
3 years and more	11	55.00	113	45.93	13	54.17	
Number of dialysis /week							
Once	0	0.00	21	8.54	0	0.00	0.002**
Twice	3	15.00	77	31.30	1	4.17	
More than two	17	85.00	148	60.16	23	95.83	
Hours of dialysis /week							
From 4 to 5 hours	15	75.00	160	65.04	23	95.83	0.007**
More than 5 hours	5	25.00	86	34.96	1	4.17	

Table 5-b: Relation between the social readjustment exposure and demographic characteristics among the studied sample (No. 290)

Demographic characteristics	Social readjustment exposure								P. value
	No exposure (n=13)		Mild exposure (n=38)		Moderate exposure (n=35)		Major exposure (n=204)		
	No.	%	No.	%	No.	%	No.	%	
Sex									
Male	7	53.85	17	44.74	13	37.14	122	59.80	0.045*
Female	6	46.15	21	55.26	22	62.86	82	40.20	
Level of education									
Illiterate	3	23.08	18	47.37	18	51.43	86	42.16	0.481
Read & write	3	23.08	5	13.16	6	17.14	51	25.00	
Basic education	5	38.46	7	18.42	5	14.29	38	18.63	
University	2	15.38	8	21.05	6	17.14	29	14.22	
Marital status									
Single	3	23.08	14	36.84	9	25.71	24	11.76	0.000**
Married	10	76.92	22	57.89	21	60.00	124	60.78	
Widow/divorced	0	0.00	2	5.26	5	14.29	56	27.45	
Occupation									
No work	6	46.15	16	42.11	10	28.57	44	21.57	0.037*
Worker	1	7.69	2	5.26	0	0.00	32	15.69	
Employee	2	15.38	4	10.53	5	14.29	37	18.14	
Manual	0	0.00	4	10.53	2	5.71	23	11.27	
House wife	4	30.77	12	31.58	18	51.43	68	33.33	
Residence									
Urban	3	23.08	13	34.21	18	51.43	87	42.65	0.244
Rural	10	76.92	25	65.79	17	48.57	117	57.35	
Time live in kidney dialysis									
6 months - 12 months	3	23.08	13	34.21	8	22.86	51	25.00	0.194
1 year - 3 years	3	23.08	9	23.68	4	11.43	62	30.39	
3 years and more	7	53.85	16	42.11	23	65.71	91	44.61	
Number of dialysis /week									
Once	1	7.69	2	5.26	2	5.71	16	7.84	0.108
Twice	0	0.00	6	15.79	12	34.29	63	30.88	
More than two	12	92.31	30	78.95	21	60.00	125	61.27	
Hours of dialysis /week									
From 4 to 5 hours	10	76.92	31	81.58	23	65.71	134	65.69	0.232
More than 5 hours	3	23.08	7	18.42	12	34.29	70	34.31	

Table 6: Relation between the level of depression and demographic characteristics of the studied sample (No. 290)

Demographic characteristics	Depression scale level								P. value
	Not depression (n=48)		Mild depression (n=94)		Moderate depression (n=122)		Severe depression (n=26)		
	No.	%	No.	%	No.	%	No.	%	
Sex									
Male	31	64.58	50	53.19	66	54.10	12	46.15	0.430
Female	17	35.42	44	46.81	56	45.90	14	53.85	
Level of education									
Illiterate	17	35.42	43	45.74	53	43.44	12	46.15	0.166
Read & write	9	18.75	28	29.79	20	16.39	8	30.77	
Basic education	12	25.00	13	13.83	27	22.13	3	11.54	
University	10	20.83	10	10.64	22	18.03	3	11.54	

Marital status									
Single	5	10.42	16	17.02	22	18.03	7	26.92	0.000**
Married	39	81.25	58	61.70	74	60.66	6	23.08	
Widow/divorced	4	8.33	20	21.28	26	21.31	13	50.00	
Occupation									
No work	17	35.42	15	15.96	36	29.51	8	30.77	0.183
Worker	7	14.58	16	17.02	12	9.84	0	0.00	
Employee	8	16.67	16	17.02	20	16.39	4	15.38	
Manual	2	4.17	9	9.57	15	12.30	3	11.54	
House wife	14	29.17	38	40.43	39	31.97	11	42.31	
Residence									
Urban	17	35.42	39	41.49	53	43.44	12	46.15	0.766
Rural	31	64.58	55	58.51	69	56.56	14	53.85	
Time live in kidney dialysis									
6 months - 12 months	7	14.58	30	31.91	34	27.87	4	15.38	0.300
1 year - 3 years	14	29.17	25	26.60	32	26.23	7	26.92	
3 years and more	27	56.25	39	41.49	56	45.90	15	57.69	
Number of dialysis /week									
Once	2	4.17	10	10.64	9	7.38	0	0.00	0.004**
Twice	8	16.67	38	40.43	27	22.13	8	30.77	
More than two	38	79.17	46	48.94	86	70.49	18	69.23	
Hours of dialysis /week									
From 4 to 5 hours	37	77.08	59	62.77	87	71.31	15	57.69	0.179
More than 5 hours	11	22.92	35	37.23	35	28.69	11	42.31	

Table 7: Relation between social support level and demographic characteristics of the studied sample (No. 290)

Demographic characteristics	Social support level				P. value
	Moderate (n=89)		Severe (n=201)		
	No.	%	No.	%	
Sex					
Male	50	56.18	109	54.23	0.758
Female	39	43.82	92	45.77	
Level of education					
Illiterate	30	33.71	95	47.26	0.010**
Read & write	16	17.98	49	24.38	
Basic education	22	24.72	33	16.42	
University	21	23.60	24	11.94	
Marital status					
Single	11	12.36	39	19.40	0.020*
Married	65	73.03	112	55.72	
Widow/divorced	13	14.61	50	24.88	
Occupation					
No work	38	42.70	38	18.91	0.000**
Worker	9	10.11	26	12.94	
Employee	15	16.85	33	16.42	
Manual	1	1.12	28	13.93	
House wife	26	29.21	76	37.81	
Residence					
Urban	28	31.46	93	46.27	0.018*
Rural	61	68.54	108	53.73	
Time live in kidney dialysis					

6 months - 12 months	12	13.48	63	31.34	0.006**
1 year - 3 years	27	30.34	51	25.37	
3 years and more	50	56.18	87	43.28	
Number of dialysis /week					
Once	0	0.00	21	10.45	0.000**
Twice	5	5.62	76	37.81	
More than two	84	94.38	104	51.74	
Hours of dialysis /week					
From 4 to 5 hours	80	89.89	118	58.71	0.000**
More than 5 hours	9	10.11	83	41.29	

IV. Discussion:

In the United Status, it is estimated that the prevalence of chronic kidney disease has increased 20 % to 25% in recent years with significant associated burden of illness (Harwood, et, al. 2009) (4). Chronic renal failure is one of diseases which is a developed and non returnable disorder and its last stage is named end stage. The present study aimed to assess and identify the psychological health stressors for patients with chronic renal failure and examine social support available for them.

Related to sociodemographic characteristics of the studied sample , the present study showed that the mean aged 46.6± 13.7 were aged from 18 to 87 years old ,the majority of them were males 54.8% , 61% were married , the highest percentage were housewives and 43.1% of them were illiterate . This findings was consistent with the annual report of the Swedish renal patient register from 2012 (SNR, 2013) (12), that men more than women are diagnosed with chronic renal failure. Also, Schokker, (2010) (13), showed that 57 patients were men and 26 were women, the participants were in average about 66 years old (M= 65.65, SD = 13.27), the study population was between 33 and 88 years old. Moreover, Eghbali, et, al. (2005) (14). reported that the mean age and related SD was 49 ± 11.9, 59.7 % of patients were male.

Norris, (2008) (15).have developed a model highlighting how socioeconomic factors such as low income , poor education , residence in low – income areas and poor access to health care are strong predictors of the development of chronic renal failure . Moreover, the study research of Mohamed, Amal Ahmed, (2000) (16). revealed that male patients constituted patients, this could be attributed to many factors among them are the health seeking behaviors which are common among male than female, it might be attributed to culture or it might be attributed to cultural aspects as man is the dominant person in the family or it may be attributed to certain associated problems as hypertension.

Concerning the level of stress, the present study revealed that high stress levels and high social readjustment level among the studied sample. This finding goes to the results of (Fremon, et. al. (2002) (17), Brody, (1987) (18), and Theorell, (1996) (19).who reported that stress can have implications for health outcomes such as kidney disease. A few studies suggesting that stress is directly associated with chronic kidney disease risk factors such as hypertension, also suggested that stress associated with social and or economic disadvantages has implications for chronic kidney disease development and progression through correlation with other psychosocial factors and co morbid behaviors such as alcohol, tobaccos and drug use (Seeman, (1996) (20). and Cohen , (1996) (21).. although , Baldree , et, al. (2000) (22). reported that physiological stressors had an impact equal to that psychosocial stressors , also Gurklis and Menke (1988) (23). who reported that the classification of limitation of physical activities as a psychological stressors is inappropriate . In this issue, Degner, et, al. (1997) (24).and Mayer and Salvoey (1998) (25). found that hemodialysis patients psychosocial stresses had a higher correlation with total stressor scores when compared with physiological stressors, this would indicate that psychosocial stresses were more relevant in contributing to total stress effect on individuals. Furthermore, Eghbali, M, et al. (2008) (26).stated that dialysis effects patient's social readjustment too and causes them to have a high level of stress, shows that more than one third of patients had severe stress and also the level of stress among hemodialysis patients was higher than peritoneal dialysis patients. However, the difference was not significant, also in Juergensen, et, al. (1997) (27). in the study found that these was no significant relation between the stresses scores and type of dialysis Fremon, et., al. (2002) (17). .

Concerning to the level of depression, the present study showed that the majority of patients had moderate depression. this results consistent with the recent research which shows that significant associations between depressive symptoms and medical complications in dialysis patients worldwide the assessment of the depressive affect on these patients should always take the medical burden of their disease into consideration (Cukor , et, al. 2007) (28). .The prevalence of a current depressive disorder in hemodialysis patients is estimated at 20 % to 30 % if all depressive disorders are included (Cukor, et, al. 2006) (29). . Kimmel (2002) (30). has shown that depressive affect is very common among dialysis patients. Also, various studies show that the

prevalence of depression was estimated that 20% to 30 % of depression reported among individuals with chronic renal failure (Cukor, et, al. 2007) (28). Another study by Egede, et, al. (2007) (31). as cited by White and McDonell, (2014) (32). shows that the risk to develop a major depressive disorder is four times higher in patients with end – stage renal failure compared to individuals with other physical illness . Gunn and his colleagues (2012) (33). shows that there is a close association between multiorbidity chronic renal disease and depressive symptoms.

Regarding to social support level among the studied sample , the present study found that the majority of patients had high social support especially their families , which related to patients are contact with their caregivers , friends and relatives which have higher levels of social support than individuals who live alone or have minimal contact with others . This result agrees with the finding of Christensen, et, al. (2002) (34). who showed that family cohesion as a social support indicator in hemodialysis patients. Also in a study of hemodialysis patients in Utah, patients who perceived high family support had lower levels of interdialytic weight gain and better biochemical compliance measures Christensen, et, al. (1992) (35)..

Related to psychological distress , social support and Sociodemographic data , the present study showed that the majority of male patients , not educated and who live more time in dialysis were exposed to psychological distress , while married patients have no feeling of depression but had moderate emotional support . This results not consistent with the study of Akman, et, al. (2004) (36). who found that married people on dialysis report fewer depressive symptoms than who remain single .also, the study of SNR, (2013) (12).report that women in the current sample have higher levels of psychological distress compared to men with similar medical problems and the results of Byles, et,al. (2013) (37).found that female gender was identified as a risk factor for high psychological distress among people with chronic medical conditions . In addition – a study conducted with a sample of Swedish renal patients by Theorell, Konarksi – Svensson, Ahlmen and Perski (1991) (38). showed that female patients report more depressive affect compared to men.

Related to the number of dialysis / week and time spent in machine of dialysis and feeling of psychological distress among the studied sample, the present study showed that patients who live more time in dialysis exposed to psychological distress. This results not accordance with the study of Kimmel, (2002) (30). who report that there was no association between depressive symptomatology and the amount of time in dialysis.

V. Conclusion:

Based upon the study results, it is concluded that the psychological distress is a significant existing problem for hemodialysis patients that there were have higher level of stress , moderate feelings of depression and high level of social support and exposed to psychological distress among males , illiterate and who were spending more time in dialysis machine .

VI. Recommendation:

In the light of the study findings, it is recommended to:

1. Psychological counseling and psychotherapy may be necessary.
2. Assisting the patients and their families to cope with the changes brought about by renal failure and its treatment.
3. Appropriate follow – up are essential to identify and resolve patients problems early on.

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