

**IDENTIFICATION AND ANALYSIS OF QUALITY OF LIFE
AMONG CHRONIC RENAL FAILURE PATIENTS
IN ARIFIN ACHMAD GENERAL HOSPITAL, PEKANBARU**

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Abstract

Chronic Renal Failure (CRF) is a chronic disease characterized by irreversible, incurable and requires long-term treatment that lead to a detrimental effect on patients' Quality of Life (QoL). It is recognized as an contributing factor which decreases elements of QoL such as biological, psychological, economic, environmental, social and spiritual elements. The purpose of this study was to describe and analyze QoL of patients with chronic renal failure. This study was a descriptive study. Population of the study was CRF patients who underwent regular hemodialysis twice a week. Quota sampling technique was used to obtain 30 patients. The research findings showed that characteristics of respondents are male (63.3%), age between 51-60 years (43.3%), jobless (60%), and good quality of life (53.3%). This study recommends nurses to provide health education in order to improve factors associated with quality of life; bio, psycho, social and spiritual. Empower the family support system to enhance patients' QoL

Keywords: chronic renal failure, hemodialysis, quality of life

Background

Chronic Kidney Disease (CKD) is kidney damage that causes the kidneys can not remove toxins and waste products from the blood, characterized by the presence of protein in the urine and reduced glomerular filtration rate, and lasted more than 3 months (Black & Hawks, 2009; Kliger 2010; National Kidney Disease Education Program, 2010).

The number of patients with CKD prevalence is increasing, in Indonesia is estimated to patients with CKD in 2009 is 150 thousand people, as many as three thousand people require renal replacement therapy or dialysis. The cause is; 29% due to hypertension, diabetic nephropathy 23%, 17% glomerulopati (Bali Post, 2010).

As a result of the inability of the kidneys to remove waste products through the elimination of urine will cause endocrine and metabolic functions, fluid, electrolyte and acid-base (Smeltzer & Bare, 2002),

requiring dialysis or a kidney transplant for survival of patients.

Dialysis is a process that is used to remove fluid and waste products from the body when the kidneys are not able to carry out the process. While the objective of dialysis is to maintain the life and well-being of the patient to recover kidney function, the therapeutic methods such as hemodialysis, hemofiltration and peritoneal dialysis. In the process of hemodialysis blood stream full of toxins and nitrogenous wastes diverted from the patient's body to dialyser where the blood is cleaned and returned to the patient's body.

Hemodialysis is a treatment that is long, expensive and require fluid restriction and diet. This will cause the patient to lose freedom, depending on the health care provider, divisions within marriage, family and social life as well as the decrease or loss of revenue. Because of these things, the physical aspects, psychological, socioeconomic and environment can be

negatively affected , impacting on the quality of life of patients with CKD .

Quality of life is an individual perception of the capabilities , limitations, symptoms and psychosocial nature of life in the context of culture and value systems to their functions and roles (WHO - QL group , 1998 in Murphy , et al , 2000; Zadeh , 2003) .

Arifin Achmad Hospital is a referral hospital Riau province. In the HD space, there are 18 bed capacity, and has 108 patients with CKD who undergo regular hemodialysis. In the preliminary study of the patients who underwent regular hemodialysis in the HD space Arifin Achmad Hospital found that that as many as 50% of patients undergoing routine HD is experiencing anemia, this is evidenced by the data results of laboratory tests of blood. But according to the patient's Hb level is not checked regularly due to cost limitations.

As a care provider, the nephrology nurse specialist role in improving the quality of life of patients with CKD, which is in the realm of primary, secondary and tertiary as well as in home care arrangements. Nurses play a role in educating patients about the disease, prognosis and treatment, so that did not experience progression of renal disease and lead to complications and death (World Kidney Day, 2010).

Based on the phenomenon of factors affecting the quality of life in patients undergoing hemodialysis at Arifin Achmad as evidenced by data from laboratory tests and physical examination of patients with CKD-related quality of life, the researchers want to identify and analyze the quality of life in patients with CKD who undergo hemodialysis in space hemodialysis Arifin Achmad 2015.

A. Identification Problem

Formulation of the problem in this research is how the quality of life in patients with CKD undergoing hemodialysis at Arifin Achmad 2015

Purpose

The purpose of the research was to identify and analysis quality of life of the patients with Chronic Renal Failure in Arifin Achmad general hospital.

Methodology

This research used descriptive methodology with cross sectional study.

Population and sample

The population of this research are the patients which regular HD in Arifin Achmad general hospital (109 patients). Total sample in this research 30 patients which have inclusion criteria; regular HD twice a week, no skipping, compos mentis,do not have mental disturbance

Instrument

This research used WHOQoL BREF instrument to measure the quality of life (QoL) among the HD patients, it contain about 26 questions which assess 4 domain; biological, psychological, social, economic and spiritual aspects. The instrument has internal and reliability coefisien (Cronbach's alpha > 0,70 (Murphy et al, 2000). Scoring of the summarise 0-100

Result Findings

Table 1

Distribution of response according to demography : gender,education ,age, job

Demography	Frekuensi	Persentase (%)
Gender :		
Man	11	36.7
Woman	19	63.3
Education :		
Non schooling elementary	3	10
junior high school	8	26.7
senior high school	9	30
high education	5	16.65
	5	16.65
Age:		
20-30	1	3.3
31-40	1	3.3
41-50	12	40



51– 60	13	43.3
61 –70	3	10.1
Job :		
Govern	2	6.7
ment	6	20
housew	4	13.3
ife	18	60
private		
jobless		

Table 2
Distribution of response according to quality of life

Quality of life	Frequency	Percent age (%)
Good	16	53.3
Poor	14	46.7
Total	30	100

Table 3
Distribution of response according to vascular access

Vascular access	Frequency	Percent age (%)
Cimino	22	73.3
Femora	2	6.7
Brakial	6	20
Total	30	100

Tabel 4
Distribution of response according to length of HD

Length of HD	Frequency	Percentage (%)
1 year	22	73.3
2–5 years	6	20
>5 years	2	6.7

Discussion

Patients with CKD undergoing HD in this study indicate the characteristics of the male sex has a number of more than 19 people (63.3%) compared to the female gender that

11 (36.7%). According to researchers in the United States belong to the female sex eight risk factors of CKD (Friends of Kidney, 2009). This is not in accordance with the results of this study in which the results, most respondents male sex. This study together with the results of research Lopez, et al (2005) in which 134 respondents HD as much as 52.2% were male.

Basically from some of the literature described that patients with CKD are not influenced by sex, between men and women have the same risk of developing CKD. According to the researchers in this study respondents more men because it is caused by lifestyle male respondents who smoke and drink coffee, where the results of interviews with respondents generally PGK preceded by hypertension and several others suffered a stroke, in whom the disease can be caused by smoking and caffeine consumption. Prolonged hypertension may be a risk factor for CKD (Friends of Kidney, 2009)

Renal function will change with age. After the age of 40 years will be a decrease in glomerular filtration rate progressively up to the age of 70 years , approximately 50 % of normal Smeltzer & Bare , 2002) .

Most of these patients as many people (60 %) were not working . generally respondents who did not answer when work activities (activities which do) day-to- day just sitting , watching , sleeping , eating and no other activity due to their labor already tidka stronger and feel quickly exhausted .

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Individuals who have to undergo HD often feel worried about the pain condition that can tidka diramalakan and disruption in their lives (Smeltzer & Bare , 2002) and this is usually the patient will experience financial problems and difficulties in maintaining employment .

The quality of one's life can not be defined with certainty, only the person who

can define it as the quality of life is a degree of subjectivity (Cella, 1992). To find out how quality of life is measured by considering the status of the physical, psychological, social and disease conditions (Polinsky, 2000). In this study, to obtain data quality of life of patients with CKD undergoing HD, patients were asked to fill out a question about the quality of life of patients, especially the symptoms are felt in the last 4 weeks. Physically and mentally, many patients who fill impaired physical and mental health as a result of her illness, so that there are patients who can not work anymore as before because of physical weakness.

Based on the results, the patients quality of life of poor quality as many as 45 people (47.4%), while a good quality sebanyak 50 people (52.6%).

WHOQOL group (2004) in Murphy et al (2000), stating the quality of life is the individual's perception of his position in life, in the context of culture and value systems in which the individual's life, and the relationship to the goals, expectations, standards and desires. This is a concept, which combined with a variety of ways for someone to get physical health, psychological state, independent level, social relationships, and relationships with the surrounding environment. In patients with CKD in the study mostly get charged for HD from Askes, and in terms of social relations and the environment surrounding the majority of states there is no problem with the average answer score of 4 and 5. With the good support in terms of financial, social and the environment can help reduce psychological disorders due to disease CKD are assessed as a terminal illness, so the quality of life of patients can be improved

Assessment of quality of life using the WHO QoL questionnaire, showed the majority of patients (53.3%) with a good quality of life.

Conclusions and Recommendations

Based on the results of the research, the majority of patients (53.3%) had a poor quality of life, this can be caused by several factors such as dose HD inappropriate,

uncontrolled anemia, low Qb. Given this research, it is expected of nursing services not only look from the activities of the routine as a nurse hemodialysis engine run HD alone, but must go through critical thinking how the impact that can be caused to patients when implementation of the action HD just improvise without reference to the rules that should be so that it This could harm the patient, quality of life, and can increase morbidity and mortality of patients with CKD who HD. Nurses are always in the patient should provide good nursing care are integral bio, psycho, social and spiritual, because patients with CKD is a terminal disease that likely impaired the various aspects that affect the quality of life of patients.

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