

RELATIONSHIP BETWEEN FAMILY SUPPORT AND QUALITY OF LIFE PATIENTS WITH CHRONIC RENAL FAILURE UNDERGOING HEMODIALYSIS THERAPY IN BANGKINANG HOSPITAL

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ABSTRACT

Hemodialysis is performed to improve the quality of life of people with chronic renal failure, but during the hemodialysis process the patient experiences various psychosocial problems, such as depression, feels useless and becomes a burden to his family. The purpose of this study was to determine the relationship between family support and quality of life in patients with chronic renal failure undergoing hemodialysis therapy. This study used a descriptive correlation research design with a cross sectional approach. The population in the study of all patients undergoing hemodialysis therapy at Bangkinang General Hospital was 60 total sampling techniques. Data analysis used univariate and bivariate analysis. The results showed that the majority of respondents received good family support as many as 31 respondents (51.7%), had a good quality of life as many as 55 respondents (91.7%), there was a relationship between family support and the quality of life of patients undergoing hemodialysis therapy. statistical test obtained $p\text{-value} = 0.001 < \alpha$ ($\alpha = 0.05$). It is hoped that the family will increase awareness about the importance of providing support to patients by more often accompanying patients while undergoing hemodialysis therapy.

Keywords : Chronic Kidney Failure, Family Support, Quality of Life

1. INTRODUCTION

Chronic Renal Failure (CRF) is a condition of kidney damage that occurs for 3 months or more in the form of structural or functional abnormalities of the kidneys with decreased glomerular filtration rate (GFR). Kidney failure is a disorder of kidney function in regulating fluid and electrolyte balance and loss of metabolic processes that can cause uremia (Permenkes, 2010). The number of sufferers of chronic kidney failure in Indonesia has increased significantly. In 2016, 17,193 new patients underwent hemodialysis to

21,050 patients in 2017, with 11,689 patients who were active or routinely undergoing hemodialysis therapy in 2016 to 30,554 patients in 2017. (Indonesian Renal Registry IRR, 2017).

Hemodialysis is performed to improve the quality of life of people with chronic renal failure, but during the hemodialysis process the patient experiences various psychosocial problems, such as depression, feels useless and becomes a burden to his family. Quality of life is closely related to the existence of family support because family support is the attitude, action and acceptance of the family towards sick sufferers, where the family carries out its function as a supportive system, always ready to provide help if needed (Friedman, 2014).

Forms of family support in the form of verbal and non-verbal support, can be in the form of suggestions, direct assistance or attitudes given by people who have closeness to the subject in their social environment. There are five dimensions of family support provided by family members, namely emotional support, appreciation support, information support, instrumental support, and social network support, which all form one form of family support (House and Kahn in Friedman, 2010).

According to Shahgholian and Yousefi (2015), the family's lack of understanding will have an effect on the enthusiasm of patients undergoing hemodialysis therapy. Hemodialysis patients often feel alone and sometimes their families do not understand the patient's condition, as well as a lack of emotional support from the family in helping to tolerate the disease, actions and complications faced by patients.

The results of a preliminary study conducted at Bangkinang General Hospital showed that 60 chronic kidney failure patients undergoing hemodialysis therapy. (Medical Record Data of Bangkinang Hospital,

2019). The results of interviews with 6 chronic kidney failure patients undergoing hemodialysis therapy accompanied by their families. Often encountered patients who come alone for therapy starting from registration to hemodialysis.

Of the six chronic kidney failure patients, 3 (three) of them came by themselves because they were busy with family members, and did not receive support from their families, so that they came to the hemodialysis schedule by themselves. Meanwhile, others always receive assistance from family members during hemodialysis. Hemodialysis that is carried out for 4 - 5 hours is always monitored to anticipate complications in the patient during and after hemodialysis.

2. METHODS

This type of research is a descriptive correlation with a cross sectional approach. The population of this study were all patients undergoing hemodialysis therapy at Bangkinang General Hospital with a total sampling technique of 60 respondents. Data were collected through a questionnaire given to respondents.

3.RESULT

1. Univariate Analysis

Frequency Distribution of Respondent Characteristics Based on Family Support at Bangkinang Regional Hospital

No.	Family Support	f	%
1.	Good	31	51,7
2.	Moderate	18	30,0

3	Bad	11	18,3
Total		60	100

Based on table 1. that the majority of respondents have good family support with a total of 31 respondents (51.7%), and a minority of less family support as many as 11 respondents (18.3%). Frequency Distribution of Quality of Life for Patients with Chronic Kidney Failure at Bangkinang Hospital

No.	Quality of life	F	%
1.	Bad	5	8,3
2.	Good	55	91,7
Total		60	100

Table 2 shows that the majority of respondents have a good quality of life with a number of 55 respondents (91.3%) and a minority of respondents have a bad quality of life, namely 5 respondents (8.3).

2. Analisa Bivariat

Relationship between Family Support and Quality of Life for Chronic kidney failure patients undergoing hemodialysis therapy at Bangkinang Regional Hospital

Family support	Quality of life	Total
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Pvalue

	Good		Bad		n	%	
	n	%	N	%			
Good	31	56,4	0	0	31	100	0,001
Moderate	17	31,9	1	20	18	100	
Less	7	12,7	4	80	11	100	
Total	55	100	5	100	60	100	

Good category family support with the quality of life of patients with chronic renal failure who undergo good hemodialysis therapy, higher than the quality of life of patients with poor chronic kidney failure (56.4%: 0%), moderate family support with the quality of life of patients with chronic renal failure who undergo hemodialysis therapy was higher than moderate quality of life (31.9%: 20%), and poor family support with poor quality of life for chronic renal failure patients undergoing hemodialysis therapy was higher than good quality of life (80%: 12.7%) .

The statistical test results obtained pvalue = 0.001 (<0.05) there is a relationship between family support and the quality of life of patients with chronic renal failure undergoing hemodialysis therapy.

3. DISCUSSION

1. Family Support

Based on the research results, it can be seen that the majority of respondents have good family support with a total of 31 respondents (51.7%). The results of this study are in accordance with the opinions of the hali, namely

according to Maryam (2018) who said that family is the main support system in maintaining health. Each family member has a very important role in providing care. There are several things that can be done by family members in carrying out their role towards the family, namely holding focused talks, maintaining family warmth, helping to prepare food for the elderly, helping to meet financial resources, respecting and appreciating, being patient and wise in dealing with the elderly. providing affection, providing time and attention, providing opportunities to live together, encouraging them to continue to participate in activities outside the home including developing hobbies and regular health checks. recovered so that by providing support to respondents can make respondents enthusiastic about undergoing treatment

2. Quality of Life

Based on the results of the study showed that the majority of respondents had a good quality of life with a total of 55 respondents (91.3%). Patients who have just undergone hemodialysis tended to have higher levels of anxiety and stress than patients who had undergone multiple hemodialysis therapy. The psychological problems experienced by patients who have just undergone hemodialysis have actually been shown since the first time the patient was diagnosed with chronic kidney failure. Feelings of loss of control, guilt and frustration also play a role in the patient's emotional reactions. CRF disease makes patients feel helpless (Mariyanti, 2013). Patients who have been undergoing hemodialysis for a long time tend to perceive their quality of life to decline. This decreased quality of life is associated with changes in economic life, the high costs that must be incurred for one hemodialysis process. The assumption of the researchers that most respondents get a good quality of life is because patients undergoing hemodialysis perceive their quality of life at a high level with physical conditions that can sleep and rest comfortably, do not feel restless and do not easily get tired, on the psychological aspects the patient still has high motivation to recover

3. The Relationship between Family Support and Quality of Life of Patients with Chronic Kidney Failure who Underwent Hemodialysis Therapy at Bangkinang Hospital.

The results showed that there was a significant relationship between family support and the quality of life of patients with chronic kidney failure undergoing hemodialysis therapy with a p value of 0.001. Family support is closely related to supporting one's quality of life. This is because 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 role and function as it should be (Zadeh, Koople & Block, 2013). This is in accordance with Friedman's (2010) theory, which states that quality of life is closely related to family support, because family support is the attitude, action and acceptance of the family for sick sufferers, where the family carries out its function as a supportive system, always ready to give help if needed.

According to the assumptions of the researchers, respondents who experience chronic kidney failure who get family support can live a good quality of life because a good relationship between CKD patients who undergo hemodialysis therapy and their families can indirectly motivate patients to be better. From the observations of the researchers during the study, there was a good relationship between the patient and the patient's family. Some respondents said the support provided by their families made patients more enthusiastic about undergoing hemodialysis and motivated to recover from their illnesses. The form of family support at home to CKD patients undergoing hemodialysis therapy is limiting the patient to drink at home and maintaining fluid intake at home to avoid edema and congestion, besides that the family also controls what foods should be limited to consumption such as fruits that contain lots of fluids. On the psychosocial

aspect, the family provides support such as reminding CRF patients on the hemodialysis therapy schedule and delivering it

4. CONCLUSION

There is a relationship between family support and the quality of life of patients undergoing hemodialysis therapy. The majority get good family support, namely 80% and chronic kidney failure patients lead a life with a good quality of life, namely 91.7%.

5. SUGGESTION

It is hoped that families will increase awareness about the importance of providing support to patients by assisting patients more frequently while undergoing hemodialysis therapy so that the patient's quality of life can be better.

REFERENCES

- Arikunto. (2010). *Prosedur Penelitian: Suatu Pendekatan dalam Praktek*. Yogyakarta: Rineka Cipta.
- Brunner & Suddarth. (2013). *Buku Ajar Keperawatan Medikal Bedah*. Edisi 8 Volume 2. Jakarta: Buku Kedokteran. EGC.
- Dewi, S. P. (2015). Hubungan Lamanya Hemodialisa dengan Kualitas Hidup Pasien Gagal Ginjal di RS PKU Muhammadiyah Yogyakarta. Diperoleh dari <http://digilib.unisayogya.ac.id>.
- Farida, A. (2010). Pengalaman Klien Hemodialisis Terhadap Kualitas Hidup Dalam Konteks Asuhan Keperawatan di RSUP Fatmawati Jakarta. Tesis. Diperoleh dari <http://lib.ui.ac.id>.
- Mayuda, A., Chasani, S., & Saktini, F. (2017). Hubungan Antara Lama Hemodialisis dengan Kualitas Hidup Pasien Penyakit Ginjal Kronik (Studi di RSUP dr. Kariadi Semarang). Volume 6. *Jurnal Kedokteran Diponegoro*. Semarang. Diperoleh dari <http://media.neliti.com> tanggal 10 November 2019.
- Notoatmodjo, S. (2012). *Pendidikan dan Perilaku Kesehatan*. Jakarta: Rhineka Cipta.
- Nurchayati, S. (2011). Analisis Faktor-Faktor yang Berhubungan dengan Kualitas Hidup Pasien Penyakit Ginjal Kronik yang Menjalani Hemodialisis di Rumah Sakit Islam Fatimah Cilacap dan Rumah Sakit Umum Daerah Banyumas. Diperoleh dari <http://lontar.ui.ac.id> tanggal 03 November 2019.
- Price, S. A., & Wilson, L. M. (2009). *Patofisiologi: Konsep Klinis Proses-Proses Penyakit*. Edisi 6. Volume 2. Jakarta: Buku Kedokteran. EGC.
- Setiadi. (2013). *Konsep dan Praktik Penulisan Riset Keperawatan*. Edisi 2. Yogyakarta: Graha Ilmu.
- Smeltzer, S. C., & Bare, B. G. (2010). *Buku Ajar Keperawatan Medikal Bedah*. Vol.2. Edisi 8. Jakarta: EGC

WHO. (2004). *The World Health Organization Quality of Life*
(*WHOQOL*)-*BREF*, diperoleh dari