

QUALITY OF LIFE ON CHRONIC RENAL PATIENTS WHO RUNNING HEMODIALYSIS: A DESCRIPTIVE STUDY

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ABSTRACT

Introduction: Patients with Chronic Renal Failure (CRF) cannot survive if they do not do hemodialysis. Therefore, it is necessary to explore the experience, the hope of patients with CRF who undergo hemodialysis in order to continue hemodialysis routinely and can improve the quality of their lives even though their lives depend on hemodialysis. The purpose of this study was to determine the quality of life of patients with CRF in undergoing hemodialysis as an effort to improve the quality of life. **Methods:** This study was a quantitative study using analytic descriptive approach. There were 66 patients as sample. Data were analyzed using descriptive statistic using World Health Organization Quality of Life Instruments (WHOQoL-Bref) as a quality of life questionnaire. **Results:** This study shows the highest quality of life of research respondents undergoing hemodialysis in the high category (68.2%). This means the quality of life of patients undergoing hemodialysis is good enough. **Conclusions:** A good quality of life means that the respondent feels satisfied and most of his daily needs can be met, which includes physical, psychological, patient social relations, and the patient's environment. Quality of life is influenced by the physical condition of the individual psychologically, the level of independence, and the relationship of the individual with the environment. Nurses are expected to be able to motivate patients undergoing hemodialysis in improving their quality of life.

Keywords: quality of life, chronic renal patients, hemodialysis

INTRODUCTION

Chronic kidney failure is a catastrophic disease whose prevalence is increasing every year. This disease is irreversible meaning that it cannot become normal again, so the intervention carried out on the patient is only to maintain the existing kidney function and to do hemodialysis to replace kidney function in eliminating metabolism in the body (Oliveira et al., 2016). Kidney failure can be caused by several diseases such as hypertension, diabetes mellitus, pimer glumeulopathy, obstruction nephropathy, chronic pyelonephritis, gout nephropathy and unknown causes. The sequence of causes of kidney failure in new hemodialysis patients in 2014 was dominated by hypertensive kidney disease which was 37% followed by diabetic nephropathy by 27%. Primary glomerulopathy gives a high proportion of up to 10% and Obstruction

Nephropathy still gives a figure of 7% which in developed countries this figure is very low (IRR, 2014).

According to the 2014 IRR, the majority of Kidney Failure patients were in the age group of 45 - 54 years, as many as 31% and aged 55-64 years as many as 31% with the highest gender, namely men. While the chance of life of patients for one month of hemodialysis is 87.3% higher than the chance of a 1-year life of 46.7%. Indonesia Renal Registration states that the number of patients undergoing hemodialysis routinely increases every year. In 2013 as many as 670 thousand people underwent routine HD while 2014 increased to 703 thousand people. Of the CRF sufferers who underwent routine HD 49% stopped doing Hemodialysis because the patient died, followed by drop out which meant that the patient was not HD for 3 consecutive months without news, ie 23% and without explanation 25% which means the

patient said to stop HD without clear reason. Basically the three types of causes of death are likely to end in death because patients with terminal renal failure or End Stage Renal Disease will not last long without kidney replacement therapy (Yusop, Mun, Shariff, & Huat, 2013).

Chronic renal failure is a progressive irreversible disease condition that is responsible for high morbidity and mortality (Zazzeroni, et al., 2017). Because it requires lifelong treatment in the form of kidney replacement therapy, the quality of life of patients can be significantly disrupted. Patients with chronic kidney failure cannot survive if they do not undergo kidney replacement therapy (hemodialysis). Based on data from the (IRR, 2014) patients who underwent routine hemodialysis did not do HD again due to death and drop out without clear information. Therefore, it is necessary to explore the experience, the hope of patients with CRF who undergo hemodialysis in order to continue to routinely do hemodialysis and can improve the quality of their lives even though their lives depend on hemodialysis.

The purpose of this study was to determine the quality of life of patients with chronic renal failure in undergoing hemodialysis as an effort to improve the quality of life in Bukittinggi: a descriptive study.

METHODS

This study was a quantitative study using analytic descriptive approach, to know about the description on demographic and how the quality of life on chronic renal patients who running a hemodialysis treatment in the hospital.

There were 66 patients participated to stated their feeling about their quality of life during hemodialysis treatment. Sample taken as a total sampling through all the patients who running hemodialysis in the Bukittinggi

Government Hospital. Patients running hemodialysis twice a week and their were taken as a sample in a month.

Data were analyzed using descriptive statistic to know distribution of characteristic of the respondent and how the quality of life on chronic renal disease patients on activity daily living, psychological aspect, spirituality, social support and self efficacy.

Instrumentation used in this study was questionnaire about the quality of life on chronic renal disease patients which taken based on World Health Organization Quality of Life Instruments (WHOQoL-Bref) (Vahedi, 2010). The questionnaire consist of 25 points using likert scale. Ratings for each statement in the form was ranging from "1" (never), "2" (rarely), "3" (often) and "4" (very often). The questionnaire divided into: question about activity daily living (5 items), psychological aspect (5 items), spirituality (5 items), social support (5 items) and self efficacy (5 items).

This study has obtained an approval in Fort De Kock Health Science Research Division as sign in a letter No. 333/LPPM/STIKes-FDK/II/2018.

In collecting data, all respondents accepted informed consent to keep the legal rights for confidentially and anonymity. Then, the respondents were given an explanation on how to answer the questionnaire and were coded without identifying persons who completed it.

RESULTS

Data analysis for quantitative is done by using computerization by first editing, coding, entry, cleaning, processing. Quantitative data produce a description of the categories of respondents' characteristics and the quality of life categories of patients undergoing hemodialysis. The frequency distribution of respondents' characteristics was seen based on age, sex, and length of time undergoing hemodialysis.

Table 1 Demographic data of respondent (n=66)

<i>Respondent Characteristic</i>	n	(%)
Age (years)		
(25-35)	9	(12.3)
(36-45)	12	(18.5)
(46-55)	19	(29.2)
(56-65)	16	(24.6)
≥ 66	10	(15.4)
Gender		
Male	36	(54.5)
Female	30	(45.5)
Undergoing hemodialysis		
New (< 2 years)	43	(65.2)
Old (≥ 2 years)	23	(34.8)

Based on table 1, the characteristics of patients based on age are highest in the age range 46-55 years (29.2%). The sex of the most respondents was male 36 (54.5%) and the old category underwent hemodialysis, most respondents underwent hemodialysis in the

category <2 years which amounted to 34.8%. Other quantitative data produced is the category of patient's life quality divided into low (25-50), moderate (51-75) and high (76-100). The quantitative data obtained are shown in the following table:

Tabel 2. The quality of life category of patients undergoing hemodialysis (n=66)

<i>Quality of Life Category</i>	n	(%)
Low	1	(1.5)
Medium	20	(30.3)
High	45	(68.2)

Based on table 2, obtained the quality of life of research respondents who underwent hemodialysis at the highest category (68.2%). This means the quality of life of patients undergoing hemodialysis in Dr. Achmad Mochtar Bukittinggi is good enough.

DISCUSSIONS

The results of the overall study of the quality of life in chronic renal failure patients who running hemodialysis after being combined from 25 question items in 5 aspects, the results obtained that the quality of life of the respondents were mostly in the high

category (68.2%). In this case, the meaning of good quality of life means that the respondent feels satisfied and most of his daily needs can be fulfilled, which includes physical, psychological, social relations of the patient, and the patient's environment.

Quality of life as an individual's perception of his life in society in the context of the existing culture and value system related to goals, hopes, and concerns. Quality of life is influenced by the physical condition of the individual psychologically, the level of independence, and the relationship of the

individual with the environment (Gerasimoula *et al.*, 2015).

This is evidenced in this study that the patient's activity for his mobilization is still good can do it himself, the patient can control his emotions, as well as relationships with family or neighbors are also good (Abraham, Ramachandran, Raman, Venu, & Chandran, 2012). In the aspect of satisfaction with service shows that the service is very good, the nurse is friendly and caring, motivates the patient to have the spirit of life and his condition becomes healthy again. The same research was also referred to by Aroem (2015) that the results of his research showed that 50 people (52.6%) were in good quality of life, while 45 respondents (47.4%) were in poor quality of life.

Whereas based on the results of the study the overall quality of life in the medium range was 20 respondents (30.3%). Quality of life in this range will affect the physical, psychological, and relationship conditions with the family or the patient's environment. Physical weakness is the first thing felt by patients with chronic renal failure. Weaknesses are related to physical conditions, including malnutrition. Physical weakness can reduce motivation, weakness is significantly associated with the onset of symptoms of sleep problems, decreased physical health status and depression which can affect the quality of life (Farida, 2010).

Depression is the most common psychological response and has been reported to be associated with a low quality of life related to health. Anger and rejection are often carried out by patients to protect themselves and emotions uncontrollably, and this can have negative effects that can cause a decrease in patient adherence to treatment and reduce effective communication between patients and the health team (Feroze *et al.*, 2011). Stress which is the main cause is the relationship with economic problems and the inability to get money (Farida, 2015).

This is evidenced in this study that patients in aspects of physical role and

emotional role are reduced, many respondents reduce the time to complete their activities or work and complete less work that is usually done. Patients also feel anxious because of the amount of time that is reduced so that less work can be done and cannot be careful / thorough in completing the work as before. In self efficacy of kidney disease and symptoms / problems, the patient feels disturbed by the presence of kidney failure, too much time is spent that often creates frustration and also feels burdensome for his family (S.T., M.K., S.A., E., & Zyoud S.H. AO - Zyoud, 2018). In addition, the health of kidney disease also interferes with changes in the patient's body function, which is sometimes the patient feels his hand is stiff / cramped, chest pain, shortness of breath, and excessive fatigue. In addition the effects of kidney disease will also interfere with the patient's eating and drinking patterns. Patients confine more food / fluid, stress / anxiety caused by kidney disease, their sexual life is also disrupted (Hays *et al.*, 1997)

CONCLUSIONS

This study concluded that quality of life of patients who running hemodialysis in Dr. Achmad Mochtar Bukittinggi is good enough. A good quality of life means that the respondent feels satisfied and most of his daily needs can be met, which includes physical, psychological, patient social relations, and the patient's environment. Quality of life is influenced by the physical condition of the individual psychologically, the level of independence, and the relationship of the individual with the environment. Nurses are expected to be able to motivate patients undergoing hemodialysis in improving their quality of life.

Implication for nursing services

As a care provider and service provider to patients, nurses especially hemodialysis specialists play a role in improving the quality of life of patients with chronic renal failure, namely in the primary,

secondary and tertiary domains. Nurses play a role in educating patients about the disease, prognosis and treatment, so that kidney disease does not experience progressiveness and cause complications and death.

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