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Self-acceptance of patients that received hemodialysis



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ABSTRACT

Introduction: Patients undergoing hemodialysis tend to have low self-acceptance; this will impact the willingness to undergo treatment and adherence to hemodialysis therapy to recover. This study aimed to determine the relationship between self-acceptance and compliance in undergoing hemodialysis at A. Yani Islamic Hospital in Surabaya.

Methods: The research design is correlational analytic with a cross sectional approach. The population in this study were all patients who underwent hemodialysis at the A. Yani Islamic Hospital, Surabaya, with 80 patients and a sample size of 36 respondents using a simple random sampling technique. The independent variable in this study was self-acceptance, and the dependent variable was adherence to hemodialysis. The research instrument used a questionnaire. Data analysis used the chi-square test with a significant level of $\alpha = 0.05$.

Results: The results showed that most respondents who underwent hemodialysis (52.8%) had low self-acceptance, and most (58.3%) had low adherence. The chi-square test results showed $p\text{-value} = 0.008$, which means $p < \alpha$, then H_0 is rejected, indicating a relationship between self-acceptance and compliance with patients undergoing hemodialysis at the A. Yani Islamic Hospital Surabaya. Self-acceptance is directly proportional to the patient's compliance in undergoing hemodialysis. The higher the patient's self-acceptance caused the higher the patient's compliance in undergoing hemodialysis. Families can provide social support to increase the self-acceptance of patients undergoing hemodialysis.

Conclusion: There is a significant relationship between self-acceptance and compliance of patients undergoing hemodialysis at A. Yani Islamic Hospital Surabaya.

Keywords: Self Acceptance, Obedience, Hemodialysis.

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INTRODUCTION

Chronic kidney failure will become a serious problem if not treated immediately; one of the complications in chronic kidney failure is hypertension, anemia, and cardiovascular disease. If the patient is in a slump, his life can be threatened if he does not undergo periodic hemodialysis (dialysis) or a kidney transplant to replace his damaged kidney organ. Patients undergoing hemodialysis sometimes feel bored because their activities and activities have changed drastically since being diagnosed with kidney failure. The patient must take the time to go to the hospital for hemodialysis therapy. The patient will experience shortness of breath because once late for hemodialysis therapy.¹

Long treatment is also a condition that is enough to make patients feel bored and tired because the hemodialysis process takes 4-6 hours a day, two times a week.²

The changes that occur at this stage are also prone to causing individuals to feel disappointed and hate themselves. This condition can cause individuals to feel unhappy and dissatisfied with their circumstances to not accept themselves.³

Low self-acceptance tends to cause patients not to have the will to undergo treatment and adhere to the hemodialysis therapy schedule as an effort to recover. Compliance is important for patients with chronic kidney failure to maintain patient survival.⁴ To achieve success, individuals must take responsibility for many aspects of their treatment on a regular and long-term basis. To achieve compliance, patients need to incorporate lifestyle and other behavioral changes into their daily routines. One example of compliance in patients with chronic kidney failure is to undergo hemodialysis routinely according to the specified schedule.

Chronic kidney failure is the 12th highest death rate or 17th number of disability rates worldwide, and 36 million people die from chronic kidney failure. The biggest causes of chronic kidney disease are diabetic nephropathy 52%, hypertension 24%, congenital abnormalities 6%, uric acid 1%, lupus 1%. Chronic kidney failure is a disease that is irreversible or cannot be recovered, and there is a progressive decline in kidney function tissue.⁵ So, the only effort that can be done is to maintain existing kidney function by undergoing hemodialysis therapy or dialysis.⁶

The Indonesian Renal Registry (IRR) in 2016 stated that 98% of patients with kidney failure underwent hemodialysis therapy, and 2% underwent peritoneal dialysis therapy. The number of hemodialysis patients, both new and active patients, from 2007 to 2016 has increased, especially from 2015 to 2016. The Basic

Health Research states that the prevalence of chronic kidney disease increased by 1.8% compared to 2013. Virdayani's research (2017), entitled the relationship between adherence to hemodialysis and quality of life in patients with chronic kidney failure, explained that (18.1%) were non-adherent in carrying out treatment. Several aspects that affect non-adherence to hemodialysis patients include: patients no longer have the motivation to recover, feel bored and tired to seek treatment.⁷

Based on the results of initial data collection at the A. Yani Islamic Hospital Surabaya on January 29, 2020, the results of the visit in 2017 were 4,017 patients, while in 2018, the number of patients increased to 4,632 patients. In 2019 the number of patients increased by 7,355; the number of active patients undergoing hemodialysis was 80. Based on the results of interviews with five respondents who underwent hemodialysis, it was found that one patient said that he had resigned and tried to accept his illness because this was his destiny sincerely. In contrast, the other three patients said they felt sad, afraid to live their lives, and disappointed because they could not do activities as before, and one other patient said it felt normal.⁸

Individuals who have chronic kidney failure and cannot be cured feel isolated, worthless, unacceptable by the environment, shame, and other negative feelings. Various physical and psychological pressures can lead to self-rejection in patients where patients cannot accept the reality they are experiencing.⁹ Poor self-acceptance refers to the patient's lack of confidence to be able to take advantage of the advantages he has, a decrease in health conditions that cause impaired patient mobility so that patients prefer to be alone at home. Patients also feel discouraged when others criticize their condition or health, do not consider the criticism as a motivation to improve their condition and continue to undergo hemodialysis. If these conditions are not addressed, they will cause worse problems in the patient's psychological condition and trigger stress.⁹

Research by Rohmah et al. entitled self-acceptance with quality of life of patients undergoing hemodialysis explains that (73.1%) kidney failure patients undergoing

hemodialysis experience poor self-acceptance.⁸ Several aspects affect self-acceptance, including the confidence to deal with problems, feelings of worth that the patient has, feelings of fear of being rejected by society, feelings of shame with his condition, responsibilities that patients have for problems that arise, praise and criticism received by patients, motivation given to the patient, and do not blame themselves or others for their condition.⁸

There are four efforts to improve recovery from CKD patients undergoing hemodialysis, namely experience during hemodialysis, barriers to hemodialysis patients, motivation of hemodialysis patients, and patient expectations. Self-acceptance is related to the third and fourth efforts, where the motivation of hemodialysis patients consists of internal motivation (the existence of self-confidence, self-awareness, the need to do hemodialysis regularly, take medicine regularly, and surrender to God) and external motivation (the existence of family support, family supervision, motivation from children, support from neighbors, and friendly nurses). The fourth effort is the hope of hemodialysis patients, which consists of hope for yourself (HD always comes, always enthusiastic, hopefully, you can recover and survive), hope for the family, (the family does not feel burdened, the family always supervises and gives encouragement), hope for the environment (helping each other in difficult circumstances).¹⁰

Good self-acceptance in patients tends to increase the motivation and expectations of patients to undergo treatment and adhere to the hemodialysis therapy schedule as an effort to recover. Based on this description, researchers are interested in examining self-acceptance in hemodialysis patients. Therefore, this study aimed to determine the relationship between self-acceptance and compliance in undergoing hemodialysis at A. Yani Islamic Hospital in Surabaya.

METHODS

Study Design

The design used in this study was correlational analytic, which was a study that aimed to determine the relationship between variables. In contrast, the

approach used was a cross-sectional technique. The researcher observed or measured data on the independent and dependent variables only once and at a time. The independent variable in this study was self-acceptance, while the dependent variable was adherence to hemodialysis. This research was conducted at the A. Yani Islamic Hospital Surabaya.

Data Collection

The population in this study were all patients with kidney failure who underwent hemodialysis at A. Yani Islamic Hospital Surabaya with 80 patients. The sample size in this study was 36 respondents through a simple random sampling technique. The research instrument used in this study was a questionnaire.

Data Analysis

The data were analyzed using SPSS version 21.0 for Windows. Data analysis used the chi-square test with a significant showed $p < 0.05$.

RESULTS

General Data

Based on the results of the study (Table 1), it was found that most of the samples (58.3%) were male, and the rest were female (41.7%). Based on the age variable, it was found that most of the samples (55.56%) were 46-60 years old (Table 2). Based on the length of hemodialysis (Table 3), most samples (50.0%) had hemodialysis duration of 3-4 years for 3-4 years.

Special Data

Based on the results of the study (Table 4), it was found that most of the samples (52.8%) had self-acceptance which was included in the low category, and only those who had the high category (47.2%). Based on obedience (Table 5), most samples (58.3%) have low category obedience and 41.7% belong to the low category. The chi-square test resulted in a significant relationship between self-acceptance and respondent compliance to perform hemodialysis ($p = 0.08$) (Table 6).

DISCUSSION

Self-acceptance is an appreciation of oneself and has a realistic assessment of

the resources you have, including a sense of satisfaction with oneself, qualities and talents combined with an appreciation of oneself according to Allport.¹¹

Table 3 showed that 52.8% of patients undergoing hemodialysis have low self-acceptance. Chronic kidney failure is a

disease where the function of the kidney organs decreases until finally, they are no longer able to work at all in terms of filtering the body's electrolyte disposal, maintaining the balance of fluids and body chemicals such as sodium and potassium in the blood or urine production.¹²

Individuals who have chronic kidney disease can have various negative feelings. Various physical and psychological pressures can lead to self-rejection in patients where patients cannot accept the reality they are experiencing.⁹

The results of the analysis of respondents' answers to the questionnaire stated that 55.6% sometimes felt awkward when together with people who did not have the same disease as them, 44.5% answered that they sometimes felt excessively worried about the disease they were facing, and 55.5% felt burdened to carry out activities as usual by their illness in their life..

The low self-acceptance in patients undergoing hemodialysis is mostly due to feelings of awkwardness towards others and feeling burdened by their illness in carrying out activities. Following the theory of Nurcahyati, this is that patients undergoing hemodialysis sometimes feel bored because the patient's activities and activities have changed drastically since being diagnosed with kidney failure. Patients must take the time to go to the hospital to undergo hemodialysis therapy because once late for hemodialysis therapy, and the patient will experience shortness of breath.¹³

The analysis of the age characteristics of patients undergoing hemodialysis in Table 2 shows that most of them are between 46-60 years old. This age is the middle age or middle age (45-59 years). Individuals who have entered middle age are often faced with various situations and conditions both physically and psychologically; they continue to strive to achieve success in solving their problems. Their involvement in multiple activities in solving their problems should increase self-acceptance, which contributes to maintaining and improving their health throughout life.

The frequency distribution of respondents by gender in Table 1 showed that 58.3% of respondents were male and 41.7% were female. The cross-tabulation results between gender and self-acceptance of patients undergoing hemodialysis showed that of the 21 respondents who were male, most (52.4%) had low self-acceptance, and of the 15 respondents who were female, most (53.3%) also have low self-acceptance. This result showed that a

Table 1. Distribution of Respondents by Gender.

Gender	Frequency	Percentage
Male	21	58.3%
Female	15	41.7%
Total	36	100.0%

Table 2. Distribution of Respondents by Age.

Category	Frequency	Percentage
21-35	3	8.33%
36-45	4	11.11%
46-60	20	55.56%
>60	9	25.00%
Total	36	100.0%

Table 3. Distribution of Respondents Based on Length of Hemodialysis.

Category	Frequency	Percentage
<1 year	6	16.7%
1-2 years	10	27.8%
3-4 years	18	50.0%
>4 years	2	5.6%
Total	36	100.0%

Table 4. Distribution of Respondents Based on Self Acceptance.

Self Acceptance	Frequency	Percentage
High	17	47.2%
Low	19	52.8%
Total	36	100.0%

Table 5. Distribution of Respondents Based on Obedience.

Obedience	Frequency	Percentage
High	15	41.7%
Low	21	58.3%
Total	36	100.0%

Table 6. Cross Tabulation Between Self Acceptance and Respondent Obedience.

Self Acceptance	Obedience				Total		p
	High		Low		n	%	
	n	%	n	%			
High	11	67.7%	6	35.3%	17	100.0%	0.008
Low	4	21.1%	15	78.9%	19	100.0%	
Total	15	41.7%	21	58.3%	36	100.0%	

person's self-acceptance does not depend on gender. Poor self-acceptance refers to the patient's lack of confidence to be able to take advantage, a decrease in health conditions that cause impaired patient mobility so that patients prefer to be alone at home. Patients also feel discouraged when others criticize their condition or health, do not consider the criticism as a motivation to improve their condition and continue to undergo hemodialysis. If these conditions are not addressed, they will cause worse problems in the patient's psychological condition and trigger stress.⁹

Table 4 showed that 58.3% of patients undergoing hemodialysis have low compliance in undergoing hemodialysis. The questionnaire analysis on indicators of adherence showed that 19.5% of patients undergoing hemodialysis stated that hemodialysis therapy was quite complicated. This result caused the effectiveness of hemodialysis to be carried out 2-3 times a week for 4-5 hours or at least 10-12 hours per week. Before hemodialysis, the nurse must conduct a predialysis assessment, connecting the client to the hemodialysis machine by placing a blood line and needle into the client's vascular access, namely access for blood exit to the dialyzer and access for access blood into the body. Arterio Venous (AV) fistula is the recommended vascular access because it tends to be safer and more comfortable for the patient.¹⁴ Dialysis ends by stopping blood from the client, opening the normal saline tube, and rinsing the tube to return the patient's blood. At the end of dialysis, metabolic wastes are removed, electrolyte balance is achieved, and the buffer system is renewed.¹⁴

The analysis of age characteristics in Table 2 showed that most of the renal failure patients undergoing hemodialysis are 46-60 years old, with a percentage of 55.56%. Individuals make independent adjustments to life and social expectations at this middle age. Most people have been able to pinpoint their problems well enough to be fairly stable and emotionally mature. The California Longitudinal Study states that individuals aged 34-50 years are the calmest and most self-controlled age group and the most responsible, so it is hoped that this can increase adherence to hemodialysis, which contributes

to maintaining and improving health throughout life.

Table 3 informed that half (50%) of patients have undergone hemodialysis for 3-4 years. The length of hemodialysis therapy will affect the patient's psychological, social and economic condition. Patients will experience disturbances in thought processes and disturbances in social relations. The longer a person undergoes hemodialysis therapy will be inversely proportional to the quality of life of patients with kidney failure. This is due to patients' increasing concern or stress because they think hemodialysis therapy can cure their disease.¹⁵ The condition causes the compliance of patients with renal failure in undergoing hemodialysis to be low.

Table 5 showed that respondents with low self-acceptance tend to have low compliance in carrying out hemodialysis and vice versa. The Chi-square test results concluded a relationship between self-acceptance and compliance of respondents who underwent hemodialysis.

Low self-acceptance in patients reduces motivation and hope to undergo treatment and adhere to the hemodialysis therapy schedule to recover. There are four efforts to improve the recovery of patients undergoing hemodialysis, namely experiences during hemodialysis, barriers to hemodialysis patients, motivation of hemodialysis patients, and patient expectations. Self-acceptance is related to the third and fourth efforts, where the motivation of hemodialysis patients consists of internal motivation (the existence of self-confidence, self-awareness, the need to do hemodialysis regularly, take medicine regularly, and surrender to God) and external motivation (the existence of family support, family supervision, motivation from children, support from neighbors, and friendly nurses).

The fourth effort is the hope of hemodialysis patients, which consists of hope for themselves (always come for hemodialysis, always be enthusiastic, hopefully, you can recover and survive), hope for the family, (the family does not feel burdened, the family always supervises and gives encouragement), hope for the environment (helping each

other in difficult circumstances).¹⁰

CONCLUSIONS

There is a significant relationship between self-acceptance and compliance of patients undergoing hemodialysis at A. Yani Islamic Hospital Surabaya. Families can provide social support to increase the self-acceptance of patients undergoing hemodialysis. Increasing the role of nurses in health education programs related to self-acceptance because good self-acceptance in patients tends to increase the motivation and expectations of patients to undergo treatment and adhere to the hemodialysis therapy schedule to recover. Therefore, further research with larger samples and different study designs needs to be done to identify factors influencing self-acceptance of patients that received hemodialysis.

AUTHOR CONTRIBUTION

All authors have contributed to this research process, including conception and design, analysis and interpretation of the data, drafting of the article, critical revision of the article for important intellectual content, final approval of the article, collection, and assembly of data.

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CONFLICT OF INTEREST

There is no conflict of interest for this manuscript.

ETHICAL CONSIDERATION

This research was approved by the Health Research Ethics Committee of The Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama. Letter of exemption Ref. No. 101/EC.KEPK/UNU/2020.

REFERENCES

1. Nurcahyati S. Analisis Faktor-Faktor yang Berhubungan dengan Kualitas Hidup Pasien Gagal Ginjal Kronik yang Hemodialisis di RSI Fatimah Cilacap dan Rumah Sakit Umum Daerah Banyumas. Universitas Indonesia; 2011.
2. Fahmi, F. Y., & Hidayati T. Gambaran Self Care Status Cairan Pada Pasien Hemodialisa

- (Literatur Review). *Care J Ilm Ilmu Kesehatan*. 2016;4(2):53–63.
3. Rohmah A, Wakhid A, Mawati T. Penerimaan Diri pada Pasien Gagal Ginjal Kronik yang Menjalani Hemodialisis. *J Ilm Permas J Ilm STIKES Kendal*. 2018;8(2):131–4.
 4. Ginieri-Coccosis M, Theofilou P, Synodinou C, Tomaras V, Soldatos C. Quality of life, mental health and health beliefs in haemodialysis and peritoneal dialysis patients: Investigating differences in early and later years of current treatment. *BMC Nephrol*. 2008;9(1):1–9.
 5. Black, J. M., & Hawks JH. *Keperawatan Medikal Bedah: Manajemen Klinis Untuk Hasil yang Diharapkan*. Edisi 8. Jakarta: Salemba Medika; 2014.
 6. Luyckx VA, Tonelli M, Stanifer JW. The global burden of kidney disease and the sustainable development goals. *Bull World Health Organ*. 2018;96(6):414–422C.
 7. Badan Penelitian dan Pengembangan Kesehatan Kementerian RI. *Riset Kesehatan Dasar Tahun 2018*. Jakarta; 2018.
 8. Sumigar G, Rompas S, Pondaag L. Hubungan dukungan Keluarga Dengan Kepatuhan Diet Pada Pasien Gagal Ginjal Kronik di Irina C2 63 dan C4 RSUP Prof. DR. R. D. Kandau. *Ejournal Keperawatan (e-Kep)*. 2015;3(1).
 9. Paramita R. Pengaruh Penerimaan Diri Terhadap Penyesuaian Diri Penderita Lupus. *Pengaruh Penerimaan Diri Terhadap Penyesuaian Diri Penderita Lupus*. 2013;12(1):1–8.
 10. Imelda RK, Juwita L. Quality of life on chronic renal patients who running hemodialysis: A descriptive study. *Indones Nurs J Educ Clin*. 2018;3(1):22–7.
 11. Heriyadi A. Meningkatkan Penerimaan Diri (Self Acceptance) Siswa Kelas VIII Melalui Konseling Realita Di Smp Negeri 1 Bantarbolang Kabupaten Pemalang. Universitas Negeri Sebelas Maret; 2013.
 12. National Kidney Foundation. *About Chronic Kidney Disease*. New York; 2016.
 13. Nurcahyati S. Analisis Faktor-Faktor yang Berhubungan dengan Kualitas Hidup Pasien Gagal Ginjal Kronik yang Hemodialisis di RSI Fatimah Cilacap dan Rumah Sakit Umum Daerah Banyumas. Universitas Indonesia; 2011.
 14. Brunner, Suddart. *Text Book Of Medical Surgical Nursing 12th*. 12th ed. China: LWW; 2010.
 15. Anees M, Hameed F, Mumtaz A, Ibrahim M, Khan MNS. Dialysis-related factors affecting quality of life in patients on hemodialysis. *Iran J Kidney Dis*. 2011;5(1):9–14.



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