

THE CORRELATION OF PERSONAL SELF-CARE ABILITY AND QUALITY OF LIFE IN PATIENTS UNDERGOING CHRONIC KIDNEY DISEASE IN HEMODIALYSIS INSTALLATIONS OF RSUD MARDI WALUYO BLITAR

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Abstrac : Chronic kidney disease is condition occurs if the patient could survive only with help of hemodialysis machine. In this state, the patients not only have to survive alone but also to achieve a certain level of their welfare. This quality of life should be maintained in management of clinical nursing for these patients. Self-care ability is one of the factors that is considered to have a relationship with the quality of life for chronic kidney disease patients. As many as 30 patients were being respondents to this research by filling out a questionnaire of personal care ability and quality of life that is modified from KDQOL-SF v 1.3. The data were analyzed using Spearman rho correlation with SPSS version 17. The results showed p value: 0.008 and rs: 0.473. This means that the correlation was strong and had positive correlation directions between self-care ability and quality of life for the patients of chronic kidney Disease. If the level of the self-care ability is higher, they will have a better quality of life. With the increasing number of the patients who can conduct a personal self-care ability will increase the contentment, or so-called a psychic satisfaction, because of the fulfillment of the requirement for a good life for both of external requirements and their perception. In addition, this satisfaction will drives an individual to gives a good value for their quality of life.

Keywords : quality of life , self-care, chronic kidney disease.

INTRODUCTION

Along with the development of globalization era, Indonesia is one of the developing countries that are now executing to develop in every sector including health. Riskesdas 2007 in SKN 2009 show an increase in cases of non-communicable diseases (such as cardiovascular diseases and cancer) are quite significant; making Indonesia has a double burden. Chronic kidney disease is one of the non-communicable diseases is quite rapid development rate of sufferers. Kidney failure is a clinical condition characterized by the irreversible decline in kidney function, to a degree requiring kidney replacement therapy which remains, in the form of dialysis or kidney transplantation (Aru W Sudoyo et al, 2009). Peritoneal dialysis, hemodialysis and kidney transplantation is the treatment given to patients with chronic kidney failure. Hemodialysis is a treatment that has been chosen by patients with chronic kidney failure. Hemodialysis is used for patients with end stage kidney failure or acute disease patients requiring dialysis short time (Nursalam & Fransisca, 2006).

Hemodialysis can extend life without clear boundaries, this action will not change the natural history of the underlying kidney disease, and does not restore kidney function, and patients will continue to experience a number of problems and complications (Smeltzer & Bare, 2004). The quality of life of patients will gradually decrease over the course of the disease experienced. Where a person perceives himself departed with normal living conditions / ideal to hazardous conditions or without health that need dialysis to stay alive. One of the factors that are considered researchers affect the quality of life is the ability to self-care, which is a form of business to meet the needs of these patients in order to survive. Based on the Report of Indonesian Renal Registry in 2010 by the Association of Nephrology Indonesia (PERNEFRI). Shows the number of new hemodialysis patients and hemodialysis patients were still active in 2007, 4977 new patients a number of people, in 1885 the number of active patients; In 2008 new patients a number of 5392 people, in 1936 the number of active patients; In 2009 new

patients a number of 8193 people, 4707 active patients; In 2010 the number of new patients 9649 and 5184 active patients (PERNEFRI, 2010).

Based on preliminary survey dated January 11, 2012 at Mardi Waluyo Hospital Hemodialysis installation Blitar, from 2009 to 2011 patients continues to increase. Currently available 8 daily dialysis machine and this machine is never empty. The number of patients on hemodialysis installation Mardi Waluyo Hospital amounted to an average of 14 people every day who do dialysis. Hemodilisa engine number and business hours only in the morning and afternoon shift considerably less installation space because according to data Mardi Waluyo Hospital hemodialysis there are still 45 patients with chronic renal failure have not been able to obtain dialysis services here.

In addition to therapy with hemodialysis, patients with chronic renal failure should be able to adapt to the circumstances that happened. Restrictive diets will change the patient's lifestyle and perceived as a nuisance and undesirable for many patients with chronic renal. Because food and beverages is an important aspect of socialization, patients often feel excluded when with other people because there are only a few food choices are available to him (Aru W Sudoyo et al, 2009). In addition, patients with chronic kidney failure who receive hemodialysis actions undergone many changes in many aspects of life.

According to Mercedes-Moreiras (2011) the first aspect that changes is welfare, where the progressive state of renal worsening will reduce also the functions of other organs, such as restrictions on food, diet control, decreased sexual function, and others, make the patient feel things that he liked to be limited, so that the change in subjective well-being of himself. Second, is the self-image, problems such as discoloration of the skin, body odor, reduction urinary function, and others can make patients assess themselves negatively and using feelings of inferiority. This limits the feeling of social and family relationships that can bring introversion.

The third is the fulfillment of basic needs, where the frequency of dialysis can damage and limit the patient's lifestyle. On the other hand the feeling of inferiority accelerates physical deterioration, passivity, ignorance and dependency, which can often be left with the help of another person, the family and social environment. The last aspect that changes are the mental attitude, anxiety is always present at all times in the life of the patient because every day faces the risk of death. Anxiety causes stress, somatization, obsessive attitude, depression, aggression and so on.

With various changes in various aspects of the person's going to do something on his own in maintaining the life, health and welfare, called Dorothea Orem as care themselves. The ability of daily self-care activities was important for health. There are eight elements of universal self care needs identified include air intake, water intake, food intake, elimination function, activity / rest, social interactions, precautions against the dangers of life, and live a normal life. With self-care (non-medical factors) that have been pursued and action hemodialysis (medical factors) capable slow down progression to kidney failure, are important factors in the morbidity and mortality of patients with chronic renal failure. Of the two factors of medical and non-medical has been done, the patient will perceive himself about his position in life. Perception and self-assessment of the patient's health status is called Mercedes-Moreiras (2011) as the quality of life. Quality of life is very important in the clinical management of patients at this time, because the patient is not just hoping to survive alone, but hopes to achieve a certain level of prosperity. Improving the ability of self-care for patients with chronic kidney failure is needed to increase quality of life of these patients. Improved quality of life will greatly affect the life expectancy in patients with renal failure. Based on the above, it is necessary and important to know the correlation of self-care ability and quality of life of patients with chronic renal failure receiving

hemodialysis action in Hemodialysis Installation General Hospital of Mardi Waluyo Blitar.

The research problem in this research was: How is the correlation of self-care with the quality of life of patients with chronic renal failure in Hemodialysis Installation Mardi Waluyo Hospital Blitar.

The general objective of this research was to explain the correlation of self-care ability and quality of life of patients with chronic renal failure receiving hemodialysis action in Hemodialysis Installation General Hospital of Mardi Waluyo Blitar. While the specific objectives of this research were: 1) Identify the ability of self-care patients chronic kidney disease, 2) Identify the quality of life of patients chronic kidney disease, 3) analyze the relationship between the ability of self-care patients with chronic renal failure with the quality of life in the Installation Hemodialysis Hospital Mardi Waluyo Blitar.

Theoretical benefit of this research was to add the treasures in the science of nursing intervention on arrange patients with chronic renal failure receiving hemodialysis action, practically this study can be used as one way to improve the quality of life of patients with renal failure receiving hemodialysis action.

METHODS

The research design was correlational to assess the correlation of self-care with the level of quality of life in patients with chronic renal failure who received the action hemodialysis, research carried out in the installation Hemodialysis Regional General Hospital Mardi Waluyo Blitar, on 5 - May 19, 2012, with a population of 42 patients still undergoing regular hemodialysis, the sampling technique was total sampling. The independent variable was the ability of daily self-care of patients with chronic renal failure and the dependent variable was the quality of life of patients with chronic renal failure receiving hemodialysis action.

Data collection tool in this study was questionnaire self-care ability and questionnaire SF KDQOL modified

version 1.3. Data analysis using Spearman's Rho with $p \leq 0.05$.

RESULT

Table 1 Value quality of life and self-care of patients with chronic renal failure

	Self care	Quality of Life
Mean	12.9333	73.8300
Std. Deviation	1.96404	9.87980
Range	8.00	38.50
Minimum	8.00	48.20
Maximum	16.00	86.70

Table 2 Value of correlation between self-care with the quality of life of patients with chronic renal failure

<i>Spearman rho</i>	
<i>Probability (p value)</i>	<i>Correlation Coefficient (r_s)</i>
0,008	0,473

Based on the table above, obtained probability value of 0.008. Because the p -value ≤ 0.05 , it means that there is a significant correlation between self-care ability and quality of life. The value of the correlation coefficient obtained from the SPSS statistical test is r_s : 0.473 which shows a positive correlation coefficient with a sufficient degree of correlation. It can be concluded that the relationship was strong and positive relationship between the ability of self-care with the quality of life of patients with chronic renal failure who receive hemodialysis action in Hemodialysis Installation Mardi Waluyo Hospital Blitar.

DISCUSSION AND ANALISIS

Self Care

Nursing independent (self-care) by Dorothea E. Orem was an implementation of the activities initiated and conducted by the individuals themselves to meet the need to maintain life, health and well-being according to the circumstances, either healthy or sick. Based on this study the ability of self-care acquired by 6 people in the category ability of self-care partial was only some of these patients can meet the needs of self-care daily, and the majority of respondents included in the ability of self-care self-sufficient, as many as 24 people with a sense could be said of these patients does not need any help at all in meeting the needs of daily self-care. From the data tabulation of data obtained minimum value of self-care was at the 8 and the maximum value obtained was 16. While in the category of total or require full assistance in fulfilling the needs of daily self-care, was not found in research in Hemodialysis Installation Mardi Waluyo Hospital Blitar.

Actually, necessary of self-care by Dorothea E. Orem learned and influenced by individuals themselves, the environment, health and nursing. Self-care was the first step by individuals that take place on an ongoing basis according to the circumstances and its existence, good health and perfection. Self-care independent universally assumed as the ability to meet life daily care that have been identified to the respondents in this study through questionnaires include moderately air intake, moderate intake of water, moderate intake of food, the fulfillment of the functions of elimination, balance between activity and rest, fulfillment activities and social interactions, precautions against the dangers of life, and is able to live a normal life.

Disappearance category abilities self care total respondents possible because the respondents themselves quickly adapt to the circumstances they were experiencing now, the everyday environment where they often come face to face with renal failure patients other and share experiences

neighbor of self-care that must be done, the self-awareness of their health status was also greatly contributes to the patient's ability to self-care, and health education on self-care given by nursing staff in hospitals Hemodialsal Installation the Mardi Waluyo.

Quality of Life

Quality of life is the perception person about the individual how assess their own health. It is influenced by several factors, medical and non-medical interconnected. Pain, or effect to one's physical area, has an impact to the psychological condition of people and relationships. Mercedes-Moreiras uses the term Health-Related Quality of Life because it is defined formally as when the physical, emotional and social reasonable or are expected to be affected by a medical condition or treatment. The concept of Health-Related Quality of Life (HRQOL) shows the impact of a disease or medical action against the physical symptoms, functional status, and mental and social functioning.

Agus Yuono in 2000, the quality of life decreases with increasing age, patients with terminal renal failure young age will have a better quality of life because typically have better physical condition. Male gender have a lower quality of life than in women, and the longer undergoing hemodialysis the lower the quality of life of patients. Etiology or cause of chronic kidney disease nephrotic diabetic disease has a poorer quality of life than patients for other reasons (Bergstrom, 1985 in Agus Yuono 2000).

Based on the research quality of life of patients with kidney failure in Hemodialysis Installation Mardi Waluyo Hospital Blitar very varied, with the acquisition of a minimum value is 48.2 and the maximum value obtained 86.7. The average value of the quality of life obtained from 30 respondents was 73.83. Assessment of quality of life particularly a maximum value of 100, the number 100 can be said to approach the quality of life of patients with chronic renal failure, the better. Age, education, the last ever taken of respondents do not have a meaningful role. Age and educational status does not

guarantee a person's past can assess and perceive a state of pain they experienced well. According to Mercedes Moreiras quality of life is affected by the physical, psychological and social relations. Based on research conducted Agus Yuono (2000), a precursor of diabetes mellitus disease has a significant role in the quality of life. In this study did not prove so because the number of patients with chronic renal failure in this study the majority had hypertension predecessor disease. In the grouping of sex, women have a better quality of life than in males with a minimum value the quality of life in women is 68.20, the minimum value of the quality of life in men 48.20, while the maximum value obtained in women was 86.7 and 86.4 in men. The difference between the quality of life gained men and women, may be because men are usually more active in the work, and make a living for his family so that the male has a standard priority higher quality of life compared with patients female. As a result the quality of life of men will get lower when compared to women. Quality of life of respondents undergoing hemodialysis 1-20 months long enough to dominate the minimum value of the quality of life to appear as much as 4 respondents in the four lowest value and 4 respondents in moderate values. This can caused initial adaptation period or tolerance of a patient with chronic renal failure undergoing hemodialysis the first time both psychologically and physically.

In a previous study conducted by Agus Yuwono in Hemodialysis Unit of Hospital Dr. Kariadi (2000) shows the nutritional status, etiology, and the number of comorbid affect the quality of life, whereas sex, duration of HD and age do not have a meaningful relationship. Research results Kusman Ibrahim (2009) revealed that there were significant differences between the quality of life by gender and other accompanying health problems, whereas there was no significant difference in the quality of life of patients according to age, education level, and the longer undergo hemodialysis. Each research area has different factors that have a significant

relationship with quality of life. As in this study, a factor that has not been previously studied the ability of self-care that turned out to have quite a significant relationship in the quality of life of patients with chronic renal failure.

Relationship between Self-Care Ability with Quality of Life

From the statistical test using Spearman's rho correlation test with SPSS version 17 is the result p value of 0.008. Because the value of $p < 0.05$ then the H1 is accepted it means there was a significant correlation between self-care ability and quality of life. The value of the correlation coefficient obtained from the SPSS statistical test was rs: 0.473 correlation coefficient that shows the correlation between the levels of self-care with the quality of life considerably. Positive values obtained in the correlation coefficient have a meaning, the higher the self-care ability the higher the quality of life of patients with chronic renal failure in Hemodialysis Installation Mardi Waluyo Hospital Blitar. The ability of self-care was an implementation of the activities initiated and does by individuals themselves to meet the need to sustain life, health and well-being in accordance with the state of both sick and healthy, the results of this study show the ability of self-care that was owned patients with chronic renal failure have a encouragement or motivation of its own to live with what happened to him today. With more and more patients could perform independence in self-care could improve satisfaction, or can be called psychic satisfaction for the fulfillment of their needs, both externally and perception needs. And satisfaction was what drives an individual gives good value for itself in the quality of life.

CONCLUSIONS

Self-care ability of patients with chronic renal failure who receive hemodialysis action in Hemodialysis Installation Mardi Waluyo Hospital Blitar with an average value of 12.93 which if considered to be in an independent category. The average value of the quality of life that was 73.83,

getting closer to the 100 it can be said the quality of life of patients with chronic renal failure, the better. There was correlation between self-care ability and quality of life with a p-value: 0.008 and rs: 0.473

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The limitations of the study using a questionnaire that is sometimes the answer given by the sample did not show real state. In addition to assessing the quality of life of patients with chronic renal failure can be changed according to time with the psychological and emotional state of patients when assessed.

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