DESCRIPTION OF RESILIENCE IN PATIENTS UNDERGOING HEMODIALYSIS

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ABSTRACT

Patients undergoing hemodialysis result in physical and psychological problems. Psychological problems can cause a decrease in the resilience of hemodialysis patients, resulting in delays in the healing process. The purpose of this study was to determine the picture of resilience in patients undergoing hemodialysis at Al-Ihsan Hospital, Bandung Regency. The type of this research is quantitative research with correlational method. The research instrument used was the Connor and Davidson Resilience Scale (CD-RISC). The population of this study were 180 patients with a sample of 125 hemodialysis patients. The sampling technique used was purposive sampling with inclusion and exclusion criteria. Data analysis used univariate and bivariate analysis with Spearman rank correlation test. The results of the study obtained low resilience (51.2 %), each resilience indicator obtained tenacity (72.8%), strength (82.6%), and optimism (81.5%). Based on the results of the study, it can be said that patients undergoing hemodialysis at Al-Ihsan Hospital, Bandung Regency, are classified as low resilience. It is expected that hemodialysis nurses can motivate and provide optimal nursing care to increase the resilience of hemodialysis patients at Al-Ihsan Hospital, Bandung Regency.

Keywords: hemodialysis patients; patients undergoing hemodialysis; resilience

INTRODUCTION

Non-communicable diseases get high attention because these cases show significant increase in every year. Based on data from Riskesdas (2013), the prevalence of hypertension (25.8%), stroke (7%), DM (6.9%), CKD (2%) and cancer (1.4%). Riskesdas (2018) mentioned that an increase in the prevalence of non-communicable diseases, namely hypertension (34.1%), stroke (10.9%), DM (8.5%), CKD (3.8%) and cancer (1.8%). Chronic kidney disease (CKD) is a chronic non-communicable disease which rank 4th of the top 5 highest in 2018. Kidney is one of the vital organs which function to carry out metabolism in the body, impaired kidney function will impact on other body organs (Dewi et al. al., 2019). Chronic kidney disease is a progressive deterioration of kidney function caused by various diseases, so that the kidneys are unable to maintain metabolism and fluid balance which indicated with an increase level in urea (Rustandi et al., 2018).

Based on Riskesdas data (2018), there were several risk factors that cause chronic kidney disease in Indonesia, namely hypertension (34.1%), obesity (21.8%), and diabetes mellitus (8.5%). The progress of kidney function in patients with kidney disease reached 10% to 15% of the normal limit at stage 5. Loss of kidney function could not be cured, therefore, to slow down the kidney damage it can be done by kidney replacement therapy (Dewi, 2016). The

kidney replacement therapy in patients with chronic kidney disease in Indonesia that become a main choice was hemodialysis compared to continuous ambulatory peritoneal dialysis (CAPD) and kidney transplantation (Indonesian Renal Registry., 2018).

Hemodialysis is one of the kidney replacement therapies through vascular blood vessels to maintain the patient's quality of life which is carried out 2 times a week for live. Hemodialysis aims to remove metabolic waste, prevent fluid overload disorders, and prevent complications due to kidney damage (Rahayu et al., 2018). Prolonged hemodialysis therapy in patients with chronic kidney disease can cause psychological problems such as depression, stress, and anxiety (Rosmalia & Kusumadewi, 2018). To overcome psychological problems in patients undergoing hemodialysis requires resilience because it can change the patient's condition to accept their situation, without resilience the patient could not control the situation caused by psychological problems (Taylor, 2012). Resilience is a process of change to rise from negative experiences for better adaptation (Hendriani, 2018). Resilience means an individual who survives in difficult circumstances to adapt and become better (Mufidah, 2017). Good resilience helps patients become optimistic by having believes that the problem will become better (Sumirta et al., 2016). Factors that affect resilience are social support, illness perception, hope, self- efficacy, optimism, anxiety, stress, depression, education level, economic level, duration of illness, spirituality, treatment adherence.

Based on interviews with patients, when the doctor diagnosed the disease, they refused and did not accept their condition. After a few months to years, the patients had started to accept the disease. According to interviews with 8 patients, 5 patients said they were supported by family and spirituality because they had surrendered, sincerely and always prayed by getting closer to Allah SWT, 2 patients revealed that they were assisted with family support only, and 1 person had accepted the disease, because he had a family member who suffered same disease. Based on the description above, the researcher is curious about how the picture of resilience in patients undergoing hemodialysis at the Al-Ihsan Regional General Hospital, Bandung Regency.

METHOD
The type of research used in this research is quantitative research. The population in this study were 180 hemodialysis patients with a total sample of 125 patients undergoing hemodialysis. The sampling technique used was purposive sampling which was determined based on the inclusion criteria and exclusion criteria. Analysis of the data used is univariate analysis to determine the characteristics of patient resilience. The data collection technique used a resilience research instrument, namely the Connor and Davidson Resilience Scale (CD RISC). CD-RISC developed by Conner and Davidson in 2003 which includes 25 question items consisting of 3 subscales, namely tenacity (13 items), strength (8 items), and optimism (4 items). There are 5 points on the Likert scale, namely (0) strongly disagree, (1) disagree, (2) moderate, (3) agree, and (4) strongly agree. The results of the validity and reliability test are cronbach alpha 0.927.

RESULTS
The total number of subjects who participated in this study were 125 patients who underwent emodialysis at the Al-Ihsan Regional General Hospital, Bandung Regency. The following is a table of the frequency distribution of characteristics of patients undergoing hemodialysis :

Table 1
Characteristics of Patients Undergoing Hemodialysis at Al-Ihsan RSUD Hospital

Demographic data	f	%
Age		
20-25	4	3.2
26-45	62	49.6
46-65	59	47.2
Gender		
Man	50	40.0
Woman	75	60.0
Profession		
Not working	87	69.6
Private employees	30	24.0
Civil servant	4	3.2
Retired	4	3.2
Marital status		
Marry	110	88.0
Not married	6	4.8
widow widower	9	7.2
Education		
No school	1	0.8
Basic education	61	48.8
Middle education	47	37.6
High education	16	12.8
HD duration		
4,5 hours	32	25.6
5 hours	93	74.4
Old HD		
< 1 years	21	16.8
1-5 years	72	57.6
>5 years	32	25.6
Income		
<500.000	108	86,4
500.000- 1jt	6	4.8
1-3jt	4	3.2
> 3 jt	7	5.6
Comorbid		
There isn't any	54	43.2
There is	71	56.8

Based on table 1, the results on the characteristics of patients undergoing hemodialysis showed that aged 26-45 years were 62 patients (49.6%), female sex was 75 patients (60%), not working as many as 83 patients (66.4%), married as many as 110 patients. (88%), basic education as many as 61 patients (48.8%), duration of 5 hours as many as 93 patients (74.4%), HD duration 1-5 years as many as 72 patients (57.6%), income <500,000 as many as 108 patients (86.4%), and the presence of comorbidities in 71 patients (56.8%). Based on data analysis, there are low and high categories of resilience variables. The following is a table of the frequency distribution of resilience obtained in patients undergoing hemodialysis:

Table 2.
Distribution of Resilience Frequency in Patients Undergoing Hemodialysis (n=125)

Categori	f	%
Low	64	51.2
High	61	48.8

Based on table 2 above, the resilience of 125 patients undergoing hemodialysis at Al-Ihsan Hospital, Bandung Regency showed low resilience as many as 64 patients (51.2%).
The following is a table of indicators of resilience in patients undergoing hemodialysis, as follows:

Table 3.
Indicators of Resilience in Patients Undergoing Hemodialysis (n=125)

Indicators	Mean	Standar Deviasi	(%)
Tenacity	37,85	5,53	72,8%
Strenght	26,43	3,49	82,6%
Optimism	13.04	2,17	81,5%

Based on table 3, the results of each resilience indicator are tenacity (72.8%), strength (82.6%) and optimism (81.5%).

DISCUSSION
The use of OAT has an effect on the body such as hepatotoxic. The results showed that The results of resilience studies in patients undergoing hemodialysis at Al-Ihsan Hospital, Bandung Regency showed low resilience in 64 patients (51.2%) and high resilience in 61 patients (48.8%). Resilience is the changes process to rise from negative experiences to adapt for the better life (Hendriani, 2018). In this study, the resilience was classified as low, because most patients mentioned that they were not able to overcome a problem and cannot make difficult decisions, causing psychological problems and low quality of life. Pane & Saragi (2020) confirmed that patients with low resilience could lead to a poor quality of life, while patients with high resilience lead to a better quality of life.

Research from Ogetai et al (2019) obtained different results, with a very high resilience (85%). Patients undergoing hemodialysis can survive and recover from their difficult conditions, which helps patients to control negative perceptions and create a better condition. Resilience is effective in improving the mental health of patients undergoing hemodialysis (Qiu, et al., 2021). Resilience can be experienced by children until adults, in its development, it can occur in the elderly. Resilience in the elderly mostly happened due to losing their loved one, experiencing events that create heavy pressure. Resilience can help people to solve problems, trained to control their thoughts and feelings had healthy and stable psychological function. Resilience in the elderly shows an attitude of optimism, strong social networks, stable emotions, lots of knowledge and abilities (Pudjibudojo, et al. 2021). Based on the results of study, it was found that people from 26-45 years (49.6%) showed low resilience, because they still could not solve a problem and make difficult decisions.

Based on the results of research on three aspects of resilience, namely tenacity (72.8%), strength (82.6%), and optimism (81.5%). These results show the highest aspect of resilience, namely strength. Strength is an individual's strength to face challenges caused by traumatic experiences (Aziz & Noviekayati, 2016). High strength can be caused by age, the older you will have the experience and abilities you have, so you can increase the strength to build

resilience infacing every challenge (Paendong, et al., 2022). Based on the results of the study, it wasfound that the age of 26-45 years showed the most patients undergoing hemodialysis therapy. Hemodialysis patients can build the strength to adapt to the conditions they face by developing an attitude of resilience in the faceof challenges that occur.

The result of the lowest aspect of resilience is tenacity. Tenacity is an individual facing challenges with a calm state of mind (Aziz & Noviekayati, 2016). Tenacity in CKD patients feels that their lives are very meaningful in dealing with difficult situations by controlling themselves to overcome the problems they face (Sayekti, et al., 2021). Based on the results of the study which showed low tenacity because there were still some patients in facing challenges, it was better to avoid than to be overcome, so that the problems faced were not handled which ultimately caused the resilience of patients undergoing hemodialysis to decrease or low.

CONCLUSION
Based on the description of the results of the study and discussion, it was found that the resilience of patients undergoing hemodialysis at the Al-Ihsan Hospital, Bandung Regency, was low resilience(51.2%).

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