Coping Ability Relationship With Anxiety Levels Of Chronic Kidney Failure Clients Undergoing Hemodialysis

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ABSTRACT

Mental Health is a condition in which an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his own abilities, can overcome pressures, can work productively and is able to contribute to his community (Mental Health Act 18 of 2014). One of the psychosocial problems that many people experience in daily life is ansietas. A person who has an ansietas problem can have an effect on his physical and mental. The purpose of this study is to find out the Relationship of Coping Ability With Anxiety Levels Of Chronic Kidney Failure Clients Undergoing Hemodialysis. The research method used is by Cross Sectional approach. The research was conducted in the Hemodialysis room of RS Pelni Jakarta with a total of 30 responsee sampling using simple random sampling. Statistical test results show p 1.0 > 0.05 means that there is no meaningful relationship between anxiety levels and coping strategies in patients undergoing hemodialysis. Advice is that hospitals can carry out health counseling activities on anxiety management and coping strategies in patients undergoing hemodialysis.

Keyword : Coping Mechanism, Ansietas, Kidney Failure

INTRODUCTION

Health is a healthy state, both physically, mentally, spiritually and socially that allows everyone to live productively socially and economically. (Health Law 36 of 2009). Human beings who are said to be mentally healthy are to have a good personality towards themselves and others, have empathy and sensitivity to social. Mental Health is a condition in which an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his own abilities, can overcome pressures, can work productively and is able to contribute to his community (Mental Health Act 18 of 2014). One of the psychosocial problems that many people experience in daily life is ansietas. A person who has an ansietas problem can have an effect on his physical and mental.

From the results of Basic Health Research (Riskesdas) in 2013, showed that the prevalence of emotional mental disorders indicated by the symptoms of depression and anxiety is 6% for ages 15 and above or about 14 million people. Meanwhile, the prevalence
of severe mental disorders, such as schizophrenia is 1.7 per 1000 inhabitants or about 400,000 people. According to research Keliat et al (2011) Ansietas is a feeling of was-was, as if something bad will happen and feel uncomfortable as if there is a threat accompanied by physical symptoms such as heart palpitations, cold sweats and shaking hands. Ansietas can occur in patients with chronic renal failure. Chronic kidney failure is a frightening disease because kidney failure has no cure. Patients with chronic renal failure are required to undergo hemodialysis therapy or kidney transplantation for the rest of their life.

Based on the results of the study according to (Usraleli, 2016) patients who underwent hemodialysis at Arifin Achmad Pekanbaru Hospital who had moderate stress as many as 14 patients (36%), mild stress as many as 15 patients (71%). According to the study (Ratnawati, 2011) patients undergoing hemodialysis at Blud RSU Dr.M.M Dunda Gorontalo district who had mild anxiety 6 patients (40%), moderate anxiety 4 patients (26.7%), severe 3 patients (20%), and panic 2 patients (13.3%). According to research (Jhoni, 2015) patients undergoing hemodialysis at Blu RSUP Prof. Dr.R.D Kandau Manado who have mild anxiety 8 patients (25.8%), his will or if women use sex as a way to force men to marry him then teenagers consider this act “wrong” (Hurlock, 1997).

**RESEARCH METHOD**

This type of research is correlated with the Cross Sectional approach. The research was conducted in the Hemodialysis room of RS Pelni Jakarta with a total of 30 respondents. Sampling using simple random sampling, which is in accordance with the criteria of inclusion, where the inclusion criteria are willing to be respondents and cooperative, patients who undergo moderate therapy < 1 year, can read and write and the last criterion is > 18 years old.

**RESULTS**

<table>
<thead>
<tr>
<th>Karakteristik</th>
<th>Frequency (F)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td><strong>Age Category</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early adulthood (26-40 Year)</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Middle adult (41-65 Year)</td>
<td>20</td>
<td>66.6</td>
</tr>
<tr>
<td>Advanced adult (66-75 Year)</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>SMP</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>SMA</td>
<td>12</td>
<td>40.0</td>
</tr>
</tbody>
</table>
Based on table 1, it is known that the majority of respondents are male which is as much as 73.3% (22 people). Most of the respondents aged 41-65 years (middle adult) are as much as 66.5% (20 people), the majority of high school educated respondents with a percentage of 40.0% (12 people). Respondents mostly worked in the Private sector, which is 54.3% (16 people). A total of 73.3% (22 people) undergo hemodialysis 2x a week and all respondents (100%) undergoing hemodialysis using government costs (BPJS).

**Table 2. Distribution of respondents’ characteristics based on length of hemodialysis in hemodialysis room**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
<th>Min - Maks</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long undergoing hemodialysis</td>
<td>6.5</td>
<td>6.0</td>
<td>2.9</td>
<td>1 - 11 bulan</td>
<td>5.4 - 7.6</td>
</tr>
</tbody>
</table>

The results of the data analysis of the old variables undergoing hemodialysis showed the average length of time patients underwent hemodialysis was 6.5 months (95% CI: 5.4 - 7.6).

**Table 3 Frequency Distribution of Respondent Coping Strategies In Hemodialysis Room**

<table>
<thead>
<tr>
<th>Coping strategy</th>
<th>Amount</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive</td>
<td>17</td>
<td>56.6</td>
</tr>
<tr>
<td>Maladaptive</td>
<td>13</td>
<td>43.4</td>
</tr>
<tr>
<td><strong>Amount</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The most recent respondents underwent hemodialysis was 1 month and the longest undergoing hemodialysis was 11 months. Based on table 3 it is known that 17 people (56.6%) with adaptive coping and 13 people (43.4%) with maladaptive coping. Respondents with mild anxiety levels, 4 respondents (50.0%) adaptive coping strategies, and 4 respondents (50.0%) using maladaptive coping strategies, respondents with moderate anxiety levels, 6 respondents (60.0%) adaptive coping strategy and 4 respondents (40.0%) using maladaptive coping strategies while respondents with severe anxiety levels, 7 people (58.3%) adaptive coping strategy and 5 respondents (41.7%) using maladaptive coping strategies.
Table 4. Relationship of anxiety levels to coping strategies of chronic renal failure patients undergoing hemodialysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coping Strategy</th>
<th>Amount</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level Anxiety</td>
<td>Adaptive</td>
<td>Maladaptive</td>
<td></td>
</tr>
<tr>
<td>Mild anxiety</td>
<td>4 (50.0%)</td>
<td>4 (50.0%)</td>
<td>8 (100%)</td>
</tr>
<tr>
<td>Moderate anxiety</td>
<td>6 (60.0%)</td>
<td>4 (40.0%)</td>
<td>10 (100%)</td>
</tr>
<tr>
<td>Severe anxiety</td>
<td>7 (58.3%)</td>
<td>5 (41.7%)</td>
<td>12 (100%)</td>
</tr>
<tr>
<td>Amount</td>
<td>17 (56.7%)</td>
<td>13 (43.3%)</td>
<td>30 (100%)</td>
</tr>
</tbody>
</table>

No respondents had severe anxiety, therefore researchers used kolmogorov smirnov test because the kolmogorov smirnov test requirement corresponds to the existing variable in kolmogorov smirnov test is for 2xk table and Chi-square table which has an expektasi value of > of 20%. Bivariate analysis was conducted to look at the relationship between anxiety levels and coping strategies using kolmogorov smirnov statistics test because it did not meet the requirements of chi-square test. Statistical tests show p 1.0 > 0.05 means there is no meaningful link between anxiety levels and coping strategies in patients undergoing hemodialysis.

**DISCUSSION**

Of Respondents Based on the results of research conducted on 30 respondents at Pelni Hospital Jakarta, it is known that the most respondents were men with a total of 22 respondents (73.3%), while female respondents only amounted to 8 respondents (26.7%). The majority of middle adults (41-65) years old number 20 people (66.6%). It is supported by Sidharta (2008) that normally the decline in new renal function teriadi at the age of more than 40 years. The most education is high school, which is 12 people (40.0%). This is supported by Siswanto (2007) which says that the level of education affects a person easily anxious or not. The higher the level of education, the better tolerance and control over stressors.

The majority of respondents had a job as self-employed, amounting to 16 people (53.3%). In a study conducted by Agustini (2010) in GGK patients undergoing hemodialysis at Panti Rapih Hospital Yogyakarta, showed the same thing where the majority of respondents (68%) is self-employed. The most recent respondents underwent hemodialysis was 1 month and the longest hemodialysis was 11 months. This is supported
by tangian, kandou, and munayang research (2015) which mentions that long undergoing hemodialysis affects the coping strategy of GGK patients.

The majority of respondents underwent hemodialysis 2X a week, which is 22 people (73.3 %). This is supported by the research of Wurara, Kanine and Wowling (2013) in his research explaining that the long period of time undergoing hemodialysis in chronic renal failure patients greatly affects his physical and psychic state and condition.

Based on the results of research from 30 respondents, all (100%) government fees. This is supported by Yosep’s research, 2007 explaining that economic levels can affect the selection of therapeutic methods to be used by clients of chronic renal failure. The costs that must be incurred by the client are considerable including medicine, laboratory examination, transportation, hemodialysis and transplantation.

An overview of the anxiety levels of the 30 respondents studied, 8 people (26.7%) mild anxiety levels, 10 people (33.3%) with moderate anxiety levels and 12 people with severe anxiety levels (40.0%). This is in line with research conducted by Musa, Kundre and Babakal (2015) on the relationship of hemodialysis actions with the level of anxiety of kidney failure clients in the dahlia room of RSUP Prof. Dr.R. Kandou Manado explained that 110 people (58.2%) HD patients experienced mild anxiety, 79 people (41.8%) experienced severe anxiety.

Anxiety is a mixed fear, vague and associated with feelings of uncertainty and helplessness, feelings of isolation, seclusion and anxiety (Stuart &Laraia, 2005). Smeltzer &Bare (2005), said that patients undergoing hemodialysis experience various problems arising from kidney malfunction. It appears at any time until the end of life, which can be a physical stressor that affects various dimensions of the patient's life which includes bio-psycho-socio-spiritual.

Overview of coping strategy Based on the results of research respondents who have adaptive coping strategies amounted to 17 (56.6%) respondents while having maladaptive coping strategies as many as 13 respondents (43.4%). This is supported by Mutoharoh Research (2010) on factors related to coping strategies of chronic renal failure clients undergoing hemodialysis at fatmawati central general hospital (RSUP) it was found that the coping strategies of GGK patients undergoing hemodialysis are patients who have adaptive coping strategies as many as 40 people (55.6%) and patients who had maladaptive coping strategies as many as 32 people (44.4%).
According to Stuart & Laraia (2005) coping strategy consists of two adaptive and maladaptive, adaptive coping itself in the form of coping strategy that supports the function of integration, growth, learning and achieving goals while the maladaptive coping strategy in the form of coping strategy that inhibits the integration function prevents the growth of lowering autonomy and tends to master the environment.

The relationship between anxiety levels and coping strategies of chronic renal failure patients undergoing hemodialysis Statistical test results obtained a value of p-value 1.0 > a 0.05 then it can be concluded that there is no relationship between the level of anxiety with the coping strategy of chronic renal failure patients undergoing hemodialysis.

This is supported by research conducted by Sugiyanti (2011) explaining that there is no relationship of individual coping mechanisms with anxiety levels of chronic renal failure patients in The Rumkital Hemodialysis Unit Dr. Ramalan. Basically humans do coping behavior with the aim of getting out of unpleasant situations. However, the reaction and selection of coping strategy itself is influenced by several factors, namely the intensity and time of arrival of anxiety, the presence of other stressors, previous experiences, individual character, social support and so on. Some patients who undergo hemodialysis at Peini Hospital Jakarta have a maladaptive coping strategy, where the average patient who has a maladaptive coping strategy is a patient who undergoes hemodialysis < of 5 months. However, patients with severe levels of anxiety use adaptive coping strategies.

This is because external factors are one example is family support. The average patient undergoing hemodialysis is accompanied by a member of the next of kin while undergoing hemodialysis until completion. Patients who have severe anxiety also have more discussions with other hemodialysis friends when experiencing health problems and it also appears that the patient asks many health workers who are in the hemodialysis room, therefore patients who experience severe anxiety in the hemodialysis room can still use adaptive coping strategies.

If the individual is able to use healthy ways of adjusting to the anxiety encountered, even if the anxiety or pressure persists, the individual in question can still live a healthy life.

Based on the results of the study, it can be concluded that there is no relationship between anxiety levels and coping strategies in patients undergoing hemodialysis. Rustam (2012) states that Anxiety often occurs in clients of chronic renal failure when starting hemodialysis, Coping behavior such as denying, angry, passive or aggressive is common in patients. Often coping efforts are ineffective in patients undergoing hemodialysis and this
can make the tense condition increase in hemodialysis patients so that there is an increase in energy needs and then the source of the disease appears greater.

CONCLUSIONS

After research on the relationship of coping strategy anxiety levels in patients undergoing hemodialysis at Pelni Hospital Jakarta it is known that the majority of respondents are at severe anxiety levels where respondents with severe anxiety levels there are 7 people (58.3%) adaptive coping strategy and 5 respondents (41.7%) using maladaptive coping strategies. Some respondents with moderate anxiety levels there were 6 respondents (60.0%) adaptive coping strategy and 4 respondents (40.0%) using maladaptive coping strategies and for mild anxiety there were 4 respondents (50.0%) adaptive coping strategies, and 4 respondents (50.0%) using maladaptive coping strategies.

For health workers need to be made promotional and preventive efforts against the occurrence of anxiety in patients undergoing hemodialysis. This activity can be done by health workers through health counseling activities about anxiety management and coping strategies to various levels of society, one of which is in hospitals. Health workers should have a regular schedule, for example once every 3 months to conduct health counseling on patients undergoing hemodialysis who are in their work area.

In order for the hospital to carry out health counseling activities on anxiety management and coping strategies in patients undergoing hemodialysis. For the government to make it easier for the procedure used by hemodialysis patients in obtaining assistance for financing. For further researchers need to develop different methods and designs such as conducting qualitative research on the picture of knowledge of hemodialysis patients in using adaptive coping. In addition, research can be done in terms of family support, gender, and length of time undergoing hemodialysis related to anxiety and coping.

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