

Death Anxiety Level among Patients with Chronic Renal Failure Undergoing Hemodialysis

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Abstract

Chronic renal failure (CRF) is one of chronic diseases that can decrease the quality of life and trigger anxiety that is formed by negative thinking, including thought of death. The excessive thought of death will cause stress. This situation will have an impact on care planning, preparation for facing death and difficulties in achieving a dignified quality of death. This study aimed to identify the level of death anxiety among CRF patients undergoing haemodialysis. This study used a quantitative descriptive method involving 73 patients recruited by using a consecutive sampling technique. Data were collected by using a Death Anxiety Scale (DAS) Templer instrument that was adapted for haemodialysis patient. Data were analyzed using descriptive statistics (mean, frequency, and percentage). The results of this study showed that nearly half of the patients had moderate death anxiety (n=35), 27.4% respondents (n=20) experienced low death anxiety, and 24.7% respondents (n=18) experienced high death anxiety. Based on the results, it is necessary to manage the death anxiety of CRF patients undergoing haemodialysis. Some potential approaches may include spiritual therapy, group counselling during haemodialysis, cognitive therapy (positive perception strengthening), and health education related to haemodialysis procedures and chronic renal failure.

Keyword : Chronic renal failure, death anxiety, haemodialysis.

Tingkat Kecemasan Pasien Gagal Ginjal Kronik yang Menjalani Hemodialisis dalam Menghadapi Kematian

Abstrak

Penyakit gagal ginjal kronik dapat menurunkan kualitas hidup sehingga memicu kecemasan akibat dari pemikiran negatif termasuk pemikiran akan kematian. Pemikiran kematian yang berlebihan menimbulkan stres tersendiri sehingga berdampak pada perencanaan perawatan, persiapan menghadapi kematian dan sulitnya mencapai kualitas kematian yang bermartabat. Penelitian ini bertujuan untuk mengetahui tingkat kecemasan pasien gagal ginjal kronik yang menjalani hemodialisis dalam menghadapi kematian. Penelitian deskriptif kuantitatif ini melibatkan 73 pasien gagal ginjal kronik yang menjalani hemodialisis diambil dengan teknik consecutive sampling. Pengumpulan data menggunakan instrumen Death Anxiety Scale (DAS) Templer yang diadaptasi untuk pasien hemodialisis. Data dianalisis dengan statistik deskriptif (frekuensi dan persentasi). Hasil penelitian menunjukkan separuh dari jumlah pasien gagal ginjal kronik yang menjalani hemodialisis mengalami kecemasan kematian tingkat sedang (n=35), 27.4% responden (n=20) mengalami kecemasan rendah, dan 24.7% responden (n=18) mengalami kecemasan kematian tinggi. Berdasarkan hasil tersebut perlu dilakukan pengelolaan terhadap kecemasan menghadapi kematian pasien gagal ginjal kronik yang menjalani hemodialisis. Bentuk pengelolaan kecemasan menghadapi kematian diantaranya dengan terapi spiritualitas, konseling kelompok, terapi kognitif (penguatan persepsi positif), dan pemberian pendidikan kesehatan terkait dengan prosedur hemodialisis dan penyakit gagal ginjal kronik.

Kata kunci : Gagal ginjal kronik, hemodialisis, kecemasan menghadapi kematian.

Introduction

Chronic renal failure is a progressive and irreversible kidney damage so that the body loses fluid, metabolism, and electrolyte balance that affects the increase of ureum (Smeltzer & Bare, 2007), inhibition of metabolism waste and water from the body causing damage to the tissues even enhance the risk of death (Nurani & Mariyanti, 2013). The mortality rate of chronic renal failure was 241 per 1000 people in 2011 and 266 per 1000 people for dialysis patients (United States Renal Data System [USRDS], 2013). Patients with chronic renal failure requiring replacement therapy for kidney function to excrete metabolism and unnecessary substances (Rahmi, 2008) called hemodialysis therapy.

Hemodialysis therapy that should be undergone for four to five hours every two to three times a week for the whole lifetime until near the end of death makes the patient experience an uncertainty condition. Facing uncertainty is the heaviest phase for individuals along the range of pain where the patient has to deal with unpredictable conditions such as complications, hemodialysis side effects to death threats (Asti, Hamid & Putri, 2014). It makes the patients always face the condition of pain throughout their lives and the uncertainty of death (Murtagh, Marsh & Donohoe, 2007).

Uncertainty about a clear future and a high fear of death are the important factors causing the anxiety that affects emotional stability. Anxiety is an emotional state or an uncomfortable feeling that comes from an unexpected or unclear thing or object with symptoms such as apprehension, worry and fear (Atkinson, et al., 1999). Tillich (1952) mentioned that one of the forms of anxiety is the anxiety of fate and death or ontic anxiety that is the anxiety about fate and death. The assumption of death as an inevitable experience and could happen at any time can lead to anxiety within the individual (Wijaya & Safitri, 2014).

Death anxiety is one that arises when somebody thinks of facing death, has an experience where he is near to death, reading or obtaining knowledge about death which then induces fear (Anggraeny, 2009).

Similarly to Carpenito-Moyet's (2008) opinion in the nursing diagnosis book defines death anxiety as an individual condition in which feeling restless due to unclear or vague discomfort associated with death (Carpenito & Moyet, 2008, pp. 39).

Considering the low survival rates and the declining the functional status, patients with terminal conditions will feel helplessness, uncertain in facing the future, and express fear of death (Emaliyawati, Sutini, Ibrahim, Trisyani, & Prawesti, 2017). So it is necessary to take an approach to express feeling where patients with chronic diseases and terminals admitted happiness and gratitude if they get the opportunity to communicate with each other and exchange express feelings about the topic of death (Susan, 2000). The nurse is a profession that focuses on the caring of individuals, families, and communities to achieve, maintain, or recover optimal health and quality of life from birth until the time of death. Nurses have a role in meeting the needs of the biological, sociological, psychological, and spiritual of the patients. So that nurses have an important role in overcoming patients' anxiety in facing death. This study aimed to identify the depiction of anxiety levels in facing death in patients with chronic renal failure who underwent hemodialysis.

Research Method

The study design used descriptive quantitative with consecutive sampling technique that in one month obtained 73 respondents with chronic renal failure patients who underwent hemodialysis in the hemodialysis unit. This study used a modified and tailored death anxiety scale Templer for hemodialysis patients. The instrument consists of 15 statements including the Likert scale answer choices, namely strongly disagree (SD), neutral (N), and strongly agree (SA). Data analysis was done by the descriptive statistic. Scoring on the positive statement of this instrument given 1 score for strongly disagree, 3 scores for neutral, and 5 scores for strongly agree, and on the contrary for scoring on the negative statements. The obtained data were classified into three categories: 15-35 low death anxiety category, 36-55

moderate death anxiety category, and 56-75 high death anxiety category. This research has received ethical clearance from Health Research Ethics Commission, Faculty of Medicine, Padjadjaran University number: 41/UN6.C.10/PN/2017.

Research Results

The characteristics of 73 respondents in this study that 57.5% female, generally get in 46-65 years old (middle age), (53.4%) with age range from 19-74 years old and the average age of respondents 50.85 years old. 61 people (83.6%) Sundanese and 97.3% of Muslim, 29 of high school graduates (39.7%), 80% of unemployed, and the majority have been married (94.5%). Based on the duration of undergoing the hemodialysis 39 people were in 1-3 years (53.4%), mostly the acceptance time of the respondents' condition was in the range 1-3 months (39.7%). Based on social

support sources, 52.1% gained support from their spouses either from husband or wife and did not encounter the traumatic experience of losing the closest person (56.2%). At the beginning of the diagnosis of the disease, predominantly the respondents felt anxious about hemodialysis procedure (27.4%) and thought about death (26%). Considering the complaints that arose during the treatment process, most of them had complaints of sleep disorders, bone/joint pain, weakness and itching.

In table 2 above was obtained four highest mean scores in which those statements implied that it affected the emergence of anxiety in facing death in individuals with chronic renal failure undergoing hemodialysis.

Discussion

The results showed that 47.9% of respondents experienced moderate death anxiety, followed

Table 1 Anxiety Level of Respondents with Chronic Renal Failure undergoing HD in Facing Death

Death Anxiety	Frequency (f)	Percentage (%)
Low	20	27.4
Moderate	35	47.9
High	18	24.7

Table 2 The Results of Mean Score of Item Statement (Taken The Highest Mean Item Score)

No	Statements	Mean	Std. Deviation
13	I was horrified when I heard people talking about the situation of war or disaster that caused a lot of casualties (no 13).	4.34	1.416
11	I am really afraid of other problems arising from my health during the hemodialysis process, such as extremely decreased and increased blood pressure, seizures, muscle cramps, etc. (No. 11).	4.26	1.509
12	I often think about how short life is.	3.49	1.908
9	I am afraid of experiencing a painful dying.	3.38	1.905

by low-level anxiety (27.4%), and high-level death anxiety (24.7%). Knowing and understanding that the death is inevitable, affects the individuals on the attitude of acceptance and understanding who they are and what the meaning of death for their lives and the respondents would know the future life plan (Tong et al, 2016). The results of this study found that patients with chronic renal failure who underwent hemodialysis were mostly at a moderate level. It can be interpreted that the death anxiety was not too disturbing or did not hamper the respondents' daily life. In addition, low-level death anxiety that occurred because of the belief that led the individuals not to worry as indicated the readiness in facing death (Setyawan, 2013).

The death anxiety with moderate to low level was found in respondents who had social support from their spouse and family. This was because the social support from a spouse was more intimate than other sources of support (Khoirunnisa, 2016). The presence of a partner can give the spirit and positive impact so that the individual is better prepared in overcoming the reality of life and other anxieties, especially death anxiety. In addition, family support has a role in maintaining someone's integrity both physically and psychologically. In accordance with research conducted by Thomas (2012), social support from family members can improve emotional and physical health.

But if the anxiety with these moderate and low levels left untreated, they will step up. The high death anxiety may indicate a strong negative emotion and an unwillingness to accept reality (Tong et al, 2016). This happens due to individuals inability to overcome the anxiety caused by the various symptoms of distress both physically and psychosocially over the disease and undertaken therapy so that they will more often think about death (Khoirunnisa, 2016).

Based on the analysis of the results in table 2, there were several statements or things that can affect the emergence of anxiety in facing death such as listening or discussion of death news which was in accordance with the opinion of Templer (1986). The second item (No. 11) stated that physical suffering affected the onset of death anxiety where physical suffering was one of the things

closely related to the increased death anxiety (Neel, Lo, Rydall, & Rodin, 2015). The low death anxiety can increase dramatically when a person experiencing stress or threat, such as the health problems, illness, or death of someone close (Khawar, Aslam, & Amir, 2013). On the third item (no 12) the patient's thoughts about death can affect the onset of death anxiety. The worsening of the patient's functional status as a result of advanced symptoms may also raise the negative perception of death so that the patient will more often think about death.

The existence of Islamic belief that death must come to every human being where Ibn Abi Ad-Dunya rahimakumullah narrated: "Death is the most terrible horror in the world and the afterlife for the believers" and in Islam death and dying are the process of deprivation of human life starting with tense and painful seconds. The presence of information and beliefs on it make the respondents tend to experience anxiety in facing death and dying.

The high or low death anxiety depends on the efforts in dealing with the death anxiety (Lehto & Stein, 2009). One of the attempts to reduce the level of death anxiety is through spiritual therapy. The spiritual therapy such as getting closer to God, perform religious ritual activities such as praying, praying, religious lectures, the study of the scripture and so on (Wicaksana, 2008).

In addition to the spiritual issue, the perception of death is one factor that also affects the emergence of death anxiety. Positive perceptions of death can be obtained when the patient has resignation and acceptance of death (Wijaya & Safitri, 2010) in other words positive perception can decrease the death anxiety level. One of the therapies in dealing with other negative perceptions of death is a cognitive behavioural therapy which helps in recognizing cognitive patterns or emotional thoughts associated with behaviours resulting from thought processes. This is in accordance with research conducted by Sartika et al (2016) in patients with chronic renal failure that the cognitive behavioral therapy can reduce negative emotions and increase new behavioral changes that can support individuals' health and make patients think positive continuously so that things trigger the depression may decrease (Sartika,

Koesma, & Abidin, 2016).

Conclusion

Chronic renal failure with all the complexity in physically, psychosocially and spiritually as well as lower the quality of life can decrease survival rates, thus triggering thoughts about death. Over-thought about death can bring up death anxiety. Based on the research results, that health worker, especially nurses can overcome the enhancing symptoms perceived due to the physiological decline of respondents that can affect the level of death anxiety. It is important to set the interventions of symptom management in dealing with the physical problems so that the death anxiety can be controlled. In addition, one of the therapies that can be done by the nurse is spiritual and cognitive therapies to overcome the negative perception of death on the respondents.

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