

Survey the Relation between Life- style and Quality who Take Hemodialysis Treatment in Shiraz Medical Foundation in 2014

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ABSTRACT: Introduction: Chronic kidney failure and so that necessity of hemodialysis, due to its chronic nature leads to some problems and conditions which can affect patients sleep quality and life style. Because of importance of sleep quality and life style in this kind of patients this study is done to specify the relation of hemodialysis patients' life style and sleep quality. **Methods:** This study is kind of analytical-descriptive which is done in accessible sampling method and examined 88 hemodialysis patients who were undergoing treatment in Shiraz Medical Foundation in 2014. Data collecting was based on Pitts burg's sleep quality standard survey and study researcher made 6 aspects life style survey. The reliability coefficient of life style survey was obtained by calculating the factor value of Cronbach's alpha for each aspect. Data analyzing was carried out by SPSS and deductive statistics tests. **Conclusions:** Contexture of patients was 65.9% men (58 patients) and 34.1% women (30 patients). Patients sleep quality evaluation indicated that 25% of them suffer from sort of low sleep quality. Significant statistical relation was founded among nutrition condition, sleep and rest condition, social relation condition and stress condition ($p < 0.5$). **Final conclusion:** Scant sleep is one of the hemodialysis patients' common problems and can lead to psychological issues. Some aspects of life style has a significant relation with these patients sleep quality. Low sleep quality and due to that psychological issues needed to receive specific consideration from medical and hygienic team specially nurses as key members of this team, as a result necessity of instruction to these patients and giving individual or in group consultation on this issue seems to be totally indispensable.

Keywords: Life style, Sleep quality, Hemodialysis, Pitts burg's survey.

INTRODUCTION

Prevalence of chronic renal failure 242 in the world cases per million population And approximately 8% of this amount is added and the incidence varies in different countries (Heidarzadeh, 2010). The number of patients with chronic renal failure at the end of 2010 is estimated to be about 000/550/2 With growth of 6 percent, shows with a significant difference compared to the growth of world population (1/2%), more quickly Of this amount 000/950/1 people are on dialysis (peritoneal dialysis 000/670/1 people Hmvdlyz and 000/280 patients) and about 000/600 people living with kidney (Rezaeian Langroodi, 1994).

According to the Society for the Protection of renal patients, More than 15,000 people are on dialysis 1500 Nfranha each year from complications lose their lives. of the disease.. Long-term hemodialysis is affected villages, in a patient's life The majority are inactive lifestyle of hemodialysis patients (Riahi, 2012).

In a study conducted in Iran by students and colleagues, Number of years of lost life in 2004, According DALY indicator of chronic renal failure is 1145654 years End stage renal disease is the value is 21,490 years, of the shares These statistics suggest that the burden of this disease. (Person, 2008).

During 25 years, various methods of treatment have proven for fluid and electrolyte problems early intervention Hemodialysis and peritoneal dialysis for many years the only treatment available for the treatment of renal failure are used with increased amounts of fluids. The purpose of dialysis to remove excess fluid, is electrolyte balance and correction of uremic toxins. (cholay, 2011).

Patients on hemodialysis should be receive the rest of his life until a successful connection, the regular health spending care (Usually three times a week and every 4 to 3 hours). This is disorder and treatment its cause major problems in the patient's interests and useful activities is significantly related with the quality of sleep is for these patients. The main forms of alternative therapy, renal dialysis, respectively. More than 120,000 patients suffering from chronic renal failure of this method and on the basis of the annual statistics available in Iran, 120 up to 1,600 people are infected with this disease. (zaman-Zadeh, 2007).

Association studies of heart and lung failure associated with anxiety, restless legs syndrome as the rest in defined.. This is creating a sense of discomfort when being chronic deprivation of sleep, stimulates and causes of stress can have negative effects on the life of the individual. (Baraz, 2008). Sleep is a behavior that is organized to coordinate the body's rhythms and daily life repeated every day. Sleep is necessary for the mental and physical health, In such a way that if a person is deprived of sleep by having irritability. Environmental stimuli during sleep can be answer to low gross and of metabolism also increases the amount of anabolism (Memarian, 2011). Sleep disorder is common in hemodialysis patients highly And in over 80% of hemodialysis patients has been reported, investigated(Carla, 2008).

That combined with the difficulty in going to sleep, a problem of Stay in the sleep, Sleeping a lot during Is the day and restless legs syndrome (Perl, 2009). In this respect the following astrab and colleagues took 63% of hemodialysis patients under investigation have sleep problems for reduce the time of sleep, sleep and waking time in bed report the increase circulation. (Karpnytv- Mvytan, 2010).

Today lifestyle is one of the most important factors affecting the health professionals understand health And the World Health Organization believes that by changing the life style modification and can be used with many of the most important risk factors for mortality factors are included in the deal. (Borhani, 2007). The potential risk of loss and change in life style the patients on dialysis in our may be imposed is so stressful and therefore patients should be control their stress factors to delivering not only of their adverse effects on the quality of loss fore life, but the risk of death and complications will other also the reduce (Ahangar, 2012). All the healthy lifestyle factors such as nutrition, Sports, Control of stress, Cigarette break and the like Of the items it is effective to maintain and promote health And there is needs will the importance of lifestyle in many emotional and physical health of individuals to their ability to earn these basic on the depend (Refahi, 2012).

The increase in patients with renal failure and the importance of the disease is affecting all aspects of life Understanding of the disease and activities to promote health and lifestyle improvement And sleep quality of patients in terms of health care professionals is helpful in the community. Since the nurses are in close contact with the patient's lifestyle and they studied quality of sleep they can impact on the patients. And by identifying these factors in order to offset these problems by providing the steps so that it is relevant to the Organization and their families in addition to their awareness of the need to cooperate in order to improve the quality of sleep and lifestyle attract them. Life style of people can update or reduce the problems of are effective by the disease caused And one of the problems is the sleep problems associated with dialysis in our patients. But so far, there is no study on the relationship between sleep quality and life style is understated in patients under hemodialysis is understated. So it's not clear exactly to what extent the life style can be associated which with sleep problems, as well as which aspects of the dimensions of the life style problems in the relationship with sleep.

MATERIALS AND METHODS

This is analytical descriptive study community about research in this study, 88 patients 18 to 65 years on renal was the city of Shiraz of health charity. Data in three months and a researcher's lifestyle and standard were collected ptsberg questionnaires. The questionnaire of life style is composed of two parts: The first section is contains information in relation to the demographic and profile information it has been studied units about the disease and The second part of the questionnaire and the questions related to the life style in the for 6 include:

For feeding, For sport, And physical activity, For smoking and the consumption of alcoholic drinks, For the pattern of sleep and rest, The social relationships To overcome stress, when anxiety and worry Designed and has been completed Through the interview And the transition of the score on the basis of the degree on the scale has been paragraph score of Likert. The second standard questionnaire is a sleep' ptsberg questionnaire quality Researcher in order to collect data during the different working shifts and consecutive days of the week Research units and research purposes and after expressing satisfaction about the Unit informed research and answer questions and

describe the type of action to learn how to complete the questionnaire and interview program. Then data was used from the tabloid for descriptive statistics (USING by SPSS20) software.

The findings of the research:

Age: Frequency distribution of most men in the age group of 50 years 7/39% related to the above and also the highest frequency distribution of women in terms of age 40% corresponds has been to the age group 50 years and older.

The body: Between women and men, the highest frequency of 7/46 and 3/60 of the people who have normal body weight or BMI 9 / 24- 5/18 respectively.

Marital status: In between men and women, as well as the maximum frequency of 7/70% 0/70% respectively and has been to married.

State of education: In the between men and women, as well as the maximum frequency of positive and 7/51 percent respectively relating to individuals with a high school education and has been a help.

Responsibility for the administration of the family: Among female patients most abundance 7/86% related to administrative responsibility those with responsibility was not refined for the family, If the frequency of male patients in the midst of the greatest 9/75% related to administrative responsibility that who those have been helping have the family. Occupation: The most frequent among women and most men home worker's 7/66 percentage of 3/48 percentage of self-employed included.

Of kidney failure: Among women, the most common cause of kidney failure, 33.3% for hypertension and uncertain factors and hypertension among kidney failure rate was 48/30f men.

Age of kidney failure: Among men, the highest frequency of the disease, 29.3 percent of the population after the age of 50 years Distribution and abundance of the most among women in terms of 3/23 disease, age-related percentage and the after age group of 50 years and 30-39 years.

Being infected with other diseases: The positive more than between the abundance of female patients disease the other than people have had kidney failure if the 4/53% more than male patients between the frequency of other non-disease of kidney failure have not been affected.

Duration of dialysis: the between men and women, as well as most 4/53% and frequency distribution in order to 0/60% of the people have been less than 3 years from the start in the past of treatment with dialysis.

The number of dialysis sessions on the week: Between men and women, the highest frequency of the order of 4/72 and 0/70 of the people who have dialysis three times a week.

Nutritional status: Average rating nutritional status was the subjects of 07/34 SD 09/5. The exercise: Average rating the status of sport and physical activity in 31/19 research units with SD 82/3 and scope has been changes of 0 to 25.

The rate of smoking and alcohol for beverages: Average rating smoking status and alcohol 67/19 research units with SD 91/0 and scope has been changes of 0 to 20.

Determine the condition of sleep and rest: Average rating the status of sleep and rest in 28/18 research units with SD 83/3 and scope has been changes of 0 to 20.

Determine the condition of social relations: Average rating the status of social relations in the 93/19 research units with SD 68/4 and scope has been changes of 0 to 30.

Determine the condition of stress: Average rating the status of stress in the 09/19 research units with SD 10/4 and the scope has been changes of 0 to 25.

The status of of sleep' quality: The average sleep quality 14/8 research units with a standard deviation has been benchmarking of 63/3. There was a significant difference t-test between the status of quality of sleep between the two sexes to prove nursing. (86=d, 663/0=p, 437/0=-t).

Different dimensions of life style: The average for 36/130 research units is with a standard of deviation 79/12.

Table 1. correlation coefficients between the different dimensions of value, life style and quality of sleep

Quality of sleep Level Significant	The correlation coefficient	The dimensions of the life style The amount
/023	*-/243	Nutritional status
/228	-/130	Exercise and physical activity
/257	-/122	Smoking and alcohol
</001	*-/490	Sleep and rest
/006	*-/291	Social relations
/022	*-/245	Overcoming stress

* Significant at the error of 5% level

According to Table 1, the different aspects of life, Nutritional status of patients (023/0=p, 243/0=r). Sleep pattern (001/0=p, 490/0=r). Social relations (006/0 = p, 291 / 0- = r), And overcoming stress (022/0 = p, 245 / 0- = r) Associated with sleep quality. Since the quality score of a donor, show less sleep, better sleep quality to be fitted, In all the above cases showed negative correlation coefficients That improved nutrition, increases sleep with quality The pattern of sleep and rest, social relations and overcome stress.

RESULTS AND DISCUSSION

Discussion and conclusions:

The aim of the present study reviews the quality of sleep in patients undergoing hemodialysis with life style was referred to the health charity was the city of Shiraz in 2014. In this study, were studied 88 hemodialysis patients The demographic characteristics of the patients showed that 9/65% of males and were female 1/34%. A high percentage of male patients compared with female patients can be due to the increased incidence of diseases such as arteriosclerosis and high blood pressure can lead to kidney failure patients than the male.

These results with the results obtained from the study of baraz (2007) in which he explores the relationship between the sleep's qualities, Hemodialysis on patients in 2005 and indicated are male that 4/70 per cent. and klick and the colleagues (2012) that By title dose the sleep's quality care recipients and family life as well as on the effects of sleep quality in hemodialysis patients? Was done in 2012 and showed More than half of male are consistent of hemodialysis patients. in this study The mean age was $45/18 \pm 12$ years patients That is unlike the majority of studies in this Research. The mean age of the patients in the present study Compared to results Sellick (2012) and And afsar and (2013) were reported The mean age (58 years) reported a lower age can be attributed to kidney failure in the country. The patients participating in the study of educational level was determined that approximately 80% of those with primary education and guidance. Shafi-pour and partners In 2009 in his study that investigated the relationship between quality of life and severity of stress in patients under hemodialysis was performed showed that the majority of patients and participants (75%) and In this study, are equipped with elementary. afsar and his colleagues (2013) In his study of seasonal changes impact on the quality of life and sleep disorders in hemodialysis patients was carried out indicated that the highest percentage of university education education level is related to patients. The results obtained from this study Shafi - pour (2009) The relationship between the quality of life in patients with renal disease and stress showed that 75% of patients have a low literacy level. In the investigation of the cause of kidney failure in patients was identified as the greatest cause of (2/43) is related to high blood pressure. The results obtained from the study of afsar and partners (2013) that seasonal changes impact on the quality of life and sleep disorders in hemodialysis patients and showed that the blood pressure is a common factor causing kidney failure is in hemodialysis patients As well a carlo and research partners and the boraz and partners (2007) show hypertension is an important factor in the creation of kidney failure is the result obtained in the present study are consistent and show that the greatest cause of kidney failure is in hemodialysis patients with hypertension. In terms of the number of dialysis sessions per week was determined that the majority (3/71) Patients participating in this study was conducted three times a week under the dialysis. These results with the results obtained in a study in which baraz and colleagues to Association of sleep quality, quality of life and some blood factors in hemodialysis patients treated on pay with maintenance hemodialysis patients in 2005. And showed that all patients participating in the study and are dialysis three times a week for four hours that study also Shafi - pour al (2008) that To examine the relationship between the quality of life in hemodialysis patients with highly paid under stress And showed that 74 percent of patients in hemodialysis under the matches three times a week and confirms this entry is that the majority under the fall patients to dialysis of three times a week. Patients in the study of the life style of the six components of nutrition, were measured exercise and physical activity, smoking and alcohol amount of sleep and rest, the social relationships and stress. Table 4-12 of nutritional status based on the results of the survey are relatively that 59/46% of patients good nutrition. Research conducted showed by the zabel and Associates (2012) Aimed at the relationship were indicated between appetite and quality of life in hemodialysis patients and showed That proper nutrition can reduce the problems of dialysis in hemodialysis patients and to enhanceis the life quality of these patients the reins. The results obtained from this study with the results obtained from the study of rambod (2010) with the aim of following the diet and fluids was conducted in hemodialysis patients, And showed that most patients of their match and they seemed to be in conformity with this article is that hemodialysis patients to their diet adhered to as fairly good. The rate of hemodialysis patients comply with nutrition and diet have been reported in different studies between 25-80% (rambod 2010). On the basis of table 4-13 study of the results achieved are supposed in the amount of exercise and physical activity of patients showed that 77/39% of participants in level fairly well in terms

of physical activity and sport The participating patients daily have exercise style for at least 30 minutes (walking and cycling) and during employment and work, as well as enough to report their physical activity. Results of karvaloet study (2014) As physical activity in daily life assessment was conducted in patients on dialysis in our hemodialysis patients showed that in the days when physical activity have dialysis would be to do have dialysis days. The results obtained from the study of painter (2000) that The impact of exercise on physical function and quality of life of hemodialysis patients was done shows that sports and physical activity in hemodialysis patients with increased physical ability and improve the quality of life along the river. In addition to mental and emotional benefits of exercise and physical activity study in hemodialysis patients the results of Miller (2002). Exercise and physical activity component inherent in a healthy lifestyle, which is fleeing in hemodialysis patients reduce the risks would be sudden death (کونیدی، 2009). The results obtained from this study reviews the amount of smoking and alcoholic drinks are based on table 4-14 they don't report revealed that the majority (about 97%) of patients in the study taking these substances. The results obtained showed from the study of owzmir (2005) Smoking in hemodialysis patients is associated with cerebral arterial venous fistulas. Non-smoking and alcoholic drinks in the majority have awareness shows that patients participating in this study shows that these patients of the risks of taking these materials on the State of their illness and its complications. In addition, according to our religious and tissue being forbidden alcohol consumption is an important factor in the reduction of the consumption of the substances. Another aspect of this study was to investigate the lifestyle in Table 4-15 based on the pattern of sleep and rest. The results of this study showed that the pattern of sleep and rest for about 40 percent of patients in the low to medium status and 60 percent of patients in a fairly good situation to the good.

The results of the study Braz (2007), which explores the relationship between sleep quality, quality of life and some blood factors in hemodialysis patients on pay in 2005 maintenance hemodialysis patients And indicated that approximately 74% of rated low are sleepless the participating patients. In studies conducted by baraz (2007), Holly, (1992) and Walker (1995), which is a common complaint with as sleeping problems are in dialysis, It was shown that the prevalence of sleep disorders in patients 50 to 80 percent. The results obtained from this study with the results obtained from the study of officers and partners (2013) aimed at the seasonal changes impact on quality of life and sleep disorders in hemodialysis patients and showed that the quality of sleep is a low dialysis in our patients And study baraz (2007) and Saidi and colleagues (2012) which are designed to effect muscle relaxation sleep quality was done on hemodialysis patients And showed that the placid low muscle building common sleepless improves in these patients will have a consistent and confirms this entry is that sleep is a common problem in the hemodialysis patients Since each individual's physical and mental health to depend on adequate sleep and rest, proper sleep and rest without the ability to concentrate, make decisions and participate in the daily activities are reduced. Having proper sleep and rest pattern causes that people feel relaxed mentally, physically and have anxiety relief (bahreini, 2010). In social relations on the basis of the results of this study of hemodialysis patients table 4-16 showed that about 70 percent of patients have a relatively good social relations are level and good. On the scale of the retail life style was determined that hemodialysis patients in group activities and recreational programs and the relationship with company insiders and family members are also fairly good level. The results of the studies show that proper social communication in patients and healthy people with is psychological problems such as depression associated (Banazadeh 2003). Aghakhani and colleagues (2014).

In his study of social support as was done in the hemodialysis patients showed that social relationships and social support is one of the most important and influential component in the style of life and the quality of life for hemodialysis patients, which led to better comply will be with the treatment process of the patients. Last reviewed at the petty scale measurement of hemodialysis was stress for patients overcome life style. The findings obtained from this study on the basis of table 4-17 showed that about 58 percent of the patients who participated in this study in terms of overcoming a weak to moderate stress in the situation. The chronic nature of the disease has led to the imposition of conditions and renal stress too much on these patients. (Bahrami Nejad 2000). The research conducted on the hemodialysis patients shows that factors such as tiredness, Restrictions on taking liquids, Limitation of physical activity, Readmission to the hospital, Reduce social activity and Sleep disorders Increase the stress on these patients. (Bahrami Nejad 2000). The results of the study Akuchekian (1998) As the relationship between the stress of dialysis was done with psychological features suggest that a lot of the psychological problems of hemodialysis patients such as stress and depression. Those lack the ability to cope with stress in these patients because of lack of proper compliance with diet and herbs in them. Increased stress in people causes the excitation mechanisms of coping with the stress on the body. Stress response depends on the culture, family, genetics and life experiences of each individual. Since today's low-stress in life is unavoidable but increase its too dangerous for health, The painful pressure, stress and physical or emotional condition that affects a person's and compiled and dynamic mode not be person to balance (Nvqaby Assadi, 2010). Given that more than half of the patients who participated in this study in terms of overcoming stress in everyday life in a modest have put up poor condition On the one hand and impose

adverse effects of too much stress on patients it is necessary to these patients psychological consultation and adaptation techniques and be trained with consistency to mental problems effects to be minimized in these patients. Sleep quality in patients with the results of this study reviews based on table 4-18 showed that have lower sleep quality that 25 percent of these patients. In addition to the quality of sleep between male and female patients not found significant difference statistically was. The results of the study and Associates (2012) with the aim of affecting the quality of sleep and life quality sleep care recipients family on hemodialysis patients was carried out indicated that have poor sleep 9/73 percent of their patients. That sleep disorders in the general population is pain there as well as to the amount of 25 to 36 (ڪالا واپاسي، 2007). The results obtained from studies of rambod, Baraz, (2007) and Saidi and colleagues (2012) Also show that sleep is often low the quality. Sleep disorders include a range of problems that are in renal patients undergoing hemodialysis conducted outbreak are very high. These disorders include delayed to fall asleep, frequent waking from sleep, sleep apnea, sleepiness during the day they are restless legs syndrome and periodic limb movement disorder (Saidi and colleagues, 2012).

A study conducted by baraz (2007) When the relationship between the quality of sleep, quality of life and some blood factors in hemodialysis patients treated on pay with maintenance hemodialysis patients in 2005 And indicated that the quality of sleep and sleep deprivation can be applied decreased quality of life and increased mortality in patients. alidoosti and colleagues (2013) in his study that investigated the relationship between restless leg syndrome on the sleep quality of hemodialysis patients were indicated that Sleep quality of hemodialysis patients who have been down and restless legs syndrome along with it there as well. According to the results achieved this Researchers training program based on prevention of sleep disorders and the restless leg syndrome is based on the priorities in these patients can understand (alidoosti and partners, 2013).). The results obtained from this study in the sleep quality of hemodialysis patients regarding the direction with the results of research carried out by merlino (2006) And showed that these patients have lower sleep quality As well as the research done by Jong-min, (2008) restless leg syndrome as in dialysis in our and showed that physical problems and lack of sleep are common in these patients. Lisko (2003) have investigated the quality of sleep and quality were the life in hemodialysis patients molahosseini (2005) that the purpose of sleep problems in hemodialysis patients was conducted and confirms this entry is that different degrees of hemodialysis patients *can be* with sleep disorders And is not natural quality of their sleep. The results of a study conducted by baraz (2007) that communicate with as sleeping quality, quality of life and some blood factors in hemodialysis patients treated with maintenance hemodialysis patients in 2005 has been carried out on Indicates that the reduction of quality of sleep in hemodialysis patients reduce the quality of life and health-related actions will be result of this people. Recognizing the importance of quality of sleep in healthy patients as well as the adverse impact on the quality of sleep is necessary to health careers disease process by identifying factors that influence on the quality of sleep these patients with proper planning to upgrade help to their quality life. Based on the results achieved in this study and on the basis of table 4-20, was specified between the nutritional status, the status of sleep and rest, the status of social relationships and sleep quality of patients with stress condition significantly statistically relationship there. Value of the correlation coefficient obtained in this survey shows connection with improved nutrition, State of sleep and rest, the status of social relations and the status of their quality of sleep is increased patients stress.

The results obtained in this study et baraz (2007), which aims to communicate the quality of sleep, quality of life and some blood factors in hemodialysis patients treated with maintenance hemodialysis on patients in 2005 were indicated that Sleep quality of hemodialysis patients between the various dimensions of quality of life for these patients, such as physical performance, social performance, overall understanding of health and there is a significant relationship between the individual energy. Creation of chronic kidney failure and requires dialysis caused symptoms in these patients is that the quality of sleep and quality would affect life of these patients (Hegel, 2005).

The results obtained from the study of the event and Associates (2012) which aims at the relationship between sleep quality and restless leg syndrome in patients with hemodialysis was performed and showed that sleep disorders is common in these patients In line with the results of this study show that the quality of sleep and hemodialysis patients on their quality is affected for life. In addition to the findings of various studies, including in the study Williams and Associates, and alder study also confirms the present study in the field of quality of life associated with sleep quality have hemodialysis patients (Williams, 2002-alder, 2008). With regard to the impact on the quality of sleep quality of life of these patients need several tools including a family empowerment of patients treated with hemodialysis in order to strengthen their capabilities in the field of patient care, used as background for the upgrade and maintain the quality of life in these patients provide (Salehi, 2010).

In total, the results obtained from this study showed that between life style (Nutritional status, the status of sleep and rest, the status of social relations and status of stress) Sleep quality of hemodialysis patients with significant correlation there. The low quality of sleep in these patients and looking for mental and emotional problems will require

special attention from the fleeing health team of nurses as key member of this team. Since the low quality of sleep also cause mental and emotional problems in these patients, the necessary training to these patients and conduct individual and group consultations in this area seem to be absolutely necessary. Nurses and other health carers team must be on the programs and studies so that they can sleep and quality of life for these patients, they promote and focus care planning for these patients to them politically. To achieve optimal quality of life and sleep quality of hemodialysis patients as well as the right to engage the participation of patients and required in this process. Nurses should be effective on all aspects of the quality of life for the patients and due to his training with the status of nutrition, physical activity, sleep and rest, status and social relationships that promote their patients And using the techniques of counseling to patients to overcome stress and to help with consistency. Patient education regarding compliance with diet and nutritional restrictions by nurses and other care team members is one of the key points involved in taking care of these patients that nurses need to have a special focus on this issue. In addition, due to the importance of sports and physical activity and lack of appropriate levels of physical activity and exercise in hemodialysis patients pay more attention to the question of necessity is health carers. Dialysis nurses can be accompanied by other members of the care team of physical activity and exercise pattern design and hemodialysis patients help to this program in your life.

Given the prevalence of psychological problems in hemodialysis patients need health carers in particular nurses with the training and support necessary for patients to participate in social activities and encouraged the group to amusements.

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