



## **THE RELATIONSHIP OF SELF-EFFICACY WITH THE QUALITY OF LIFE OF CHRONIC KIDNEY FAILURE PATIENTS UNDERGOING HEMODIALYSIS**

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### **ABSTRACT**

Chronic Kidney Failure is a disease that occurs when the kidneys no longer function optimally in maintaining metabolism and fluid and electrolyte balance in the body due to damage to the kidney structure. CKD disease that is not managed properly can result in complications, therefore the form of support that can be given is to ensure that the patient's quality of life remains optimal, one of which is by increasing self-efficacy. This research is very important to carry out information to CKD patients undergoing hemodialysis that patients must be able to increase the patient's confidence or belief that with hemodialysis therapy the patient can maintain his life. A person's quality of life will improve when the patient begins to accept the disease he is suffering from and adheres to the treatment process. Research objectives: This study aims to determine the relationship between self-efficacy and the quality of life of CKD patients undergoing hemodialysis at RSUD Prof.Dr.W.Z. Johannes Kupang City in 2024. The type of research used is analytical observational, with a cross sectional research design. The total sample was 115 patients taken based on total sampling. The questionnaires used were the World Health Organization of Life-BREF (WHOQOL\_BREF) and General Self Efficacy (GSE). Data from each variant carried out in the research, namely the self-efficacy variable and the quality of life variable, were tested using the Chi-square test. Research. From the results of data analysis on the self-efficacy variable and the quality of life variable, a p-value of 0.001 (p<0.005) was obtained, which means that Ha is accepted so it can be concluded that there is a significant relationship between the self-efficacy variable and the quality of life of CKD patients undergoing hemodialysis. at RSUD Prof. Dr. W.Z Johannes Kupang City in 2024.

Keywords: chronic kidney failure; hemodialysis; quality of life; self-efficacy

### **How to cite (in APA style)**

Ndun, M. A., Wahyuni, M. M. D., Purnawan, S., & Nur, K. R. M. (2025). The Relationship of Self-Efficacy with the Quality of Life of Chronic Kidney Failure Patients Undergoing Hemodialysis. *Indonesian Journal of Global Health Research*, 7(4), 875-888. <https://doi.org/10.37287/ijghr.v7i4.3645>.

## **INTRODUCTION**

Community behavior can influence health problems such as non-communicable diseases (NCDs), including kidney failure. PTM is often caused by an unhealthy lifestyle and genetic factors (Irwan, 2018). CKD is a disease that occurs when the kidneys no longer function optimally to maintain metabolism and fluid and electrolyte balance in the body due to the process of progressive destruction of the kidney structure with manifestations of accumulation of metabolic waste in the blood which causes damage to the kidneys or a decrease in the Filtration Rate. Glomerulus (GFR) occurs <60 mL/min/1.73 m<sup>2</sup> for a minimum of three months (Muttaqin, Arif & Sari, 2011). According to the World Health Organization (WHO) in 2018, CKD is a very serious health problem, reaching 10% of the world's population. The number of deaths of CKD patients every year is estimated at 1.7 million. CKD is ranked 12th as the main cause of death in the world. Meanwhile, it is estimated that there are 1.5 million

patients undergoing hemodialysis throughout the world. According to data from End-Stage Renal Disease (ESRD) shows that the number of CKD patients in 2018 was around 2,786,000 people. In 2019 it increased by around 3,018,860 people, and in 2020 by 3,200,000 people.

According to the Indonesia Renal Registry (IRR) in 2018, the number of new cases of CKD patients and the number of cases of CKD patients undergoing hemodialysis in Indonesia from 2016-2018 always experienced an increase in cases. In 2016 there were 25,446 new CKD patients and 52,835 patients actively undergoing hemodialysis. In 2017, there were 66,433 new CKD patients and 77,892 patients actively undergoing hemodialysis. In 2018, there were 66,433 new cases of CKD patients and 132,142 patients actively undergoing hemodialysis. According to the Indonesian Nephrology Association (PERNEFRI) in 2018, based on gender, it is most often found in men, namely 57% and in women, 43%, whereas if we look at the determinants of age, the age group is  $\geq 45$  years, where this age group is a group the most common age group found with a total of 73.98% of cases. According to data from the 2023 Indonesian Health Survey (SKI), Indonesia is one of the countries with the highest number of CKD diseases, where NTT province ranks 14th with a CKD prevalence of 11,853. The number of cases of CKD is more dominant in men, namely 321,060 people compared to women, namely 317,118 people.

Data from the Kupang City Health Service shows that CKD is still one of the main causes of death in Kupang City from 2020 to 2022 with a case prevalence of 414 people. Based on gender, the prevalence of CKD cases was mostly found in male patients, namely 227 people, compared to the prevalence of cases in women, namely 187 people. Based on age determinants, the group most commonly found in Kupang City is those aged  $\geq 45$  years. Data obtained from RSUD Prof. Dr. W.Z. Johannes Kupang, from the results of medical records, the number of cases of CKD patients in 2023 (January-June) who had inpatient visits was 44 people. The number of CKD patients who underwent outpatient visits and underwent hemodialysis therapy was 4,060 people. The data taken from the register book in the hemodialysis room number of patients undergoing hemodialysis was 115 people. CKD patients undergoing hemodialysis must make efforts to increase self-confidence that with hemodialysis patients can maintain their lives. Hemodialysis is a method used to replace kidney function using tools such as dialyzers or artificial kidney machines. Therefore, patients undergoing hemodialysis need social support to increase the enthusiasm of CKD patients undergoing hemodialysis. This support can be obtained through family, friends undergoing hemodialysis, support from partners, and health workers. The support obtained will increase the self-efficacy and quality of life of patients undergoing hemodialysis to be optimal. Self-efficacy (SE) is a cognitive process that produces beliefs or expectations about how capable a person is of carrying out certain tasks or actions to achieve desired goals. In SE there are three dimensions of self-efficacy, namely magnitude, generality, and strength. If someone has strong SE, it can help individuals make decisions and maintain commitment to the actions they choose (Made, 2012).

According to research conducted by Lolowang, Lumi, & Rattoe, (2020), the side effects often experienced by CKD patients undergoing hemodialysis are that patients experience health problems both physically, psychologically, in social relations and environmental health. This is caused by the frequency of hemodialysis which is usually done 2-3 times a week, with a time span ranging from 4-5 hours. CKD patients undergoing hemodialysis often feel that they have lost hope of life, experience anxiety, worry, nausea and vomiting and can even cause depression. Therefore, this adjustment is increasingly difficult for CKD patients because

patients experience very drastic changes in their daily life routines, because hemodialysis becomes an obligation that CKD patients must carry out. Therefore, patients really need support so that their quality of life can improve. Quality of life is one aspect used to describe health conditions which can be assessed based on physical, psychological health, social relationships and the environment. KH can also be interpreted as a situation where a person gets satisfaction or enjoyment in everyday life. To achieve good KH, a person must maintain physical and mental health so that he can carry out all activities without interference (Wakhid, Wijayanti, & Liyanovitasari, 2018).

The research was conducted to see how much the patient's level of confidence or belief in the disease they are suffering from, patients who have just undergone hemodialysis or <1 year where patients must be able to adapt to the hemodialysis process which must be carried out routinely and for a long time so that it can cause stress, depression and hopelessness. unable to concentrate and unable to accept the appearance of the body. In addition, patients may feel burdened by tight treatment schedules, lifestyle changes, and activity limitations. In contrast to patients who have undergone hemodialysis for >3 years, they often have a low level of anxiety because the patient is able to generalize the patient's belief that if the patient does not undergo hemodialysis routinely, the patient will experience dropsy and be unable to carry out daily activities, which can affect the KH of CKD patients who are currently undergoing hemodialysis. undergoing hemodialysis. Therefore, patients really need support from family, partners and health workers to be able to motivate patients to be persistent in undergoing hemodialysis according to the schedule which is carried out 2-3 times a week with a time span of 4-5 hours. So if the patient carries out hemodialysis according to the provisions, the patient will have a good quality of life. The aim of this research is to analyze the relationship between self-efficacy and the quality of life of chronic kidney failure patients undergoing hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City in 2024.

## **METHOD**

This type of research is analytical observational using a cross-sectional research design. Reasons researchers use design. Cross Sectional studies (cross-sectional) because all research variables are measured...or...observed. moment. simultaneously or only once for each subject during an interview or through filling out a questionnaire. This research was conducted at RSUD Prof. Dr. W.Z. Johannes, Kupang City from April-May 2024. The population in this research were CKD patients undergoing hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City. The total sample in this study was 115 samples. The use of techniques in sampling is very important, this research uses a total sampling technique, namely a sampling technique where the number of samples is the same as the population. Data collection was carried out using interview techniques using a questionnaire consisting of self-efficacy and quality of life questionnaires. The results of the validity test of the GSE questionnaire for the self-efficacy variable carried out by (Deri Gusmardika, 2022) showed that of all the 20 question items, all were declared valid so that all question items could be used for research. Rcount is obtained from the acquisition and total scores. Meanwhile, rtable was obtained from a significance test with a sample size of 14 with (rcount > rtable) which was 0.497 (>0.05) so the question was said to be valid. Meanwhile, the results of the validity test of the WHOQOL-BREF quality of life questionnaire conducted by (Chusmeywati, 2016) using 26 question items on 40 research subjects showed a significant correlation value of 0.72 (>0.05) so that the quality of life questionnaire was said to be valid. The test used in the reliability test is the Cronbach's alpha test, the questionnaire can be said to be reliable with the condition that if the Cronbach's alpha value is >0.60 then it can be said to be reliable. In the reliability test of the quality of life questionnaire with 26 questions for 40 research subjects, the results showed that

the Cronbach's alpha coefficient value was  $> 0.60$ , namely 0.961, so it could be said to be reliable. Meanwhile, the reliability test of the GSE questionnaire with 20 questions carried out on 14 research samples showed that the GSE questionnaire instrument was declared reliable because the Cronbach's alpha coefficient value was  $> 0.60$ , namely 0.815. The statistical test used in this research is the chi-square test to see the relationship between variables and is presented in the form of tables and narratives.

## RESULTS

Table 1.  
Frequency Distribution Based on Characteristics of Respondents with Chronic Kidney Failure Undergoing Hemodialysis

Umur	f	%
15-25 Tahun	4	3,5
26-35 Tahun	8	7,0
36-45 Tahun	8	7,0
46-55 Tahun	22	19,1
56-65 Tahun	48	41,7
66-75 Tahun	25	21,7
Jenis Kelamin		
Laki-Laki	62	53,9
Perempuan	53	46,1
Status Pernikahan		
Menikah	107	93,0
Tidak Menikah	8	7,0
Tingkat Pendidikan		
Tidak Bersekolah	1	0,9
SD	18	15,7
SMP	6	5,2
SMA/SMK	47	40,9
Sarjana/Magister/Doktor	43	37,4
Pekerjaan		
Wiraswasta	10	8,7
Swasta	23	20,0
ASN/PPPK	28	24,3
BUMN/BUMS	0	0,0
TNI/POLRI	2	1,7
Pensiunan	17	14,8
IRT	35	30,4
Lama Menjalani Hemodialisis		
<1 Tahun	35	30,4
1-3 Tahun	37	32,2
>3 Tahun	43	37,4
Penyakit Sebelum Hemodialisis		
Hipertensi	52	45,2
Diabetes Melitus	24	20,9
Hipertensi dan Daibetes Melitus	23	20,0
Kolestrol	1	0,9
Asam Urat	4	3,5
Ginjal	11	9,6

Table 1. Characteristics of the majority of respondents aged 56-65 years, namely 48 respondents (41.7%), gender characteristics, namely male, 62 respondents (53.9%), marital status, namely married, 107 respondents (93.0%) , education level, namely SMA/SMK, 47 respondents (40.9%), occupation, namely housewife, 35 respondents (30.4%), length of time undergoing hemodialysis, namely  $>3$  years, 43 respondents (37.4%) and disease before undergoing hemodialysis, namely hypertension 52 respondents (45.2%).

Table 2.  
Relationship between Strength and Quality of Life in Chronic Kidney Failure Patients Undergoing Hemodialysis

Strength	Kualitas Hidup						Nilai P-Value
	Buruk		Baik		Total		
	f	%	f	%	f	%	
Rendah	21	18,3	7	6,1	28	24,3	0,001
Tinggi	0	0	87	75,7	87	75,7	

Table 3.  
Relationship between magnitude and Quality of Life in Chronic Kidney Failure Patients Undergoing Hemodialysis

Undergoing Remediation							
Magnitude	Kualitas Hidup				Total		Nilai P-Value
	Buruk		Baik				
	f	%	f	%	f	%	
Rendah	19	16,5	48	41,7	67	58,3	0,001
Tinggi	2	1,7	46	40,0	48	41,7	
Total	21	18,3	94	81,7	115	100	

Table 4.  
Relationship between Generality and Quality of Life in Chronic Kidney Failure Patients Undergoing Hemodialysis

Generality	Kualitas Hidup				Total		Nilai P-Value
	Buruk		Baik				
	f	%	f	%	f	%	
Rendah	21	18,3	10	8,7	31	27,0	0,001
Tinggi	0	0	84	73,0	84	73,0	
Total	21	18,3	94	81,7	115	100	

Based on the table above, from the results of the analysis of the relationship between the variables strength, magnitude and generality, a significance value of 0.001 ( $<0.005$ ) was obtained, which shows that there is a significant relationship between the variables strength, magnitude and generality on the quality of life of chronic kidney failure patients undergoing hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City in 2024.

## DISCUSSION

### Age Distribution of Chronic Kidney Failure Patients Undergoing Hemodialysis

Based on research results, the most common age found was 56-65 years, as age increases, the kidneys become less efficient in filtering blood, due to the complex process of kidney aging which causes structural and functional changes in the kidneys. The impact is on microscopic lesions that begin to accumulate until patients experience CKD in elderly patients. Clinically, patients aged 56-65 years have a 2 times greater risk of developing CKD compared to those aged 15-25 years. Patients of this age tend to experience CKD due to an unhealthy lifestyle and lack of physical activity, which causes kidney failure at a young age. For example, often consuming sweet processed foods, salty foods, consuming alcohol, and not consuming enough water. Based on the results of interviews, it was found that several young respondents had high blood pressure and diabetes mellitus. This is in accordance with the opinion which states that increasing age causes the body's cells to weaken, as well as in the kidneys, the

number of functioning nephrons decreases, so that chronic kidney failure is more common in adults or the elderly (Smeltzer, 2017). This is supported by research which states that the majority (38%) of chronic kidney failure patients are aged 46-55 years (Ariyani, 2019)

### **Gender Distribution of Chronic Kidney Failure Patients Undergoing Hemodialysis**

The results of this research found that the majority of respondents were male. Clinically, men have twice the risk than women. This happens because women pay more attention to health and a healthy lifestyle that does not affect kidney function. More men have habits that can affect health, such as smoking, drinking coffee, alcohol, and drinking supplements which can trigger systemic disease which can cause a decrease in kidney function. This lifestyle can trigger prolonged hypertension, which can put you at risk of CKD. Apart from a hormonal physical lifestyle, men have a higher risk than women of experiencing CKD because it occurs more quickly compared to women due to differences in hormone levels. Men have higher testosterone levels, causing loss of kidney function. This is because women have good levels of estrogen and progesterone so they play a very important role in neutralizing the production process in the ovaries so that women are more at risk of degenerative diseases than men. This is in accordance with the theory that prostate enlargement and the formation of kidney stones are more common in men which can develop into kidney failure, besides that men also have more habits that can affect health such as smoking, drinking coffee, alcohol and supplement drinks which can trigger the occurrence of systemic diseases that can reduce kidney function (Black & Hawks, 2014). This is also supported by previous research which states that the majority (56%) of chronic kidney failure patients are male (Mait, 2021)

### **Distribution of Respondents Based on Marital Status in Chronic Kidney Failure Patients Undergoing Hemodialysis**

Based on the distribution of respondents, the majority of respondents were married, namely 107 people (93.0%). This happens because respondents who are married will receive assistance from their partner which is really needed by the respondent when undergoing hemodialysis. Where, patients with married status will receive support from a good partner so that it can increase the self-confidence and self-motivation of respondents in undergoing hemodialysis, so that patients who are married and accompanied by a partner will be more compliant in undergoing the routine hemodialysis schedule that has been determined. However, there are still patients who are married but have a poor quality of life, this is because the couple divides their time to earn a living as the backbone of the family and must accompany their partner when undergoing hemodialysis. Even though the costs are covered by government insurance such as BPJS and KIS, the couple must still earn a living to meet the patient's nutritional needs and transportation costs to undergo hemodialysis. Therefore, the role of the partner is very important to motivate and encourage the patient to always comply with hemodialysis. Respondents who do not have a partner will experience difficulties due to the lack of support received from both their partner and family. Patients who are not married will often feel lonely, causing anxiety, stress and anxiety. This is due to the lack of support received which can affect the quality of life of CKD patients undergoing hemodialysis. This factor makes social support and active participation from partners and family very important in helping respondents increase compliance in undergoing hemodialysis therapy. This research is in line with research conducted by Athiutama (2021) in that the research conducted showed that there was no significant relationship between marital status and quality of life. Research conducted in Brazil by Pretto (2020) also shows that having a partner can provide great social support. Patients who have a partner feel supported in dealing with their illness.

### **Distribution of Respondents Based on Education Level in Chronic Kidney Failure Patients Undergoing Hemodialysis**

Based on the research results, the largest number of respondents were those with a SMA/SMK education level, 47 people (40.9%). This happens because respondents who have higher education will have broader knowledge so that it greatly influences the success in providing information related to health to CKD patients who are undergoing hemodialysis, because the higher a person's level of education, the higher the level of knowledge and will help patients in understand the information received so that it can increase patient awareness and increase respondents' willingness to carry out hemodialysis optimally to maintain their health function. Respondents who have no education level will of course have a very low level of knowledge which can result in gaps related to the information received by patients. This resulted in many respondents feeling hesitant about undergoing hemodialysis because respondents thought that undergoing hemodialysis routinely would not result in optimal recovery. This is in accordance with the opinion which states that patients who have a higher level of education will have a broader level of knowledge, and are accustomed to complex knowledge, such as limiting fluids in patients with chronic kidney failure, so that this will influence their behavior, one of which is limiting fluids in this condition. chronic kidney failure (Aditya, 2023). This is in accordance with previous research which stated that the majority (74.19%) of chronic kidney failure patients had high school/vocational education (Sitiaga, 2015).

### **Distribution of Respondents Based on Occupation in Chronic Kidney Failure Patients Undergoing Hemodialysis**

Based on the distribution of respondents, 35 people (30.4%) had their employment status as housewives. This happens because respondents with the status of housewives have a lower level of knowledge and respondents tend to be more vulnerable to health problems, both physical and psychological. Generally, this is because respondents do not have very strong energy and feel tired quickly, so the activities that respondents usually do are just sitting, watching, sleeping or doing light housework. Respondents who have employment status as housewives are very vulnerable to experiencing hypertension and diabetes mellitus because respondents consume more fast food which can interfere with kidney function. Respondents with employment status as TNI/POLRI were low, namely 2 people (1.7%). This happens because the level of knowledge is very influential, where respondents with employment status as domestic workers will have lower knowledge compared to respondents who have employment status as TNI/POLRI who have a higher level of knowledge where respondents can access more information. Respondents who have jobs will do more physical activity every day so they are less likely to experience diseases that cause problems with kidney function. Respondents who were no longer working showed poor physical condition and felt tired easily. This occurs because, in CKD patients, hemoglobin levels decrease due to inadequate red blood cell production due to impaired erythropoietin secretion. This results in decreased oxygen levels and the amount of energy in the body, which results in weakness in activities, and this affects the patient's ability to carry out activities (Smeltzer, Bare, Hinkle, Cheever, 2008). This is supported by previous researchers, namely that the majority of respondents do not work (IRT). Respondents who are still working are civil servants, entrepreneurs and private employees. Previous research conducted by Rambod & Rafii (2010), Septiwi (2010), Anees et al (2014),

### **Distribution of Respondents Based on Length of Undergoing Hemodialysis in Chronic Renal Failure Patients Undergoing Hemodialysis**

Based on the distribution of respondents, the majority of respondents underwent hemodialysis, namely >3 years, 43 people (37.4%). This happens because respondents who have undergone hemodialysis for a long time have an influence on patient compliance in carrying out health-related treatments. Hemodialysis is a long-term therapy that patients must undergo. The length of the hemodialysis process has an influence on patients and they tend to have lower anxiety levels compared to patients who have just undergone hemodialysis. This is because the longer the patient undergoes hemodialysis, the patient will be more adaptive to the hemodialysis procedure. Patients who have been undergoing hemodialysis for a long time are probably already in the patient acceptance phase with their current condition where patients must routinely undergo hemodialysis twice a week for a period of 4-5 hours. The fewest respondents undergoing hemodialysis were <1 year, 35 people (30.4%). This happens because respondents who have undergone hemodialysis for under 1 year of course need quite a long time to make adjustments, where patients who have just undergone hemodialysis certainly have a high level of anxiety, cannot yet accept their current condition and also the patient is not yet accustomed to the procedure of undergoing hemodialysis. Patients undergoing hemodialysis for <1 year usually cannot accept their illness and often feel depressed, hopeless and anxious. This can influence respondents' compliance in undergoing hemodialysis. This is in accordance with the opinion that) patients undergoing HD for more than one year will have lower physical and social function than Germin in Imelda (2017). From the results of research conducted by Devi & Rahman (2022), patients whose hemodialysis period was less than 12 months experienced a poorer quality of life. This means that the patient's quality of life is influenced by the length of the hemodialysis period, the patient's quality of life will be poor or they are still at the stage of not yet accepting the situation they are experiencing to undergo hemodialysis because they have just experienced or adapted to new conditions.

### **Distribution of Respondents Based on Diseases Suffered Before Undergoing Hemodialysis in Chronic Kidney Failure Patients Undergoing Hemodialysis**

Based on the distribution of hypertension, the highest was 52 respondents (45.2%) and the respondent with the lowest disease was 1 respondent (0.9%). This happens because it is caused by hypertension and CKD which have a very strong causal relationship. Respondents who have a history of hypertension will cause CKD due to damage to the glomerulus caused by continuous high blood pressure, while CKD will cause hypertension because there is a lack of blood intake in the damaged part of the kidney. Insufficient blood intake in damaged kidneys will trigger a vasoconstrictive mechanism in blood vessels which causes hypertension. Hypertension and kidney failure influence each other. Hypertension can cause kidney failure, whereas chronic kidney failure can cause hypertension. Long-lasting hypertension can result in structural changes in arterioles throughout the body, characterized by fibrosis and hyalinization of blood vessel walls. The main target organs are the heart, brain, kidneys, and eyes (Webster et al., 2017).

### **The Relationship Between Strength and Quality of Life in Chronic Kidney Failure Patients Undergoing Hemodialysis**

Based on the results of the Chi Square test carried out on the strength variable and KH of CKD patients, it shows that the p-value is 0.001 (p-value>0.005), meaning that there is a significant relationship between strength and KH of CKD patients undergoing hemodialysis at Prof. Hospital. Dr. W.Z. Johannes Kupang City. This research is in line with research



conducted by (Amalia & Sulistiyawati, 2022) with the research title "The Relationship between Self-Efficacy and KH in Patients Undergoing Hemodialysis at TK Hospital. II Dustira Cimahi" which shows a p-value of 0.000 ( $p < 0.05$ ) which means there is a relationship between SE and KH in CKD patients undergoing hemodialysis. This research shows that quality of life and self-efficacy are closely related to CKD patients undergoing hemodialysis. Patients who are unable to adapt to their disease conditions will result in a decrease in the patient's quality of life. Self-efficacy has a very important role in the self-management of CKD patients in maintaining health behavior, so it is believed that increasing self-efficacy in health behavior can increase the ability to deal with problems that arise during the therapy process, provide motivation to recover and improve the quality of life.

In this study, respondents who had high strength had a good quality of life. This strength dimension is closely related to the social domain so that if the patient has high strength, the patient will be able to relate and interact with other people in carrying out activities, this affects the quality of life of CKD patients. The social support obtained comes from family, relatives and partners, namely in the form of attention, help and empathy which is always given. This support will make CKD patients have hope and confidence in facing various challenges, for example patients believe that staff are able to overcome the side effects caused by hemodialysis, patients believe they are able to control their emotions and face the disease when undergoing hemodialysis, patients have confidence that hemodialysis can improve their health status and prolonging life span, having confidence that every problem and obstacle faced will have a solution, and patients have confidence that they can face difficulties calmly and can overcome problems and then find a way out to continue it. The Strength dimension possessed by CKD patients undergoing hemodialysis will have a positive impact on the quality of life which can be demonstrated through actions in undergoing or dealing with every problem they experience. By facing problems, the patient will continue to learn about the mistakes they have experienced, the patient will not assume that the problems they are experiencing can affect the hemodialysis process being carried out, and the patient will be obedient in undergoing hemodialysis and comply with dietary restrictions so that the patient's KH will be good.

### **The Relationship Between Magnitude and Quality of Life in Chronic Kidney Failure Patients Undergoing Hemodialysis**

Based on the results of the Chi-Square test carried out on the Magnitude variable and KH of CKD patients, it shows that the p-value is 0.001 ( $p \text{ value} > 0.05$ ), meaning that there is a significant relationship between magnitude and KH of CKD patients undergoing hemodialysis at Prof. Hospital. Dr. W.Z. Johannes Kupang City. This research is in line with research conducted by (Wahyuni, 2022) entitled "Development of a Social Support-Based Self Care Model to Improve the Quality of Life of Chronic Kidney Failure Patients Using Hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City". The results of this study show that the SE variable, which includes magnitude, generality and strength indicators, is the only variable that directly influences the KH of CKD patients on hemodialysis. In this study, it was found that good SE was able to influence the enthusiasm of CKD patients to undergo hemodialysis therapy for their survival. SE arises in CKD patients on hemodialysis if there is emotional social support, information, instruments and optimal appreciation from those closest to them, namely family, health workers and community leaders as health policy makers to help CKD patients on hemodialysis carry out self-care. This study states that the quality of life of CKD patients on hemodialysis is directly influenced by the SE variable.

The results of this study showed that there were 48 people who had low magnitude but good KH. Based on the results of interviews conducted with CKD patients who are undergoing hemodialysis, patients with low magnitude, this occurs because the patient is unable to accept and adapt to the disease they are suffering from and is unable to accept the situation of undergoing hemodialysis even though the hemodialysis process is carried out 2 times a week with a time span of 4 -5 hours. This magnitude dimension is closely related to the patient's KH in the physical domain of patients undergoing hemodialysis. The results of the interviews also found that patients had good KH because patients received extraordinary support from family, health workers and partners to motivate patients to undergo hemodialysis regularly. Patients who receive good support will usually be accompanied by their family or partner when undergoing hemodialysis. The form of support or attention given is through attention to the patient's physical appearance such as the patient's physical condition such as the condition of the hair, the patient's physical abilities in the form of the ability to carry out daily physical activities such as eating, drinking, and the ability to interact with fellow patients while undergoing hemodialysis. Therefore, the support received can provide a sense of physical comfort and the patient's confidence to routinely undergo hemodialysis so that it can improve the quality of life of CKD patients undergoing hemodialysis.

The results of interviews conducted on CKD patients found that there were several patients who had high magnitude dimensions and good KH, namely 46 respondents, this happened because CKD patients undergoing hemodialysis had good magnitude where the patient had high confidence to be able to overcome the difficulties experienced at the time. undergoing hemodialysis. This difficulty occurs because CKD patients often experience side effects after undergoing hemodialysis such as nausea, vomiting and dizziness, so with high confidence the patient will be able to overcome these difficulties. In this study, it was found that patients had high confidence that patients should routinely undergo hemodialysis because patients believed that their role was very important in the family and this belief of course came from the motivation obtained from their partners, health workers and family so that they were able to increase their high self-confidence. Patients were able to cope. side effects of the hemodialysis process and being able to carry out daily physical activities, apart from that, the patient is also able to accept the physical condition experienced by the patient after undergoing hemodialysis and the patient's ability to interact with others while undergoing hemodialysis.

**The Relationship Between Generality and Quality of Life in Chronic Kidney Failure Patients Undergoing Hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City** Based on the results of the Chi Square test carried out on the Generality variable and the KH of CKD patients, it shows that the p-value is 0.001 ( $p > 0.05$ ), meaning that there is a significant relationship between generality and the KH of CKD patients undergoing hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City. This research is in line with research conducted by (Nurhayati et al, 2022) entitled "The Relationship between Self-Efficacy and KH in CKD Patients Undergoing Hemodialysis. The results of data analysis using the chi-square test showed results with a p-value of 0.001 ( $p < 0.05$ ), which means there is a significant relationship between self-efficacy and KH in CKD patients who are undergoing hemodialysis. This research explains that high self-efficacy in CKD patients undergoing hemodialysis will have a positive impact on the quality of life, especially when undergoing hemodialysis, which can be demonstrated through actions in dealing with every problem they face, continuing to learn about mistakes they have experienced, and not being stressed by The hemodialysis process must be carried out routinely. Therefore, the positive impact experienced by the patient can affect the patient's quality of life for the better. CKD patients undergoing

hemodialysis had high generality and had good KH as many as 84 people. This is because the patient has a strong hope of undergoing hemodialysis as a new habit for him for life. This hope can convince CKD patients to stick to their goals and achieve the desired goals, patients believe they are able to solve and handle various problems in unexpected situations, when faced with various problems patients believe they can find solutions to solve problems that occur while undergoing treatment. hemodialysis. This behavior is carried out by patients with strong commitment, full awareness, optimism, a sense of peace and joy that always arises in patients when undergoing hemodialysis. This positive influence is used as a motivation for other CKD patients who are undergoing hemodialysis to increase their fighting power, because patients consider that patients have a very important role in the family.

## **CONCLUSION**

There is a relationship between strength and the quality of life of CKD patients undergoing hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kota Kupang, There is a relationship between magnitude and quality of life of CKD patients undergoing hemodialysis at RSUD Prof. Dr. W.Z. Johannes, Kupang City and there is a relationship between generality and the quality of life of CKD patients undergoing hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City. Suggestions for RSUD Prof. Dr. W.Z. Johannes Kota Kupang hopes that officers will comprehensively improve services both physically, socially, psychologically and spiritually to patients to be able to motivate patients to increase patient self-efficacy so that they are compliant in undergoing hemodialysis to improve the quality of life of CKD patients undergoing hemodialysis.

## **REFERENCES**

- Aditya (2023) “Faktor-Faktor yang Berhubungan dengan Kepatuhan Pembatasan Cairan pada Pasien CKD Ruang Rawat Inap Rumah Sakit Sentra Medika Cibinong Kabupaten Bogor,” Universitas Medika Suherman. Tersedia pada: <https://repository.medikasuherman.ac.id/xmlui/handle/123456789/2936>.
- Ari Athiutama, Karakteristik dan Hubungannya dengan Kualitas Hidup Pasien Pasca Stroke. Jurnal Ilmiah Kesehatan Jiwa Volume 3 No 1, Hal 13 - 20, April 2021 p-ISSN 2715-6443 e-ISSN 2721-9429 RSJD Dr. Amino Gondohutomo Provinsi Jawa Tengah
- Ariyani (2019) “Gambaran Karakteristik Pasien Gagal Ginjal Kronis Di Unit Hemodialisa Rumah Sakit Umum Dr. Soekardjo Kota Tasikmalaya,” Jurnal Keperawatan & Kebidanan, 3(2).
- Amalia, I. N., & Sulistiyawati, A. (2022). Pada Pasien Yang Menjalani Hemodialisa Di Rumah Sakit Tk . Ii Dustira Cimahi.
- Aprelia Af'idatul Hunafi. (n.d.). Hubungan Efikasi Diri dengan Kualitas Hidup pada Pasien Penyakit Ginjal Kronik yang Menjalani Hemodialisa di Rumah Sakit Muhammadiyah Lamongan. Jurnal Surya, 12, 02.
- Bachtiar, F., & Purnamadyawati, P. (2021). Gambaran Activity Daily Living (ADL) Pasien Penyakit Ginjal Kronis yang Menjalani Hemodialisis di RS Setia Mitra Jakarta. Jurnal Epidemiologi Kesehatan Komunitas, 127–134.
- Bandura, A. (1997). Self Efficacy – The Exercise of Control (Fifth Printing, 2002). New York: W.H. Freeman & Company.

- Bandura, A. 1998. (1998). Self-Efficacy. *Encyclopedia of Mental health*, 4(1994), 71–78.
- Bayhakki. (2013). *No Titi Seri Asuhan Keperawatan Klien Gagal Ginjal Kronik*, Jakarta, EGC.
- Black & Hawks (2014) *Keperawatan Medikal Bedah: Manajemen Klinis untuk Hasil yang Diharapkan*. Jakarta: Salemba Medika
- Chusmeywati, V. (2016). *Hubungan Dukungan Keluarga Terhadap Kualitas Hidup Penderita Diabetes Melitus di RS PKU Muhammadiyah Yogyakarta Unit II*. Yogyakarta: Program Studi Ilmu Keperawatan Fakultas Kedokteran dan Ilmu Kesehatan Universitas Muhammadiyah Yogyakarta.
- Daugirdas, J. T., Blake, P., Ing, T. S., Daugirdas, J., & Blake, P. (2007). *Handbook Of Dialysis*, Fourth Edition. June, 2007.
- Delima, D., & Tjitra, E. (2017). Faktor risiko penyakit ginjal kronik: Kasus Kontrol di Empat Rumah Sakit di Jakarta Tahun 2014. *Buletin Penelitian Kesehatan*, 45(1), 17–26.
- Efendi, R. (2013). Self Efficacy: Studi Indigenous Pada Guru Bersuku Jawa. *Journal of Social and Industrial Psychology*, 2((2)), 61–67.
- Fadlilah, S. (2019). Faktor-Faktor yang Berhubungan dengan Kualitas Hidup Pasien Hemodialisa'. *Jurnal Kesehatan*, 10, 284–290.
- Handayani R. (2020). *Metodologi Penelitian Sosial*. Yogyakarta: Trusmi Media Grafika.
- Hutagol, E. V. (2017). Peningkatan Kualitas Hidup Pada Pasien Gagal Ginjal Kronik Yang Menjalani Terapi Hemodialisa Melalui Psychological Intervention Di Unit Hemodialisa Rs Royal Prima Medan 2016. 2.
- Keswari, D. R. A. E., Latipun, & Hasanati, N. (2019). *Psikoterapi Positif Untuk Peningkatan Flourishing Penderita Gagal Ginjal* (1st ed.).
- Lolowang, N. L., Lumi, W. M. E., & Rattoe, A. A. (n.d.). Quality Of Life Of Patients With Chronic Kidney Disease Who Undergoing Hemodialysis Therapy. *Jurnal Ilmiah Perawat Manado*, 08((02)), 21–32. <https://doi.org/10.47718/jpd.v8i01.1183>
- Made, R. I. (2012). Efikasi Diri : Tinjauan Teori Albert Bandura. *Buletin Psikologi*, 20(1), 18–25.
- Mait (2021) “Gambaran Adaptasi Fisiologis dan Psikologis Pada Pasien Gagal Ginjal Kronis yang Menjalani Hemodialisis di Kota Manado,” *Jurnal Keperawatan*, 9(2).
- Mulia, D. S., Mulyani, E., Pratomo, G. S., & Chusna, N. (2018). Kualitas Hidup Pasien Gagal Ginjal Kronis yang menjalani Hemodialisis di RSUD Dr. Doris Sylvanus Palangka Raya. *Borneo Journal of Pharmacy*, 1(1), 19–21. <https://doi.org/10.33084/bjop.v1i1.238>
- Muttaqin, Arif & Sari, K. (2011). (2011). *Gangguan Gastrointestinal : Aplikasi Asuhan Keperawatan Medikal Bedah*. Jakarta : Salemba Medika.
- Nurhayati et al. (2022). Hubungan Self Efficacy Terhadap Kualitas Hidup Pasien Gagal

- Ginjal Kronik Yang Menjalani Hemodialisa. *Jurnal Ilmiah Kesehatan Diagnosis*, 17(4), 168–172. <http://www.libnh.stikesnh.ac.id/index.php/jikd/article/view/1061>
- Pratiwi, S. H., Sari, E. A., & Kurniawan, T. (n.d.). Kepatuhan Menjalankan Manajemen Diri Pada Pasien Hemodialisis. *Jurnal Perawat Indonesia*, 3((2)), 131. <https://doi.org/10.32584/jpi.v3i2.308>
- Roza, E. G. A. S. (2017). Yang Menjalani Hemodialisis Di Rsup Dr M . Djamil Padang Tahun 2017 Penelitian Keperawatan Medikal Bedah.
- Rustandi, II., Trando, II., & Pransasi, T. (2018). Faktor-faktor yang mempengaruhi kualitas hidup pasien Cronic kidney disease yang menjalani hemodialisa di ruangan hemodialisa. *Jurnal Keperawatan Silampari*, 1(2), 32–46. <https://doi.org/10.31539/jks.v1i2.8>
- Sagala, D. S. P. (2015). Analysis of Factors Affecting the Quality of Life of Chronic Kidney Failure Patients Undergoing Hemodialysis at the Adam Malik Haji General Hospital in Medan. *Jurnal Ilmiah Keperawatan IMELDA*, 1((1)), 8–16.
- Smeltzer (2017) Keperawatan Medikal Bedah. Jakarta: EGC
- Smeltzer, S.C., Bare, B.G., Hinkle, J.L., Cheever, K.H. (2008). Text Book of Medical and Surgical Nursing. 11 edition. Lippincot: Philadelphia
- Ullu AMA, Nurina L, W. S. (2018). Hubungan status nutrisi dengan kualitas hidup pasien gagal ginjal kronik yang menjalani hemodialisis di RSUD Prof. Dr. W. Z. Johannes. *Cendana Medikal Journal*, 6((3)), 425–37. <https://formilkesmas.respati.ac.id/index.php/formil/article/view/487/198>
- Wahyuni, M. M. D. (2022). Pengembangan Model Self Care Berbasis Dukungan Sosial untuk Meningkatkan Kualitas Hidup Pasien Gagal Ginjal Kronik dengan Hemodialisis di RSUP Prof. Dr. W. Z. Johannes Kota Kupang. [file:///C:/Users/acer/Downloads/DISERTASI\\_101917087324\\_MARIA\\_MAGDALENA\\_DWI\\_WAHYUNI\\_230409\\_222620.pdf](file:///C:/Users/acer/Downloads/DISERTASI_101917087324_MARIA_MAGDALENA_DWI_WAHYUNI_230409_222620.pdf)
- Wakhid, A., Linda Wijayanti, E., & Liyanovitasari, L. (2018). Hubungan Efikasi Diri Dengan Kualitas Hidup Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisis. *Journal of Holistic Nursing Science*, 5(2), 56–63. <https://doi.org/10.31603/nursing.v5i2.2430>
- Webster, A.C. et al. (2017) ‘Chronic Kidney Disease’, *The Lancet*, 389(10075), pp. 1238–1252. doi:10.1016/S0140- 6736(16)32064-5.
- Welly, W., & Rahmi, H. (2021). Self Efficacy Dengan Kualitas Hidup Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisa. *Jurnal Keperawatan Abdurrahman*, 5(1), 38–44. <https://doi.org/10.36341/jka.v5i1.1791>
- WHOQOL Group. (n.d.). Development of the World Health Organization WHOQOL-BREF kualitas hidup assessment. *Psychol Med*; 28, 551–558.
- Wiliyanarti, P. F., & Muhith, A. (2019). Life Experience Of Chronic Diseases Undergoing Hemodialysis Therapy. *Nurseline Journal*, 4(1), 54–60. <https://jurnal.umpp.ac.id/index.php/prosiding/article/view/1069/801>

- Wakhid, A., Linda Wijayanti, E., & Liyanovitasari, L. (2018). Hubungan Efikasi Diri Dengan Kualitas Hidup Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisis. *Journal of Holistic Nursing Science*, 5(2), 56–63. <https://doi.org/10.31603/nursing.v5i2.2430>
- (WHO), W. H. (2012). WHOQOL Measuring Quality of Life: the World Health Organization Quality of life Instruments. 1997. Disponível: [http://www.who.int/mental\\_health/media/68.pdf](http://www.who.int/mental_health/media/68.pdf) Acesso em.