

The Correlation Self-Acceptance and Compliance Haemodialysis Therapy in Patients with Chronic Kidney Disease

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ABSTRACT

Patients with chronic kidney disease require long-term haemodialysis therapy. Patients who are unable to accept themselves tend to feel disappointed because they feel they are a burden on the family, so patients do not comply with regular haemodialysis therapy. The purpose of this study was to determine the relationship between self-acceptance and adherence to undergoing haemodialysis in patients with chronic kidney disease in the Haemodialysis Room of Nganjuk Hospital. The design of this research is correlation with cross sectional approach. The research was carried out on 14-19 November 2022 in the Haemodialysis Room of the Nganjuk Hospital. The population of this study were all patients with chronic kidney disease undergoing haemodialysis in the Haemodialysis Room of Nganjuk Hospital, totaling 40 patients. Samples were taken by purposive sampling technique and 28 respondents were obtained. The independent variable was self-acceptance and the dependent variable was adherence to undergoing haemodialysis. The data collection instrument used a questionnaire and data analysis used the Contingency Coefficient test with $\alpha = 0.05$. The results of the Contingency Coefficient test yielded a p-value = $0.031 \leq \alpha (0.05)$, there is a relationship between self-acceptance and adherence to undergoing haemodialysis in patients with chronic kidney disease in the Haemodialysis Room of Nganjuk Hospital. Chronic Kidney Disease Patients with good self-acceptance will have the ability to cope with anxiety, depression and feelings of hopelessness, so that patients are motivated to recover from their illness.

Keywords: Chronic Kidney Disease, Compliance Haemodialysis Therapy, Self-Acceptance.

BACKGROUND

Chronic kidney disease contributes to the world's disease burden with a death rate of 850,000 people per year. More than 2 million people worldwide receive treatment with dialysis or kidney transplant and only about 10% actually experience this treatment. Approximately 10% of the world's population suffers from chronic kidney disease and millions die every year because they do not have access to treatment (RI, 2018).

Patients with chronic kidney disease medically cannot recover their kidneys, so they have to carry out lifelong haemodialysis therapy with a frequency of 1 – 2 times a week for 3 – 4 hours each therapy (Price & Wilson, 2012). Patients who are unable to accept themselves tend to feel disappointed because they feel unable to live their lives as usual and become a burden to the family, so that patients do not comply with regular haemodialysis therapy. Non-

adherence of patients with chronic kidney disease in undergoing haemodialysis therapy according to a set schedule can reduce the patient's quality of life, so that their health condition will deteriorate (Sinaga & Bakara, 2019).

Compliance with chronic kidney disease patients in carrying out haemodialysis therapy according to schedule can be influenced by factors of self-acceptance, patient motivation, patient beliefs, family support, social support, and support from health workers. If patients with chronic kidney disease do not have good self-acceptance, they will experience anxiety, depression and feelings of hopelessness. This psychological condition ultimately causes chronic kidney disease patients to have no motivation to recover and to be disobedient in carrying out haemodialysis therapy (Purnama, 2016). If this condition is left unchecked, the quality of life of patients with chronic kidney disease will continue to decline and further exacerbate their health conditions (Tartum, Kaunang, Elim, & Ekawardani, 2016). Preliminary study conducted by researchers in the Haemodialysis Room of Nganjuk Hospital on 10 chronic kidney failure patients, it was found that 6 people (60%) adhered to routine haemodialysis according to schedule, while 4 people (40%) did not comply with routine haemodialysis according to the schedule. timetable. Of the 4 people who disobeyed, when interviewed they admitted to feeling hopeless with their illness, having no zest for life, and feeling unable to do anything. Patients feel embarrassed when they meet friends or health workers while carrying out haemodialysis

Patient self-acceptance of a disease plays a very important role in fostering adherence in undergoing treatment. Self-acceptance of chronic kidney disease patients can be pursued through counseling by health workers with the aim of motivating chronic kidney disease patients to be able to think positively to accept themselves and their disease conditions. Furthermore, it is hoped that chronic kidney disease patients will be motivated to adhere to haemodialysis therapy according to the schedule set by the doctor (Niven, 2012). Patients need to be given an understanding that compliance with haemodialysis can maintain the patient's quality of life so that patients can continue their activities and make their lives more meaningful to them. himself and his family. The role of the hospital is very much needed during the current pandemic to guarantee an effective health protocol, so that patients with chronic kidney disease are not afraid of being infected with the Covid-19 virus while doing haemodialysis at the hospital. If chronic kidney disease patients are compliant with haemodialysis, the patient's quality of life can be better maintained, both physically and psychologically (Sinaga & Bakara, 2019).

The purpose of this research was to determine the relationship between self-acceptance and adherence to undergoing haemodialysis in patients with chronic kidney failure in the Haemodialysis Room of Nganjuk Hospital. The benefits of this research can be used as an effort to increase adherence of chronic kidney failure patients undergoing haemodialysis at Nganjuk Hospital and to motivate patient families to realize the importance of providing support for chronic kidney failure patients to be able to accept themselves.

METHOD

The design of this research is correlation with cross sectional approach. The research was carried out on 14-19 November 2022 in the Haemodialysis Room of the Nganjuk Hospital. The population of this study were all patients with chronic kidney disease undergoing haemodialysis in the Haemodialysis Room of Nganjuk Hospital, totalling 40 patients. Samples were taken by purposive sampling technique and 28 respondents were obtained. The sample in this study were 28 patients with chronic kidney disease undergoing haemodialysis who met the inclusion criteria. The inclusion criteria were chronic kidney disease patients who had attended haemodialysis at Nganjuk Hospital for at least one month, cooperative patients when asked to be research respondents, patients were not in a weak or critical state, so they could

communicate well. The independent variable was self-acceptance and the dependent variable was adherence to undergoing haemodialysis. The data collection instrument used a questionnaire and data analysis used the Contingency Coefficient test with $\alpha = 0.05$.

RESULTS

1. The self-acceptance in patients with chronic kidney disease

Table 1. Distribution of self-acceptance in patients with chronic kidney disease

No	Self-Acceptance	Frekuensi (<i>f</i>)	Persentase (%)
1.	Low	12	42,9
2.	Tall	16	57,1
	Amount	28	100,0

Based on Table 1, it is known that out of 28 respondents, most of them have high self-acceptance, namely 16 respondents (57.1%).

2. The compliance haemodialysis therapy in patients with chronic kidney disease

Table 2. Distribution of compliance haemodialysis therapy in patients with chronic kidney disease

No	Compliance Haemodialysis Therapy	Frekuensi (<i>f</i>)	Persentase (%)
1.	Not Obey	10	35,7
2.	Obey	18	64,3
	Amount	28	100,0

Based on table 2, it shows that of the 28 respondents, the majority adhered to undergoing hemodialysis, namely 18 respondents (64.3%).

3. The Correlation self-acceptance and compliance haemodialysis therapy in patients with chronic kidney disease

Table 3. The Correlation self-acceptance and compliance haemodialysis therapy in patients with chronic kidney disease

Correlation self-acceptance	Compliance Haemodialysis Therapy				Amount	
	Not Obey		Obey		Σ	%
	<i>f</i>	%	<i>f</i>	%		
Low	7	25,0	5	17,9	12	42,9
Tall	3	10,7	13	46,4	16	57,1
Amount	10	35,7	18	64,3	28	100,0

$$p\text{-value} = 0,031 < \alpha = 0,05$$

Based on table 3 it is known that of the 28 respondents, almost half had high self-acceptance and adhered to undergoing hemodialysis, namely 13 respondents (46.4%). The results of the Contingency Coefficient correlation test showed a p-value of $0.031 \leq \alpha (0.05)$, so that H_0 was accepted and there was a relationship between self-acceptance and compliance haemodialysis therapy in patients with chronic kidney disease.

DISCUSSION

1. The self-acceptance in patients with chronic kidney disease

Based on table 1 that the majority have high self-acceptance, namely as many as 16 respondents (57.1%). Of the 16 respondents who have high self-acceptance, almost half, namely 7 respondents (43.7%) are aged 41-50 years and most namely 11 respondents (68.75%) with high school education. Based on statistical tests, it was found that p -value for age = 0.016 p -value for education = 0.002 because the p -value for age and education $\leq \alpha$ (0.05) means that self-acceptance is significantly influenced by age and education.

The results of this study are in line with Karim, Dewi and Hijriyati (2020) who found that the average age of patients undergoing hemodialysis is 40 years with the oldest age being 60 years (Karim, 2020). Age is a measure for a person in determining the quality of his health. The level of maturity of a person can be seen from his age. As he gets older, his mindset and behavior will be more directed so that he is obedient in undergoing therapy, but it is possible for those who are still young to be more obedient than old age (Unga, 2019). Age can also be used as a reference in describing a person's health condition and can even affect his health. This is in accordance with Nasution, Ropi and Sitorus (2013) which states that the risk factors that can cause an increase in mortality are the increased incidence of depression in patients, the presence of physical and nutritional disorders in patients and the age of patients who are mostly classified as old age (Nasution, 2013). This is supported by Wakhid and Widodo's research (2019) which found that the ability to self-acceptance of hemodialysis patients varies due to several factors including age, educational background, parenting style and social support (Wakhid, 2019). The results of Wahyuni, Miro and Kurniawan's research (2018) state that the longer a person suffers from an illness, the better knowledge and management of the disease (Wahyuni, 2018). The more objective a person is in perceiving himself, then that person will have a higher ability to accept himself. Objective self-perception enables a person not to sink easily when facing a problem and coping. This objective self-perception can be obtained through life experience and through learning or education. The more mature and the higher the education level of a person, the higher his insight and self-acceptance should be (Niven, 2012).

Respondents aged 41-50 years already have a lot of life experiences. From this life experience a wiser insight and self-perception is formed, so that they are more able to accept themselves well. In addition, the respondent's education, namely high school, enabled the respondent to have broader insights. This broad insight can form an objective self-perception in the respondent, so that he is not easily stressed, hopeless, inferior, and loses his zest for life, even though he has to undergo haemodialysis for life due to chronic kidney disease.

2. The compliance haemodialysis therapy in patients with chronic kidney disease

Based on table 2, most of them adhered to undergoing haemodialysis, namely as many as 18 respondents (64.3%). Of the 18 respondents who had adherence to undergoing haemodialysis adherents, the majority, namely 10 respondents (55.5%) were male and almost half namely 7 respondents (38.8%) duration of haemodialysis < 1 year and 1-2 years. The results of the statistical test showed that the p -value for sex was 0.049, the p -value for the duration of haemodialysis was 0.008. because the p -value of sex and the p -value of the duration of haemodialysis $\alpha \leq$ (0.05) so that adherence is significantly affected by gender and duration of haemodialysis.

The results of this study are in line with the research of Herlina Marlinda (2022) where the majority are male. Gender can make a difference between self-management in haemodialysis patients (Herlina, Sandra, & Abdul, 2022). Chronic kidney disease is more common in men. Older men are more susceptible to chronic kidney failure. In line with the results of a study conducted by Rohmah (2018) which stated that chronic kidney failure is more

at risk for males than females. This is because one of the causes of kidney failure is kidney stones which are common in men. Lack of the male hormone estrogen, this hormone functions to inhibit the formation of cytokines by balancing calcium levels. Because calcium serves to avoid the formation of kidney stones by preventing the absorption of oxalate (Rohmah, 2018) The women for example gave an example that women tend to be able to be good listeners and can immediately catch the focus of problems in discussions and not focus on themselves. They tend to answer more, and are more sensitive to other people (Widaryanti & Dewi, 2017).

Male patients tend to be more obedient to the advice of health workers and orderly treatment according to schedule. Male patients feel they are the foundation of the family, so they will be more obedient in carrying out haemodialysis so that their condition and health are always maintained. With the support of their families, they will be more enthusiastic and obedient run haemodialysis. Male Chronic Kidney Disease patients tend to be more orderly in carrying out haemodialysis according to the schedule determined by the Nganjuk Hospital. Patients also actively communicate with health workers when unable to attend and reschedule to carry out haemodialysis. The duration of carrying out haemodialysis also affects adherence. Patients who carry out haemodialysis before 1 year do not think they are bored because they are still eager to recover.

3. The Correlation self-acceptance and compliance haemodialysis therapy in patients with chronic kidney disease

Based on table 3, the results of the Contingency Coefficient correlation test show a p-value of $0.031 \leq \alpha (0.05)$, so that H_a is accepted and there is a relationship self-acceptance and compliance haemodialysis therapy in patients with chronic kidney disease in the haemodialysis room at Nganjuk Hospital

Stated that patient self-acceptance of a disease plays a very important role in fostering adherence in undergoing treatment (Friedman, 2013). This is supported by the opinion of Niven that one of the important factors affecting patient adherence is self-acceptance (Niven, 2012). Suggests that self-acceptance is the ability to accept everything that exists in oneself, both the weaknesses and strengths possessed, so that if an unpleasant event occurs, the individual will be able to think logically about the pros and cons of the problems that occur without causing feelings, hostility, feelings of inferiority, shame, and insecurity (Susanti, 2014).

The results of this study support the results of Purnama's research which states that patients with chronic diseases including chronic kidney disease who have good self-acceptance of their physical and social conditions will still be able to feel happy, satisfied, and have great confidence that they are able to undergo life ahead well, including in health efforts, he will obey the instructions given by health workers (Purnama, 2016). Likewise the results of Yulistiana's research which states that Chronic Kidney Disease patients who are unable to accept themselves tend to feel disappointed because they feel unable to live their lives as usual and become a burden to the family, so patients are disobedient to take regular haemodialysis therapy (Yulistiana & Prakoso, 2018).

The results of this study are in line with research conducted by Fitriani and Muflihatin (2020) who found research results in the form of statistical test analysis results indicating a relationship between self-acceptance and self-management with a p-value of $0.000 < \alpha 0.05$ with a correlation coefficient of 0.618 which indicates positive correlation value and strong correlation strength. The results of this study indicate that self-acceptance has a significant relationship with self-management. Someone who realizes and knows himself will know what needs to be done and what doesn't need to be done. self-acceptance can influence self-management by showing a strong relationship. If this is related to hemodialysis patients, self-acceptance gives a feeling that a person's health condition is not in a good condition, so that it encourages them to take precautions to reduce the impact on the disease caused (Fitriani, 2020).

Self-acceptance serves as an excuse in dealing with a negative event that causes despair or self-depression. Negative attitudes in the form of depression, anxiety or thoughts without evidence can be reduced by feeling willing to accept yourself by being aware of everything that is in you without looking down on yourself. Self-acceptance is one of the factors that determine one's well-being. Individuals with high levels of self-acceptance generally possess a number of admirable qualities. High self-acceptance can be influenced by getting good social support. Whereas individuals with low self-acceptance view their life as low and perceive events that occur as unpleasant things such as anxiety, depression, and anger (Bernard, 2020).

Chronic Kidney Disease Patients who have good self-acceptance will have coping abilities for anxiety disorders, depression and feelings of hopelessness, so that patients are motivated to recover from their illness. As a real effort by the patient for this motivation, the patient behaves obediently in carrying out haemodialysis therapy, so that the quality of life of chronic kidney disease patients can be maintained properly.

CONCLUSION

The results showed that most of the respondents had high self-acceptance, namely as many as 16 respondents (57.1%), most of the respondents adhered to undergoing haemodialysis, namely as many as 18 respondents (64.3%). The results of the Contingency Coefficient test yielded a $p\text{-value} = 0.031 \leq \alpha (0.05)$, so H_a was accepted, meaning that there is a relationship between self-acceptance and adherence to undergoing haemodialysis in patients with chronic kidney disease in the haemodialysis Room of Nganjuk Hospital. Chronic Kidney Disease Patients with good self-acceptance will have coping skills for anxiety, depression and feelings of hopelessness, so that patients are motivated to recover from their illness. Patients behave obediently in carrying out haemodialysis therapy, so that the quality of life of patients with chronic kidney disease can be maintained properly.

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