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## Family Efforts in Improving Life Quality of Patients with Chronic Kidney Failure, Undergoing Hemodialysis Therapy

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**Abstract:** Chronic kidney failure or end-stage kidney disease can impair kidney function. It is progressive and irreversible. One way to maintain survival is hemodialysis. The dependence on hemodialysis will reduce the quality of life of patients. This research aimed to describe, analyze and interpret family efforts to improve the quality of life of patients with chronic renal failure undergoing hemodialysis therapy in Dr. Achmad Mochtar Bukittinggi. This research was qualitative, using a phenomenological approach conducted in July 2019. The research population was 118 people. Six people were chosen as the samples using the purposive sampling technique. The data were collected through in-depth interviews and analyzed by the Colaizzi method. The research results showed that the family efforts in improving the quality of life for patients contain four themes: 1) assisting in meeting physiological needs, 2) providing psychological support, 3) assisting in social activities, and 4) assisting in solving environmental problems. Family efforts in improving the quality of life for patients were viewed from physical health, psychological health, and social and environmental relations. So families are expected to do their best to improve the quality of life for patients.

**Keywords:** quality of life, chronic kidney failure, family.

## 家庭努力改善接受血液透析治疗的慢性肾功能衰竭患者的生活质量

**摘要：**慢性肾功能衰竭或终末期肾病会损害肾功能。它是渐进的，不可逆转的。维持生存的一种方法是血液透析。对血液透析的依赖会降低患者的生活质量。本研究旨在描述、分析和解释艾哈邁德·莫赫塔爾武吉丁宜醫生為改善接受血液透析治療的慢性肾功能衰竭患者的生活质量所做的家庭努力。這項研究是定性的，使用現象學方法於2019年7月進行。研究人群為118人。使用目的抽樣技術選擇了六個人作為樣本。數據是通過深度訪談收集的，並通過科萊齊方法進行了分析。研究結果表明，家庭為改善患者生活质量所做的努力包括四個主題：1) 協助滿足生理需求，2) 提供心理支持，3) 協助社會活動，4) 協助解決環境問題。從身體健康、心理健康以及社會和環境關係來看，家庭為改善患者生活质量所做的努力。因此，希望家庭盡最大努力改善患者的生活质量。

**关键词：**生活質量、慢性肾功能衰竭、家庭。



## 1. Introduction

Chronic renal failure or end-stage renal disease is a malfunctioning chronic kidney progressive and irreversible. In this condition, the body ability fails to maintain metabolism, fluid, and electrolyte balance, which causes uremia [14].

According to the International Society of Nephrology (ISN) and the International Federation of Kidney Foundation (IFKF), the number of patients with CRF in 2025 is expected to continue increasing in Southeast Asia, the Mediterranean, the Middle East, and Africa reaching more than 380 million people. Population growth influences the increase in the aging process, urbanization, obesity, and unhealthy lifestyles [10].

According to data from the Indonesian Renal Registry (IRR), in 2011, 15,353 new patients underwent hemodialysis, including 6,951 patients actively undergoing hemodialysis. In 2012, it increased to 19,621 and 9,161 accordingly, based on the number of new and older patients recorded more because the number of units reported increased hemodialysis [4].

The prevalence of chronic kidney disease in West Sumatra was 0.2% of patients with chronic renal failure in Indonesia, including patients undergoing treatment, renal replacement therapy, peritoneal dialysis, and hemodialysis in 2013 [16].

General Hospital Center of Dr. M. Djamil hospital is a referral to Central Sumatra and includes the provinces of West Sumatra, Riau, and Riau Islands. Dr. M. Djamil Hospital has adequate medical facilities available. The 27 dialyzers serve as hemodialysis therapy for patients with kidney failure.

Based on data from the medical records of Dr. M. Djamil Hospital, an increasing number of patients are undergoing hemodialysis. In 2012, 2013, and 2014, the number of hemodialysis patients was 74, 97, and 122 people, accordingly. The Hemodialysis Unit reported about 281 patients undergoing hemodialysis for kidney failure in 2015. 47 people who had hemodialysis died in 2015, and 95 died from 2011 to 2013 [15].

Dialysis is a process used to remove fluid and waste products from the body when the kidneys can not perform the functions of the process. Frequent dialysis therapies are hemodialysis and peritoneal dialysis; both therapies are the main choice. The common treatment method for patients with kidney failure is hemodialysis. Most patients with renal failure require hemodialysis 12-15 h per week. It is divided into 2 or 3 sessions, where each session lasts between 3 and 6 hours [21].

Generally, the process of hemodialysis in the hospital can cause psychological stress and physical effects that disrupt the neurological systems, such as

weakness, fatigue, anxiety, decreased concentration, headache, and sweating; the patient will be impaired thought processes and concentration, as well as associated social disruption [17].

Patients undergoing hemodialysis are also prone to emotional problems such as stress related to dietary restrictions and fluid, physical limitations, related diseases, and side effects of drugs, as well as the dependence on dialysis will impact the decline in the quality of life of patients [18]. Quality of life becomes important to measure after patients undergo renal replacement therapy such as hemodialysis [13]. Quality of life is measured by the subjective sense of general well-being experienced by the patient, which will also be used as a clinical measure in terms of the medical care of patients undergoing hemodialysis [12].

Many factors affect the quality of life, such as demographic characteristics, health factors, economic, environmental, security, and family support [9]. Family support is importantly needed to foster the spirit of patients with kidney failure undergoing dialysis therapy. In addition to a long disease course, the dependence on hemodialysis machines is often a source of despair for the patient. Family is critical to every aspect of health treatment to achieve a healthy state to an optimum level.

The support and positive feelings felt by the family will change patients' attitudes toward the disease, and higher expectations for recovery will be the impetus for patients to be disciplined when performing hemodialysis, thus improving patients' quality of life.

Based on the results of interviews that researchers do in the hemodialysis room of Hospital Dr. Achmad Mochtar Bukittinggi on 5 patients with chronic renal failure undergoing hemodialysis, it was found that patients had a physical decline. The patient had insomnia, difficulties in eating, a weak body, nausea, and vomiting. While the psychological state of patients experienced changes, with patients initially feeling scared and anxious to perform hemodialysis but over time becoming accustomed to it. The patient also said he could not do social activities and hard work, which would affect the social and environmental aspects of the patient.

It can be concluded that the action of hemodialysis affects the quality of life of patients. Of the 5 patients, 3 were accompanied by their families for hemodialysis therapy, and 2 patients were not accompanied. The family effort can provide support for the family thinks. It is the responsibility of the family to accompany patients on hemodialysis. However, there are still families who cannot provide optimal support.

This research aimed to describe, analyze and interpret family efforts to improve the quality of life of patients with chronic renal failure undergoing

hemodialysis therapy in Dr. Achmad Mochtar Bukittinggi Hospital in 2019. The novelty is to improve the quality of life of patients with chronic renal failure.

This research can contribute to ideas and references for the science of nursing about the quality of life of patients with chronic renal failure undergoing hemodialysis, and it can serve as additional information for nurses in hemodialysis rooms and families to maintain and improve the quality of life of patients with renal failure undergoing hemodialysis.

## 2. Methodology

This research used a qualitative approach with a phenomenological study method. It was a scientific approach that emphasizes the significance of one's experience. The purposive sampling selected six participants based on the criteria willing to be a participant, the family that accompanies chronic renal failure patients on hemodialysis therapy. It was conducted in the Hemodialysis room in Dr. Achmad Mochtar Bukittinggi Hospital in July 2019. The data were collected through book notes, voice recorder, and other stationery according to guidelines for the interview.

The data collection process was performed through in-depth interviews that were semi-structured and equipped with field notes. The researchers explained this to the participants and asked for their approval of prospective participants to participate in this research. After the first interview, the researchers transcribed it and confirmed the data for the participants with substantial repetition of the interview results. After the researchers conducted it, it was analyzed by the Collaizi method.

This research used validity testing and validation to check or feedback to the informant and data triangulation [1].

## 3. Results

The research results found some major themes regarding family efforts in improving the quality of life of patients with chronic renal failure undergoing hemodialysis therapy are: 1) assist in the fulfillment of physiological needs, 2) provide psychological support, 3) assist in social activities and 4) assist in solving environmental problems.

The first theme is to help in the fulfillment of physiological needs consisting of help for treating patients and assisting in the fulfillment of the basic needs of patients. The second theme of psychological support consists of helping to improve patients' mental health and increase patient confidence. The third theme helps in social activities consisting of inviting positive activities with family nearby and assisting in daily activities in the workplace. The fourth theme helps in solving environmental problems consists of help in solving social problems and the living environment in

the workplace.

### 3.1. Theme 1: Helping with Physiological Needs

The results of this research on the obtained family effort in helping the physiological needs of patients help treat a way to consult a doctor with supplements and vitamins needed by the patient according to the complaints of each patient if the patient can sleep not taking sleeping pills but was given massage order the patient can go back to sleep. At this, the family attempts to help meet the basic needs of patients by the patient's desired food cooking but still in the doctor's order, looking for a meal replacement to help with the basic needs of bathing and toileting.

#### 3.1.1. Help for Treating Patients

Efforts to help the family for treating patients were drawn from statements of participants who said that participants consult a physician for food and vitamins in accordance with the patient's needs as expressed by the participants:

"Buy drugs so that the appetite to eat to continue to drink milk" (P1)

"If nausea and vomiting, of course, take the medicine right..." (P2)

"Consultation to the doctor to ask for vitamins to the doctor" (P3)

"Well according to the advice of doctors who eat vitamins, for example egg whites" (P4)

"Against the headache is just paracetamol, the doctor said that other doctors might not (no, just massage, sometimes I fall asleep)" (P5).

#### 3.1.2. Assist in the Fulfillment of Patients' Basic Needs

Efforts to assist the family in meeting the basic needs of patients were drawn from the statements of participants who said that the food in the cooking itself provided a meal replacement and assisted patients in bathing and toileting activity as expressed by the participants:

"Food is replaced with milk" (P1)

"Looking for food that does not cause nausea and vomiting" (P2)

"Consult a doctor to discuss about" (P3)

Increase appetite: "Sometimes if you are not strong enough to be helped to the toilet, because you just walked yesterday it was still in a wheelchair" (P4)

"Decreased appetite aided by milk peptisol" (P5)

"Now sometimes if you go to the lavatory accompanied because you are not strong" (P5)

"Eating normal rice, there are only restrictions and prohibitions are also exchanged" (P6).

### 3.2. Theme 2: Providing Psychological Support

The results of research on the two obtained family efforts in providing psychological support to patients are to help improve mental health by encouraging

patients not easy to despair, grief, and trauma with current conditions and should be closer to the Creator through prayer and dhikr and can not be separated to always endeavor or attempt to perform the treatment with the maximum extent possible. At this, the family attempts to help increase the patient's confidence by taking a walk or refreshing to be able to exchange the atmosphere and exchanged views of the patient. By getting out of the house, the patients will have more enthusiasm to live their lives and not feel down again.

### 3.2.1. *Help in Improving Mental Health*

Family efforts in helping improve the mental health of patients described the statement of participants said those participants are always encouraged and reminded to keep prayer and dhikr while doing everything effort as much as possible, as expressed by the participants:

"I did not receive the initial pain; just give encouragement said to be patient, said many prayers to continue to dhikr" (p1)

"Sometimes it's hopeless, sometimes that's the spirit, that's ... we motivate and, our efforts are healthy, we don't forget to pray and dhikr" (P2)

"Give thought and motivation" (P3)

"First, stress, love to live our lives is indeed our destiny ... more priority to religion." (P4)

"I'm still traumatized, I'm sad to think about this experience, so just be enthusiastic about getting better. Trying to find a cure to quickly recover" (P5)

"I am cheerful if you are encouraged, if you can't sleep because someone is thinking about being brought to prayer and reciting the Qur'an" (P6).

### 3.2.2. *Assist in Improving Early Self-Believe*

Family efforts to help increase the confidence of patients are drawn from the statements of participants who said that the participants invited the patient to refresh or to roads to change the atmosphere and return a sense of spirit to live life as expressed by the participants:

"Sometimes the fathers come to the caged stone to cooperate with the mother while refreshing and recreating. "Sometimes going around using a go car to exchange the atmosphere, the exchange of views is already fun that is important to get together so that you are more enthusiastic about living life" (P2)

"We just went for a walk to another place" (P4).

## 3.3. Theme 3: Assisting in Social Activities

Efforts to help the family in the social activities of patients are invited to undertake positive activities with family activities nearby by social activities such as assisting the mosque/mosque nearby, going to study sessions, and invited to the house of kin to maintain good communication with as well; while assisting in daily activities at work attempting to engage families in a job so that patients can still do daily activities as usual, although not as much time before the illness.

### 3.3.1. *Inviting for Positive Activities with Family Nearby*

In efforts to engage the family in activities with family activities nearby, positive patient participants described the statement as saying that participants lead the prayers to the mosque nearby, are invited to lectures, invited to the house of kin, and brought to the workplace as expressed by the participants:

"Sometimes if you want to pray to the mosque or go to recite, and then go outside" (P1)

"... you are still a baccarat as a Padang travel driver, much friends (... you are still working as a travel driver to Padang, many of you are friends)" (P3)

"When they go to talk to friends or neighbors, call to sit on the patio after dinner and everyone comes, you don't want to go too far away" (P5)

"They used to sell, now they don't, they go to their front house" (P6).

### 3.3.2. *Accompanying in Daily Activities in the Workplace*

Family efforts in assisting the patient in everyday activities at work were drawn from the statements of participants who said that the participants included patients in terms of employment and being there for work as expressed by the participants:

"Now we open business together, we happen to have customers, there are already many who know us, so we continue to see the work to increase the enthusiasm of the father, there are also many friends of your father to chat" (P2).

## 3.4. Theme 4: Assist in Solving Environmental Problems

Family efforts in helping patients resolve environmental problems are to help patients with social problems in the neighborhood by providing insight into the surrounding environment of the patient's condition at this time to avoid disputes or misunderstandings; while helping patients with problems in the workplace environment seeks to assist families in terms of employment.

### 3.4.1. *Assisting with Social Problems in the Neighborhood*

Family efforts in helping patients with social problems approximately the statement described the participants as saying that the family provides insight to the patient about negative feedback neighbors expressed by the participants:

"There is no need to listen, as long as we are excited" (P3)

"The response has to be from much patience, sometimes seeing friends, laughing at this child. His heart is sad when it can be like that again, just tries finding all other ways to get well" (P5).

### 3.4.2. Assist in Environmental Problems in the Workplace

Family efforts in helping patients with problems in the workplace environment, the participant described the statement as saying that the family provides understanding to the patient's co-workers as expressed by the participants:

"...Yes there is, but it's not hard because you haven't been able to do much work, you are restricted whether work isn't too forced ... work problems at best if there are items that haven't arrived yet, or customers who need goods quickly, but the mother doesn't really involve afraid of many minds" (P2).

## 4. Discussion

Chronic renal failure or end-stage renal disease is a disorder of renal function that is progressive and irreversible. The body cannot maintain metabolism and fluid and electrolyte balance, which causes uremia [14, p. 30].

Physical become an integral part of humans, where the physical illustrates whether someone is in good health or ill to give their health behavior or the pain experienced by the individual. Healthy behavior and pain are the responses of the individual in perceiving oneself's condition with pain and illness, both internal responses (originating from within oneself) and originating outside oneself [20].

The research [5] states that the participants' efforts to obtain optimal body conditions to be able to do daily activities productively with fluid and nutrient regulation and management of self-management to maintain body functions and fulfilling the needs of the body. The research [19] states that in the study of quality of life, the respondents perceive their quality of life as good, with fairly high scores obtained in the physical and psychological domains.

According to the assumptions of researchers that family efforts in improving the quality of life of the patient's physiological chronic renal failure undergoing hemodialysis therapy have been successful. It can be seen from almost all the participants said that families seek the physiological needs of patients, such as to help for treating patients and families help the basic needs of patients, for example, ask patient's desired food but still to the doctor's orders given by the relatives of patients with chronic renal failure.

Quality of life is a condition that has self-major influences in accepting situations such as chronic diseases and other problems. Aspects of the quality of life itself in the form of physical state that is perceived by the individual if he has a disease but is different if the individual receives a problem that non-illness then psychology, society, and the environment may be a value measured in the quality of life of individuals [8].

Psychology is a science that studies a person who comes from the soul in the form of behavioral

symptoms as an individual response to stimulation, whether it comes from within themselves or their environment [20]. Based on research [3], the psychological response occurs in the early phases of hemodialysis with the condition of other clients who first undergo hemodialysis and encourages participants to enter the stage of receiving; this stage is shown by the attitude of the participants who surrender and surrender all to God. According to [7], the family support findings from a study of chronic renal failure patients on hemodialysis consist of instrumental, informational, and emotional support, hope support, and self-esteem support.

According to the researchers' assumptions, the family's efforts in providing psychological support were excellent, evidenced by the fact that families in providing support approach the Creator through prayers and devotions and always try as much as possible to improve the patient's mental health. Other activities, also done as an attempt at persuasion, increase patients' confidence, as evidenced by almost all participants and patients are also willing to return to the community, albeit with conditions that are not normal.

Humans are social beings that always have good interactions within the family or other social environments. In the interactions in a social environment, humans had the motive to maintain their relationships and live together with others which the motive is social encouragement. Not only that the man is also a being who has the motive to make contact with himself [20].

Quality of life was also assessed as a measurable value to patients having chronic diseases, where the chronic disease can affect dimensional contained on a person's quality of life. As a reference measuring value, the quality of life of individuals is also used as a health economic evaluation and assists in clinical decision-making and patient. Individual data are used as an objective in assessing the effects of the incident on illnesses that affect health and the impact on the quality of life that people live for themselves having a disease [8].

Based on research [11], the result of research on the dimensions of the social function of the average respondent has decreased by 52.1%. Efforts are being made to support given also increase the sense of confidence and optimism to undergo hemodialysis patients as well as strengthen and fix to involve patients in activities outside the home. The research [6] says that a job can be one of great social support, and having the status of work will increase the contribution to quality and confidence is higher, and it can maintain social conditions and maintain productivity. These conditions will certainly have a positive impact on the quality of life of patients with kidney failure.

According to the assumptions of researchers, those efforts to assist families in social activities have been

an excellent patient. It can be seen that the patient's family invites the relatives to positive activities. Another thing is family, which helps with daily activities at the workplace and engages patients, as evidenced by almost all participants who said they only experienced difficulties with family, neighbors, and community when they were young, but now they are beginning to adjust because they are also encouraging and supportive of the patient's attitude toward treatment.

Humans are social beings that always have good interactions within the family or other social environments. In the interactions in a social environment, humans had the motive to maintain their relationships and live together with others, whose motive is social encouragement. Then, the man is also an individual being who has the motive to make contact with himself [20].

The research [2] said that the family and neighborhood support to patients with chronic renal failure undergoing hemodialysis therapy can provide safety and comfort to show an increase in the quality of life of patients. Attempts were made to adapt to the environment that will positively assist a person to be able to tolerate and accept the situation to press and not worry about the pressure that can not be mastered, thereby reducing the environmental conditions are hazardous, tolerate or maintain self-image, maintaining a balance the fact that negative emotions, as well as aspects of individual satisfaction, to be able to interact with others.

According to the assumption of researchers that efforts to help resolve the problems of the social environment where patients live and the work environment patients conducted by the family have been excellent even though at the beginning of the patient's condition opinion of the neighborhood there is a negative but the family quickly find a way for these conditions are not drawn valuable and does not lead to the effect that can be fatal in patients like trying to invite family and neighbors to gather and talk so that the interaction that is both within the patient.

## 5. Conclusion

The research results on family efforts in improving the quality of life of patients with hemodialysis therapy for chronic renal failure found four main themes. They are a family company that needed help fulfilling physiological support, social activities, and resolving environmental problems. This study improves the quality of life of patients with chronic renal failure.

The first theme is helping improve the quality of life for the patient's physiological needs; family effort consists of helping treat patients and assisting in the fulfillment of the basic needs of patients. The second theme is psychological support for families, whose efforts help improve patients' mental health and increase their self-confidence. The third theme helps

social activities patient efforts to invite families consist of positive activities with family nearby and assist in daily activities in the workplace. The fourth theme to help solve environmental problems consists of a family effort to help resolve social problems and the living environment in the workplace.

The results of this research are expected to be a reference, especially for families of patients with chronic kidney failure undergoing hemodialysis therapy to increase motivation and support the system more optimally so that they can achieve a good quality of life. The results of this research are expected to provide support, especially to families who have family members with chronic kidney failure undergoing hemodialysis.

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