



THE RELATIONSHIP BETWEEN SELF-EFFICACY AND QUALITY OF LIFE IN HEMODIALYSIS PATIENTS

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ABSTRACT

Self efficacy can strengthen adherence to treatment, which in turn increases the level of recovery and self-confidence, thus improving the quality of life of individuals. The objective of this research was to explore how self-efficacy correlates with the quality of life among individuals suffering from chronic kidney failure who are receiving haemodialysis treatment at Pandan Arang Hospital. Employing a cross-sectional methodology, the study utilised an Accidental Random Sampling method. A total of 121 participants were involved in the sample, with Self-efficacy is assessed through the utilisation of the General Self-Efficacy Scale questionnaire and quality of life assessed through the Kidney Disease Quality of Life. GSES validity and reliability results Cronbach Alpha 0.917 with 10 valid questions and KDQOL 36 validity and reliability results Cronbach Alpha 0.925 with 36 valid questions. The analytical method employed in this research involved the Spearman test to determine the relationship between self-efficacy and quality of life. The results showed respondents with self-efficacy are those with high self-efficacy, namely 90 respondents (74.4%). And the most quality of life is with moderate quality of life, namely 77 respondents (63.6%). The results of the tests revealed a significant p value of 0.001 ($p < 0.05$), indicating a meaningful connection between self-efficacy and quality of life. In summary, this study verifies the existence of an association.

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

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INTRODUCTION

The presence of uremia or waste in the bloodstream, accompanied by its complications, indicates progressive kidney damage that necessitates hemodialysis or kidney transplantation to prevent further deterioration. This condition, known as Chronic Kidney Disease (CKD) (Damanik, 2020). Is characterized by kidney impairment lasting longer than three months, manifesting as structural or functional changes, Glomerular Filtration Rate (GFR) that decreases to below 60 ml Once every minute /1.73 m², pathological indicators, alterations in blood and urine composition, and abnormalities detected in imaging tests (Crisanto et al., 2022). Global data states that CKD disease attacks 9.1% to 13.4% of the population or between 700 million and 1 billion people (Sagala et al., 2023). As many as 6.7% of the Indonesian population experiences impaired kidney function, and around 70 thousand people require hemodialysis treatment or kidney transplants (Shaleha et al., 2023). However, the incidence rate in Central Java province in 2018 was 96,794 people, an average of 15 years old, based on a doctor's diagnosis. With a prevalence of 0.1% for CKD sufferers, Boyolali Regency is ranked 22nd in Central Java province (Riskasdas, 2013). According to the findings from the initial study that was carried out in this study, the number of hemodialysis visits at Pandan Arang Regional Hospital in March 2024 was 176 patients.

Hemodialysis therapy is a therapy that can replace the function of the kidneys to remove toxins and Metabolic waste from the blood, which is slightly wasted. The semi-permeable membrane found in the artificial kidney serves to separate blood from fluids, leading to the processes of diffusion, osmosis, and ultrafiltration. Furthermore, various substances including water, sodium, potassium, hydrogen, urea, creatinine, uric acid, and a number of other substances are removed from the bloodstream. Complying with the protocol is mandatory for hemodialysis patients because hemodialysis cannot cure CKD but only repairs damaged kidney function, which can prevent death (Sumah, 2020). A person's confidence in their own abilities to plan and do what it takes to achieve desired outcomes and goals is referred to as self-efficacy. This self-efficacy can support a person in making decisions and committing to what they have done. In CKD patients, self-efficacy has a positive relationship with health outcomes and a person's quality of life. Therefore, patients suffering from end-stage kidney failure who are undergoing adjuvant haemodialysis need self-efficacy to be able to carry out better self-management (Siregar & Putri, 2019). Self-efficacy is an individual's belief in the ability to overcome situations in life. The difference between high and low self-efficacy is also related to the environment and cognitive condition of the individuals (Drama et al., 2020). Bandura stated that an individual's self-efficacy comprises three key components, which include the level of task difficulty, the strength of belief, and generality. These components can significantly influence a person's performance (Akbar et al., 2022).

A person can fulfill their needs depending on personal well-being or perception, known as quality of life. Quality of life is a factor often used to assess individual well-being (Putri & Supratman, 2021). A person can enjoy their life based on the definition of quality of life. To achieve this level of satisfaction, a person must maintain physical, mental, independence, social relationships, personal trust and environmental relationships (Saputra & Rosyid, 2024). Several factors impact the quality of life of individuals suffering from CKD who are receiving hemodialysis. These factors include gender, age, educational background, marital status, and self-efficacy. Among these, self-efficacy stands out as a particularly significant influence on the patient's quality of life, as those undergoing hemodialysis frequently experience a decline in their confidence regarding their ability to tackle the various challenges posed by CKD (Wakhid et al., 2018).

In research conducted by (Noviani et al., 2023) it is said that In patients with chronic kidney failure who are undergoing treatment haemodialysis, there is a relationship between self-efficacy and self-acceptance. Therefore, if chronic renal failure patients have a high level of self-efficacy, they tend to be calmer and able to control themselves well. In addition, according to research (Mayasari et al., 2023) showed that self-efficacy can affect the compliance of chronic kidney failure patients undergoing hemodialysis to fluid restrictions. Compliance is something that influences the treatment process because it can affect the results of the treatment that has been carried out. Self-efficacy can encourage treatment compliance, and increase the rate of recovery and self-confidence (Kurniawan et al., 2019). One component that can affect a person's level of life satisfaction is their level of self-efficacy. Self-efficacy positively correlates with quality of life, so low self-efficacy is associated with poor health and quality of life. Patients with high self-efficacy tend to do healthy things to improve their quality of life (Kristinawati et al., 2023). The purpose of this study was to determine the relationship between self-efficacy and quality of life in chronic kidney failure patients undergoing hemodialysis at Pandan Arang Regional Hospital.

METHOD

This research activity happened in Pandan Arang Regional Hospital, Boyolali Regency, in August 2024. This research is classified as quantitative research, which is a type of correlational analysis research that aims to identify the relationship between variables. The research design used is a cross-sectional approach, which emphasises the measurement or observation of data on independent and dependent variables only once. The population in this study consisted of 176 patients with chronic renal failure undergoing haemodialysis at Pandan Arang Hospital. The sampling method applied in this study was Accidental Random Sampling. In the sample calculation process, the Slovin formula was used with an error rate of 5%, resulting in a sample of 121 respondents. Inclusion criteria included chronic renal failure patients undergoing haemodialysis at Pandan Arang Hospital, willing to become research samples, and able to communicate well. Meanwhile, the exclusion criteria included patients who were not willing to become samples and patients who could not communicate well.

The questionnaire used to measure self-efficacy is the General Self-Efficacy Scale (GSES), which consists of ten items with five answer options. The options included: very inappropriate with a score of 1, inappropriate with a score of 2, appropriate with a score of 3, and very appropriate with a score of 4. To assess quality of life, the Kidney Disease Quality of Life Short Form 36 (KDQOL SF 36) questionnaire was used, which serves as a quality of life measurement tool for kidney failure patients undergoing haemodialysis. This instrument comprises 36 questions spanning 8 dimensions: physical work with 10 questions, physical confinements with 4 questions, body torment with 2 questions, common wellbeing with 6 questions, social work with 2 questions, passionate confinements with 3 questions, imperativeness with 4 questions, and mental wellbeing with 5 questions. For score interpretation, namely a value of 0-24 poor quality of life, a value of 25-60 moderate quality of life, a value of 61-83 good quality of life, a value of 84-99 excellent quality of life, 100 excellent quality of life. Score calculation from the total of all final values of the questions divided by the number of questions. The GSES and KDQOL SF 36 instruments do not need to be tested for validity and reliability because both of these instruments have been standardized and are considered valid.

This research has met the ethical standards submitted to the Faculty of Health Sciences, Universitas Muhammadiyah Surakarta with number 532/KEPK-FIK/IX/2024. To analyse the relationship between self-efficacy variables and quality of life variables, the Spearman test was used. This Spearman test has a significant limit of 0.05, to be reasonable to conclude that variables with $p < 0.05$ are considered significant (Kurnia et al., 2024). Data collection using a questionnaire that measures self-efficacy is GSES, the results of which have validity and reliability of Cronbach's alpha of 0.917 with 10 valid questions and quality of life using KDQOL 36, the results of which have validity and reliability of Cronbach's alpha of 0.925 with 36 valid questions.

RESULT

In this study, out of 121 respondents, most were adults aged 25 to 64 years, 87 of them (71.9%) were male, and 62 of them (51.2%) were female. The most respondents' education was high school, with 43 of them (35.5%), and the most occupation was farmer, with 30 of the respondents (24.8%).

Table 2, respondents with self-efficacy are those with high self-efficacy, namely 90 respondents (74.4%). And the most quality of life is with moderate quality of life, namely 77 respondents (63.6%).

Table 1.
Respondent characteristics (n= 121)

Respondent characteristics	f	%
Age		
Teenagers (10-19 years)	1	0.8
Young Adults (20-24 years)	3	2.5
Adults (25-64 years)	87	71.9
Elderly (>65 years)	30	24.8
Gender		
Female	62	51.2
Male	59	48.8
Education		
Elementary School	38	31.4
Middle School	19	15.7
High School	43	35.5
D3	11	9.1
S1	9	7.4
S2	1	0.8
Occupation		
Farmer	30	24.8
Housewife	28	23.1
Laborer	17	14
Private Employee	9	7.4
Civil Servant	14	11.6
Self-Employed	21	17.4
Student	1	0.8
TNI	1	0.8

Table 2.
Univariate Analysis (n= 121)

Univariate Analysis	f	%
Self-Efficacy		
High	90	74.4
Low	31	25.6
Quality Of Life		
Very Good	4	3.3
Good	30	24.8
Average	77	63.6
Poor	10	8.3

Table 3.
Bivariate Analysis (n= 121)

Self-Efficacy	Quality Of Life										p-value
	Poor		Average		Good		Very Good		Total		
	f	%	f	%	f	%	f	%	f	%	
Low	10	32.2	16	51.6	4	12.9	1	3.2	31	100	0.001*
High	0	0.0	61	67.8	26	28.9	3	3.3	90	100	

The comes about from the cross-tabulation over, which analyzes the connection between self-belief and quality of life, uncover that there are 10 respondents (32.2%) with moo self-efficacy who report destitute quality of life . Additionally, 16 respondents (51.6%) with low self-efficacy fall into the moderate quality of life category, while 4 respondents (12.9%) are classified as possessing a high standard of living, and 1 respondent (3.2%) is noted as having very good quality of life. Conversely, there are no respondents (0.0%) with high self-efficacy experiencing poor quality of life. However, 61 respondents (67.8%) with high self-efficacy report a moderate quality of life, followed by 26 respondents (28.9%) classified as having good quality of life, and 3 respondents (3.3%) enjoying very good quality of life. According to the Spearman statistical test, accompanied by a p-value of a value of 0.000 ($p < 0.05$)

indicates a rejection of the null hypothesis (H₀). This suggests There is a notable connection between self-efficacy and the quality of life of chronic kidney failure patients undergoing haemodialysis at Pandan Alang Hospital. Higher levels of self-efficacy are associated with better the quality of life of patients with chronic renal failure undergoing haemodialysis.

DISCUSSION

According to the results of the measurement of self-efficacy levels at Pandan Arang Hospital, the majority of respondents showed a high level of self-efficacy, namely 90 respondents (74.4%). In line with research conducted by Fatmawati, Suprayitna, and Istianah, (2021), our results of 22 respondents showed a high level of self-efficacy, namely 22 respondents or 73.3% of the total. This study found that age, gender, education level, and experience can be factors causing low self-efficacy in Mambalan Village. The results show that most people are aged 41 to 60 years. A person who has good experiences will have better health and be more motivated to live a healthier lifestyle. Conversely, people who have bad experiences will have lower health and motivation. The self-efficacy that is felt is the ability of a person to plan and apply effective behavior to achieve the desired results in various conditions that influence their lives and estimate the efforts and perseverance needed to achieve their life goals (Fajar & Aviani, 2022).

In the study of (Khoirunissa et al., 2023) it was found that 48 people with hypertension at the Ragunan Village Health Center showed high self-efficacy, namely 51.1% of respondents. The study states that high self-efficacy can describe a strong understanding of a person's potential so that they can carry out good health care and behavior. According to Bandura's 1994 theory, signs of individuals who have low self-efficacy are difficulty doing tasks, not trying to solve problems, not being able to learn from the past, being anxious, often stressed, and depressed. Conversely, individuals who have high self-efficacy are more active and creative in solving problems, which allows them to avoid stress and depression and achieve their best work results (Mahsunah & Musbikhin, 2023). Based on the results of measuring the quality of life in chronic kidney failure patients undergoing hemodialysis at Pandan Arang Hospital, the most results were with moderate quality of life, namely 77 respondents (63.6%). This is the research of (Enggraini et al., 2023) conducted at the Telaga Dewa Health Center, Bengkulu City, which showed moderate quality of life with 24 respondents (52.8%). It is stated that individuals are expected to participate in social activities to improve social interaction with their environment to maintain quality of life.

In the study of (Imanda & Susanti, 2024) the results of respondents with moderate quality of life were 42 respondents (71.2%). Self-care, medication, and diet are important factors in the quality of life of individuals suffering from type 2 diabetes mellitus at the Batu Panjang Rupa Riau Health Center. Many individuals who do not comply with these controls cause physical and mental disorders, which lead to a worse quality of life. A person's perception of their position in their life is known as quality of life. Both from the cultural context where they reside and engage in daily life, along with their aspirations, expectations, and standards focus of life relate to several aspects (aspects of physical, psychological, social, and environmental conditions in everyday life) (Ariyanto et al., 2020). The definition of quality of life according to the World Health Organization of Life Group (WHOQOL Group) theory is a person's perception of their function in their life based on the values and culture of the place where they live, relationships with others, carrying out their life goals, expectations, applicable rules, Physical well-being, mental condition, degree of independence, social connections, beliefs, and more. Quality of life is a personal assessment made in the context of the environment, culture, and society (Umam et al., 2020).

The ongoing research findings concerning chronic kidney failure patients receiving haemodialysis at Pandan Arang Regional Hospital indicate a the relationship between self-belief and patients' quality of life. With a significant Spearman test result of with a value of 0.001 ($p < 0.05$), it can be concluded that the null hypothesis is rejected, suggesting a connection between self-efficacy and quality of life. Patients with higher self-efficacy are likely to enjoy a better quality of life. In this research, it is in accordance with research conducted by (Dariska et al., 2023), the findings reveal a p-value of 0.002, which is less than 0.05, which signifies a notable correlation Between self-confidence and the standard of living among patients with cervical cancer. Additionally, the correlation coefficient achieved is 0.429, suggesting a moderate positive the connection between self-belief and the quality of life of these patients. In the study conducted by (Manuntungi, 2023), a significant association was found between self-confidence and the quality of life of patients. The recorded value of 0.005 falls below both 0.05 and 0.01, suggesting that increased levels of self-belief contribute to the maintenance of quality of life in individuals dealing with hypertension. An enhanced belief in one's abilities motivates patients to engage in constructive behaviours and pursue recovery following various treatment processes, ultimately leading to an improvement in their quality of life.

In the research conducted (Suardana et al., 2020) the Spearman Ranks test result is 0.05, so there is a strong relationship between self-efficacy and the quality of life of COPD patients at RSUD Mangusada Badung and the correlation coefficient value (r) is 0.649. The better the self-efficacy, the patient will be able to take care of themselves and the quality of life will increase. Conversely, if self-efficacy is lacking, the condition will worsen and the quality of life will decrease. Research (Munir et al., 2020) in patients with type 2 diabetes militus in the internal room of the Makassar City General Hospital, the better self-efficacy, the better the quality of life. Self-efficacy can be an independent intervention to improve the patient's quality of life. The connection the relationship between self-belief and quality of life is particularly robust, as Self-efficacy plays an essential role in influencing an individual's quality of life. The more confident a person is in their ability to confront challenges or problems and achieve their desired objectives, the better their quality of life tends to be. This can be observed in aspects such as stress management, health maintenance, building social relationships, and achieving personal goals.

CONCLUSIONS

At Pandan Arang Hospital, a significant proportion of respondents experiencing chronic kidney failure and undergoing haemodialysis demonstrated a high level of self-efficacy, with 90 individuals accounting for 74.4% of the total sample. Furthermore, the majority of respondents reported a moderate quality of life, amounting to 77 individuals or 63.6%. The results, which were statistically significant at 0.000 ($p < 0.05$), Demonstrate a correlation Between self-belief and the standard of living among Patients with chronic kidney failure who are receiving treatment haemodialysis at Pandan Arang Hospital. Consequently, it is crucial for these patients to maintain their self-confidence in order to preserve their standard of living.

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