

Family Support and Quality of Life for Chronic Kidney Disease (CKD) Patients Hemodialysis Therapy at Undata Hospital

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Abstract

Terminal kidney disease is used by government agencies such as the Health Care Financing Administration (HCFA) which is a synonym for advanced stage chronic kidney failure. Hemodialysis action indirectly affects the quality of life of a patient which includes physical health, psychological condition, spirituality, socioeconomic status and family dynamics experiencing anxiety, stress and even depression. The purpose of the study was to analyze the relationship between family support and the quality of life of patients with chronic kidney disease (CKD), undergoing hemodialysis therapy at Undata Hospital Palu. The research design used is descriptive analytic with a cross sectional approach. The independent variable is family support and the dependent variable is the quality of life. Data analysis using chi square statistical test, significant value 0.05. The results showed that there was a relationship between family support and the quality of life of CKD patients in the hemodialysis unit of RSUD Undata Palu with p value = 0.000. The conclusion of this study is that there is a significant relationship between family support and the quality of life of CKD patients in the hemodialysis unit of RSUD Undata Palu. It is recommended that nurses can increase the role of nurses in terms of increasing education to patients and their families regarding hemodialysis actions

Keywords: Family support, Quality of life, Hemodialysis

Key Messages:

- There is a relationship between family support and the quality of life of CKD patients in the hemodialysis unit
- The highest quality of life aspect of CKD patients undergoing hemodialysis is individual satisfaction with support from family, friends and relatives

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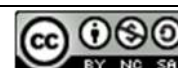


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1. Introduction

Terminal kidney disease is used by government agencies such as the Health Care Financing Administration (HCFA) which is a synonym for advanced stage chronic kidney failure. When 90% or more of kidney function is experiencing problems, then hemodialysis therapy, peritoneal dialysis and transplantation are the recommended therapies to prolong and improve the patient's quality of life or Health Related Quality of Life (HRQOL) (1). Chronic kidney disease (CKD) was the 27th leading cause of death in the world in 1990 and has increased to

become the 18th leading cause of death in 2010 (2). In addition, chronic kidney failure also includes 12 common causes of death in the world, around 1.1 million people died from this disease and from 2010 to 2015 the number increased by about 31.7% (3).

The hemodialysis process which takes 4-5 hours will generally have a negative impact (4). Patients who undergo hemodialysis in the long term have to face various problems, such as financial problems, difficulty working, decreased sex drive, depression and fear of death, as well as lifestyle changes, which affect one's enthusiasm for life more or less (5). Patients with hemodialysis have a decreased enthusiasm for life due to changes that must be faced and will affect the quality of life of patients with chronic kidney disease (6). The hemodialysis process indirectly affects the quality of life of a patient which includes physical health, psychological, spiritual conditions, socioeconomic status and family dynamics experiencing anxiety, stress and even depression(7). All of these conditions will lead to a decrease in the patient's quality of life.

The quality of life of CKD patients undergoing hemodialysis is quite interesting for health professionals, because quality of life issues is very important in providing comprehensive nursing services for patients, with the hope that patients can undergo hemodialysis and be able to survive with the help of a dialysis machine. Previous research conducted by Supriyadia et al (2011), found that after undergoing hemodialysis there were changes in the psychological, social and environmental dimensions of a person, namely having positive feelings, being able to think, remember and concentrate and feel more comfortable with interacting(8). Research conducted by Pratiwi, DA (2014), shows that there is a tendency that the better the family support provided by the family to the patient, the higher the quality of life of patients undergoing hemodialysis therapy, namely there are 57.1% of patients undergoing hemodialysis who perceive their quality of life to be higher. low level and 42.9% who perceive their quality of life at high level (9). The highest quality of life aspect of CKD patients undergoing hemodialysis is individual satisfaction with support from family, friends and relatives(10).

Based on data at the Undata Palu Hospital the number of hemodialysis patients in 2018 was 262 people, in 2019 as many as 221 people and 2020 in January to May as many as 119 people and based on the results of interviews conducted, 7 out of 10 respondents stated that since suffering from the disease and undergoing hemodialysis therapy, work and activities become disrupted. The patient added that he had resigned himself to the current situation. In terms of family support, most of the families strongly supported the patient to undergo hemodialysis therapy, as seen from each therapy, they always delivered and waited until the hemodialysis therapy was completed. However, 3 respondents stated that they were bored with the therapy. hemodialysis that has been done for years, the patient's family also stated that they were tired of delivering and waiting for family members for each hemodialysis therapy.

This study aims to analyze family support with quality of life of chronic kidney patients in hemodialysis therapy at Undata Hospital Palu.

2. Methods

The type of research used is quantitative research. The research design used is analytical with a cross sectional approach. This research was conducted at Undata Hospital Palu. This study was conducted on April 26 - May 6, 2021. The population in this study were HD patients during the study, with a total population of 73 people. The sampling technique used was the purposive sampling method. The analytical test used in this study is the chi square test.

3. Results

Based on table 1 shows the characteristics of the respondents in terms of age, the most respondents were aged 46-55 years, namely 30 respondents (41.1%) while at least 3 respondents were aged 66 years and over (4.1%). For gender, most of the respondents were female, as many as 50 respondents (68.5%) while 23 respondents (31.5%). ,4%) while at least 2 respondents (2.7%). Based on the occupation, the most respondents have a job as a private worker, namely as many as 25 respondents (34.2%) while the least one respondent works as a farmer (1.4%), and in terms of family who accompany while doing hemodialysis, most respondents are accompanied by their wives/husbands as many as 32 respondents (43.8%) while the least accompanied by friends were 3 respondents (4.1%).

Table 2 shows the distribution of family support for patients undergoing hemodialysis at Undata Hospital,

Palu City, most of the respondents received good support, namely 56 respondents (76.7%) while 17 respondents were less supportive (23.3%). As for the quality of life of patients undergoing hemodialysis at Undata Hospital, Palu City, most of the respondents had a good quality of life, namely 52 respondents (71.2%) and poor quality of life as many as 21 respondents (28.8%).

Table 1. Characteristics of Respondents

Characteristic	n	%
Age (Years)		
26-35	6	8,2
36-45	19	26
46-55	30	41,1
56-65	15	20,6
≥ 66	3	4,1
Sex		
Male	23	31,5
Female	50	68,5
Level Education		
Elementary School	6	8,2
Junior High School	12	16,4
Senior High School	39	53,4
University	16	21,9
Job		
Private employees	25	34,2
Civil servant	18	24,7
Housewife	20	27,4
Farmer	1	1,4
Honourer	2	2,7
Self-employed	7	9,6
Families who accompany during hemodialysis		
Wife / husband	32	43,8
Child	27	37
Friend	3	4,1
No one accompanies/comes alone	11	15,1
Total	73	100

Table 2. Distribution of family support and quality of life of patients undergoing hemodialysis at Undata Hospital Palu

Variable	n	%
Family support		
Support	56	76,7
Less Support	17	23,3
Quality of life		
Good	52	71,2
Bad	21	28,8
Total	73	100

Table 3. The relationship between family support and quality of life of patients undergoing hemodialysis at Undata Hospital Palu

Family support	Quality of Life				Total	p-value
	Bad		Good			
	n	%	n	%		
Less support	11	64,7	6	35,4	17	23,3
Support	10	17,9	46	64,6	56	76,7
Total	21	28,7	62	71,3	73	100

Table 3. shows that 46 respondents (64.6%) have family support and good quality of life and 10 (17.9%). Based on the results of the person chi square test, the value of $p = 0.000$ (p Value 0.05) means that statistically there is a relationship between family support and the quality of life of patients undergoing hemodialysis at Undata Hospital, Central Sulawesi Province.

4. Discussion

The good support obtained by respondents from families can understand the suffering experienced by respondents and already know the hemodialysis therapy process will last a long time, and respondents who do not get family support are due to busy family members so they cannot accompany them while undergoing hemodialysis. This means that in this case the family carries out the function of family health duties. Based on the observations of researchers, the average patient's family accompanies when undergoing hemodialysis therapy and from the results of the questionnaire, 43.8% of hemodialysis patients are accompanied by their wife/husband during hemodialysis. Good quality of life in patients because most of the respondents are patients who have undergone hemodialysis for a long time and tend to perceive their quality of life to decrease(11). The declining quality of respondents can also affect changes in economic life with the high costs they have to spend when doing therapy, they feel dependent on the hemodialysis machine, making the respondent's activities limited so this according to research can reduce physical and psychosocial health conditions over time to time (12).

Family support is closely related to supporting a person's quality of life (13). This is because the quality of life is a perception that is present in the abilities, limitations, symptoms and psychosocial characteristics of an individual's life both in the context of the cultural environment and its value in carrying out its roles and functions properly (14).

5. Conclusion

CKD patients in the hemodialysis unit of the Undata Hospital Palu have received good support from their families and the quality of life is mostly in the good category, and there is a relationship between family support and the quality of life of CKD patients in the hemodialysis unit of the Undata Hospital Palu.

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References

- Hartono A. Harrison Prinsip-Prinsip Ilmu Penyakit Dalam. Jakarta: EGC; 2015.
- NKF. Global Facts: About Kidney Disease [Internet]. National Kidney Foundation. 2015 [cited 2022 May 18]. Available from: <https://www.kidney.org/kidneydisease/global-facts-about-kidney-disease>
- Neuen BL, Chadban SJ, Demaio AR, Johnson DW, Perkovic V. Chronic kidney disease and the global NCDs agenda. *BMJ Glob Health*. 2017 Jul 6;2(2):e000380.
- Zazzeroni L, Pasquinelli G, Nanni E, Cremonini V, Rubbi I. Comparison of Quality of Life in Patients Undergoing Hemodialysis and Peritoneal Dialysis: a Systematic Review and Meta-Analysis. *KBR*. 2017;42(4):717–27.
- Ravindran A, Sunny A, Kunnath RP, Divakaran B. Assessment of Quality of Life among End-Stage Renal Disease

- Patients Undergoing Maintenance Hemodialysis. *Indian J Palliat Care*. 2020;26(1):47-53.
6. Cruz MC, Andrade C, Urrutia M, Draibe S, Nogueira-Martins LA, de Castro Cintra Sesso R. Quality of life in patients with chronic kidney disease. *Clinics (Sao Paulo)*. 2011 Jun;66(6):991-5.
 7. Haswita, Hadi P S. Anxiety, Depression and Quality of Life Of Individual with Hemodialysis Therapy. In: *Proceeding 3rd International Nursing Conference*. Jawa Timur: Universitas Jember; 2017. p. 59-66.
 8. Supriyadi, Wagiyo, Widowati SR. Tingkat Kualitas Hidup Pasien Gagal Ginjal Kronik Terapi Hemodialisis. *Jurnal Kesehatan Masyarakat*. 2011;6(2):107-12.
 9. Pratiwi DA, Warsiti W. Hubungan Dukungan Keluarga dengan Tingkat Depresi Pasien Gagal Ginjal Kronik dengan Hemodialisis di RS PKU Muhammadiyah Yogyakarta [Internet] [s1_sarjana]. [Yogyakarta]: STIKES 'Aisyiyah Yogyakarta; 2014 [cited 2022 May 18]. Available from: <http://lib.unisayogya.ac.id>
 10. Titusman H, Budi NP, Sari RP. Relationship of Family Support with Quality of Life of Hemodialized Patients using Study Literature Review Method. *JoViN*. 2021 Oct 30;2(2):132.
 11. Rini IS, Rahmayani T, Sari EK, Lestari R. Differences in the quality of life of chronic kidney disease patients undergoing hemodialysis and continuous ambulatory peritoneal dialysis. *J Public Health Res*. 2021 Apr 14;10(2):2209.
 12. Goodwin N, Curry N, Naylor C, Ross S, Duldig W. Managing people with long-term conditions [Internet]. The King's Fund; 2010. Available from: https://www.kingsfund.org.uk/sites/default/files/field/field_document/managing-people-long-term-conditions-gp-inquiry-research-paper-mar11.pdf
 13. Brown RI, Brown I. Family Quality of Life. In: Michalos AC, editor. *Encyclopedia of Quality of Life and Well-Being Research* [Internet]. Dordrecht: Springer Netherlands; 2014 [cited 2022 May 18]. p. 2194-201. Available from: https://doi.org/10.1007/978-94-007-0753-5_1006
 14. Suzanne C., Smeltzer, Brenda G, Bare. *Buku Ajar Keperawatan Medical Bedah*. Jakarta: EGC; 2013.