The "Health for All by 2000" for Europe provides that "all Member States should develop effective mechanisms to ensure quality care for patients within their health systems", the default will increase quality of life.

Quality dimensions are: access to health care, adequate health care, effective care, continuity of care, efficiency, patient perspective issues, ensuring environmental safety in health care, timely care, social acceptance of health care - the extent to which the treatment received have a desired effect with minimum effort, expenses or time from the patient’s point of view.

The existence of a chronic kidney disease means that the kidneys are not working properly for a longer period of time, their function is to remove toxic wastes from the blood. They also help maintain balance between fluids and salts in the body and can cause serious heart disease, bone and brain, resulting in a decreased quality of life associated with the patient’s pathologies.

THE AIM OF THE STUDY

Quality planning process refers to activities required to produce health services to meet consumer needs and includes the following steps: defining the consumer to determine their needs, defining characteristics of medical service in line with consumer needs, developing processes to be able to perform the service characteristics, all these bringing benefit and contribution in enhancing quality of life.

In this paper the healthcare consumers are represented by patients with chronic renal failure, that undergo dialysis. The presence of chronic pathology and dialysis procedure carries a significant impact on quality of life, affecting both the physical and mental side of the patient.

Improving quality of life in patients with chronic renal failure, this paper seeks to identify the special needs of these patients quality of life self method under the impact of chronic pathology, with selfcare capacity and restrictions imposed to identify physical and psychological states emotional, caused by chronic disease on social life.

MATERIALS AND METHODS

We have developed an original survey study, with anonymous responses on self preformulate impact of chronic renal failure, dialysis stage influence on quality of life and physical health and psycho-emotional states caused by disease on daily activities and social capacity networking.

In the first part of the questionnaires were developed questions on the identification and characterization of the studied group, followed by questions of self and self-service capabilities both selfcare and limitations imposed by physical...
and emotional problems, chronic pathology generated on performing daily activities, maintaining interpersonal relationships and social activities.

The study was conducted on a number of 54 people from Sibiu, diagnosed with chronic renal failure, in dialysis stage.

RESULTS AND DISCUSSION

The study group weights are substantially the same gender, fits patients between 20-70 years and over, over half of them with a level of urban and environmental education. All interviewed patients are diagnosed with chronic renal failure, with the majority undergoing hemodialysis, and included in the National Hemodialysis Programme shortly after diagnosis.

Over half of the patients studied confirmed following associated pathologies: heart failure, hypertension, diabetes gr. I and II, liver cirrhosis, hepatitis B and C, endocrine disease, gallstones, asthma, COPD, osteoporosis. (Chart 1)

Data analysis shows that all patients experiencing chronic pathology present limitations on the ability to conduct daytime activities and confirms the major percentage restriction in performing activities requiring physical efforts such as the ability to climb stairs several floors, to perform bending and stretching of the body, and walking long distances.

We’re finding quite a high share of patients who claim to suffer difficulties in self capacities (29.63% - body hygiene maintenance activities and dressed), and selfcare (48.15% - lifting or carrying shopping), the limitations of these generating capacity both lower quality of life for patients and their addiction. (Chart 3)

Chronic disease is a risk factor in lowering quality of life, especially if treatment is to be carried out by invasive procedures, which can cause both physical discomfort, resulting in pain and psychological patient facing state of nervousness, anxiety, frustration because of disability and dependence, loss of self-confidence, apathy, unfortunately disbelief.
The presence of physical discomfort is a risk factor for impaired quality of life, the group of patients with chronic renal failure, dialysis stage, in the study, accounting for 37.04% also felt that the physical discomfort caused by the presence of chronic pathology, one fifth of them are facing moderate physical discomfort, and over two fifths of respondents - 42.59% - say that chronic disease, it produces major physical pain. (Chart 9)

For the data analysis we find that the physical discomfort of maintaining influence both human relations skills and the pursuit of social and daily activities. A share of 37.04% of respondents say that pain affects their interpersonal relationships only slightly over one quarter of them - 27.78% - felt a moderate impact on this aspect of physical discomfort, and over one third, representing 35.19% say major difficulties caused by pain, the ability to maintain appropriate interpersonal relationships.

A share of 31.48% feel only minor difficulties in conducting social activities due to the presence of pain, over a fifth - 22.22% - claims that moderate pain affects their social life, and over two fifths - 46.30% - of patients in the study say that physical discomfort is a major impact on the ability to conduct social activities.

The study group find that the share of 16.67% of respondents say that chronic pain caused by pathology affecting only a little and even no capacity to perform activities of daily living, over one third - 35.19% - felt a pain in the moderate impact completion of the daily working and the majority share, representing 48.15%, declared that because pain is experienced there are major difficulties in carrying out daylight activities. (Chart 10)
A major percentage of patients with chronic renal failure in the study argued that they are faced occasionally (sometimes, rarely, never) with the negative psychological state of dialysis, accounting for 7.41% say the present state of nervousness, anxiety, pessimism, fatigue, sadness and discouragement a good deal of time and 29.32% feel constantly these adverse conditions. (Chart 11)

Negative attitude can have a major impact on quality of life of patients diagnosed with a chronic disease, it felt more acute problems of disease.

Presence of chronic diseases may induce positive psychological state experienced decrease, this resulting in a decreased quality of life. From the group of patients with chronic renal failure, undergoing dialysis, we see that approximately two thirds of respondents (65.08%) claim that calm, confidence, energy, vitality, happiness and courage are felt only occasionally (sometimes, rarely, never), and over one third of patients take a more positive attitude towards the presence of chronic pathology, most of the time and always feel very calm, optimistic, energetic and happy. (Chart 12)

To adopt a positive attitude can be beneficial in improving patient health, family being important in maintaining this attitude towards the patients.

Two fifths of respondents - 40.74% - expresses dissatisfaction with family doctor services, accounting for 20.37% say that family doctor services have a moderate utility regarding their needs and the remaining 38.99% consider themselves satisfied with the services offered. (Chart 13)

Over two thirds of respondents - 68.18% - expresses dissatisfaction with the current health system support the special needs of patients with chronic renal failure, dialysis stage, and a share of 31.82% is satisfied this issue. (Chart 14)

The majority of patients with chronic renal failure, dialysis stage, representing 70.37% believe that current health care system needs improvement in order to adjust to the needs of patients, and 27.78% do not feel the need to improve the health system. (Chart 15)

CONCLUSIONS

1. In the studied group, the gender-based percentages are sensibly equal, the patients being between 20-70 years and over and over half of them coming from an urban environment and having a medium schooling level. All interviewed patients are diagnosed with chronic renal failure, the majority being hemodialysed, and included in the National Hemodialysis Programme, shortly after diagnosis.

2. Over half of the patients studied confirmed associated pathologies.

3. Although that from the total subjects in the study only 51.85% have their own income, over two fifths of the respondents claim that they allot monthly from their own and their family budget between 50 and 500 RON for chronic pathology and over one quarter of them claims costs between 50 and 300 RON for associated pathologies.

4. Most patients studied self-assess their health as good and mediocre.

5. All patients experiencing chronic pathology present...
limitations on the ability to conduct daytime activities and
the major percentage confirms restriction in performing
activities that require physical efforts such as the ability to
climb stairs several floors, to perform bending and
inclination of the body, and walking long distances.
6. Relatively high percentages of patients claim to suffer
difficulties in self-service and limitations of self-
administration generate both decrease in quality of life and
onset of their dependency on others.
7. Half of the subjects in the study claim that the pathology of
chronic physical health affected them, and one third of
them say that the disease has an impact on emotional states.
8. Most studied subjects almost always feel the limitations
imposed by the physical health, affected by chronic
pathology, on the capacity to carry out daily activities.
They argue that they observed decrease in capacity, both
quantitatively and qualitatively, to do housework, and a
diminishing in their dependency of concentration and attention
necessary to carry them.
9. The majority of patients diagnosed with chronic renal
failure, dialysis stage argue that physical health affected by
the presence of chronic pathology, exercises a major impact
on the ability to maintain appropriate interpersonal
relationships, namely the ability to conduct social activities,
these issues contributing to the deterioration of life quality.
10. The majority of patients in chronic renal failure, dialysis
stage, argue that the emotional states they deal with, affect
almost always, the skills to carry out daily activities, the
psycho-emotional states experienced by patients requiring
them to reduce both the time spent working and the amount
of work they perform. Patients claim the reduction of
concentration and attention skills needed for the daily
work.
11. Two fifths of patients in the study claim that emotional
states have a major impact on interpersonal relationships
and more than one third believe that the psycho-emotional
states they face, as a result of chronic pathology, affect
much an very much their abilities to sustain appropriate
human relations.
12. A ratio of more than one third of respondents do not feel
affected by emotional states in the ability to conduct daily
activities, and over two fifths feel the severe impact, of the
emotional states they face, due to the chronic pathology,
over this issue.
13. Over one third of subjects argue that they don’t feel any
physical discomfort caused by the presence of chronic
pathology, and over two fifths of respondents say that the
chronic disease, they suffer,causes major physical pain.
14. Over one third of patients face major difficulties caused by
pain, in the ability to maintain appropriate interpersonal
relationships, two fifths of them saying that physical
discomfort is a major impact on the ability to conduct
social activities, and nearly half argue that because pain is
experienced, major difficulties in performing daily
activities are met.
15. The majority of patients with chronic renal failure in the
study claim that they are only occasionally faced with the
negative psychological state of dialysis and over a quarter
of them suffer permanently from these negative states.
16. Approximately two thirds of the respondents claim that
states of calmness, confidence, energy, vitality, happiness
and courage are felt only occasionally, and over one third
of patients take a more positive attitude towards the
presence of chronic pathology.
17. Two fifths of respondents expressed dissatisfaction with
their GP services and a fifth is considered slightly satisfied
with the services offered, over two thirds of respondents
expressed dissatisfaction with their support of the current
healthcare system towards the special needs of patients with
chronic renal failure, dialysis stage, and the major
percentage of patients with chronic renal failure, dialysis
stage, agree that the current healthcare system needs
improvement in order to enhance the opportunities to be
consistent with the needs of patients.

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