

## Quality of Life of Chronic Kidney Failure Patients Treated at Dr. R. Koesma Tuban

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### Abstract

**Introduction:** Chronic kidney failure (CKD) is a significant health problem throughout the world. The quality of life of a chronic kidney failure patient can decrease due to experiencing obstacles in carrying out activities. As a result, chronic kidney failure patients will withdraw from their environment and activities. **Objective:** The aim of this study is to describe the quality of life of chronic kidney failure patients treated at RSUD dr. R. Koesma Tuban. **Method:** Descriptive research design with a cross-sectional approach. The study population was patients with chronic kidney failure at RSUD dr. R. Koesma Tuban numbered 31 people, with a sample size of 31 people. The sampling technique used was total sampling. Research variables for quality of life in chronic kidney failure patients. Data was collected using a questionnaire and descriptive data analysis was carried out using frequency and percentage distribution tables. **Results:** The results of the study showed that all Chronic Kidney Failure patients treated at RSUD dr. R. Koesma Tuban, most (51.6%) aged 46-55 years, most (51.6%) male, almost half (35.40%), high school education level, most (61, 2%) do not work and the majority (58%) suffer <1 year. So chronic kidney failure patients have a very good quality of life. Almost all physical health domains are very good (80.6%), psychological health is mostly good (61.2%), social relationships are mostly good (61.2%), and relationships with the environment are mostly good (61.2%). **Conclusion:** Efforts to improve patient quality of life by providing various interventions including education, prevention, early detection and appropriate management. Among other things, by providing appropriate education, providing comprehensive support, ensuring access to necessary care, health workers play an important role in reducing the incidence of CKD.

**Keywords:** Quality Of Life And Chronic Kidney Failure Patients

### INTRODUCTION

Chronic kidney disease (CKD) has become a widespread global health concern, with the incidence of kidney disease continuing to increase every year, impacting all aspects of an individual's life because the changes that occur result in a progressive decline in kidney function that cannot be fully restored. According to data from the United State Renal Disease Data System (USRDS) in the United States, the incidence of chronic kidney disease increases by 20-25% every year, with 100,000 new patients diagnosed every year in America. A similar situation is also occurring in Indonesia today. Chronic kidney disease has been included in the list of the top 10 chronic diseases in Indonesia. According to a report from the Indonesian Nephrology Association (Pernefri), every year there are 200,000 new cases of chronic kidney failure in Indonesia. (Siswandi, et al, 2021).

According to data from the World Health Organization (WHO), in 2019, the number of patients with chronic kidney failure (CKD) worldwide reached 15% of the population and caused 1.2 million deaths. In 2020, there were 254,028 cases of death due to chronic kidney failure. Data

for 2021 shows more than 843.6 million cases, with estimates that the number of deaths due to chronic kidney failure will increase to reach 41.5% in 2040. This significant figure places chronic kidney failure in 12th place among all dead cause. (WHO, 2021). Based on data from the Ministry of Health in 2023, the number of kidney disease sufferers in Indonesia reached more than 700,000 people. In the same year, there were 1.5 million kidney failure sufferers which cost 2.92 trillion rupiah, and if not controlled, these costs are expected to continue to increase every year because the number of sufferers increases.

Chronic kidney failure is a significant global problem because it is a disease that is difficult to cure, coupled with high costs of care and treatment. Irreversible kidney failure conditions require ongoing renal replacement therapy. Without renal replacement therapy, the risk of death from metabolic disorders can increase rapidly. (O'Callaghan, 2007, in Zubad, et al, 2022).

The majority of chronic kidney failure cases in Indonesia are caused by hypertension, with the number of patients reaching 19,427 (36%) which is the highest number, followed by Diabetic Nephropathy at 14,998 (28%), Primary Glomerulonephritis (GNC) at 5,447 (10%), cases with unknown cause for 6,224 (12%), as well as various other conditions such as chronic pyelonephritis for 1,641 (3%), obstruction for 1,800 (3%), gout nephropathy 751 (1%), polycystic kidney 498 (1%), and SLE 386 (1%) according to 2018 Indonesian Renal Registry (IRR) data.

According to data from Riskesdas in 2020, the highest prevalence rate of chronic kidney disease was recorded in North Kalimantan, reaching 6.4%, while in East Java it reached 1.9%. The highest prevalence is in the 65-74year age group, with a figure reaching 8.23% (Syarifudin, 2020).

Data obtained from the Tuban District Health Service shows that the number of patients with chronic kidney disease was 480 people in 2019, 436 people in 2020, and 473 people in 2021 in 33 community health centers (Tuban Health Service, 2021, in Rahmawati, 2022).

Data from RSUD Dr. R. Koesma Tuban, in 2024 there will be 31 patients suffering from chronic kidney failure from January to March (RSUD Dr. R. Koesma Tuban, 2023). The main causal factor in the increase in cases of chronic kidney failure involves clinical conditions both inside and outside the kidneys. Examples of conditions from within the kidney include Glomerulonephritis, Pyelonephritis, Nephrolithiasis, Kidney Cysts, and so on, while those from outside the kidney include Diabetes Mellitus, Hypertension, Dyslipidemia, Pulmonary Tuberculosis, and others (Hadrianti, 2021) If impaired kidney function is not treated immediately, it can significantly affect the patient's quality of life and can even cause serious complications such as anemia, renal osteodystrophy, heart failure, and erectile dysfunction (Hidayat, 2021).

Patients with chronic kidney failure can experience a decrease in quality of life due to difficulty in carrying out daily activities. They often feel lethargic, tired, and depressed due to their health condition. This can cause patients to withdraw from their usual social interactions and activities (Darsini, 2023, in Rosyidah, et al, 2023).

The quality of life of patients with chronic kidney failure is greatly influenced by a number of factors including age, gender, level of knowledge, comorbidities, social support, spiritual aspects, and employment (Pratiwi, et al, 2023). WHO (as quoted in Ekasari, Riasmini, & Hartini, 2018) uses WHOQOL-BREF which consists of four domains to assess quality of life, namely: 1) Physical health aspects include energy levels, fatigue, pain sensation, sleep patterns, ability to move, daily activities, dependence on treatment and medical assistance, and ability to work. 2) Psychological health includes perception of body image, negative and positive emotions, self-esteem, ability to think, learn, memory, focus, aspects of spirituality, and personal beliefs. 3) The social relationship aspect involves interactions in personal relationships, social support received, and sexual activity. 4) Health in the context of relationships with the environment involves financial resources, level of freedom, physical security, accessibility to health and social services, environmental conditions of residence, opportunities to acquire new information and skills, participation in social activities, recreation, and physical environmental factors such as pollution, noise, traffic and climate (Pratiwi, 2023).

To improve the quality of life of patients with chronic kidney failure, steps that can be taken include: carrying out regular health checks, participating in regular physical activity and exercise to maintain body fitness, monitoring and maintaining blood sugar levels and blood pressure within the normal range, maintain body weight at an ideal level, consume 8-10 glasses of water per day and not exceed or less than 500 cc, stay away from smoking, carry out regular kidney function checks, avoid long-term use of anti-pain medication without a doctor's recommendation, following a healthy eating pattern with a balanced calorie intake, ensuring adequate rest, managing stress effectively (Ministry of Health of the Republic of Indonesia, 2018).

## METHOD

This research design is descriptive with a cross-sectional approach. The study population was patients with chronic kidney failure at RSUD Dr. R. Koesma Tuban numbered 31 people, with a sample size of 31 people. The sampling technique uses a type of non-probability sampling, namely Total Sampling. The variable in this study is the quality of life of chronic kidney failure patients.

Data was collected using a questionnaire and descriptive data analysis was carried out using frequency and percentage distribution tables.

## RESULTS

**Table 4.1 Characteristics (Age, Gender, Education, Occupation, Length of Suffering) of Chronic Kidney Failure Patients Treated at RSUD Dr. R. Koesma Tuban June 2024**

Age	Frequency (n)	Percentage (%)
17-25 year	0	0%
26-35 year	5	16,10%
36-45 year	7	22,50%
46-55 year	12	38,70%
56-65 year	4	12,90%
>65 year	3	9,60%
<b>Total</b>	<b>31</b>	<b>100%</b>
Gender	Frequency (n)	Percentage (%)
Man	16	51,60%
Woman	15	48,30%
<b>Total</b>	<b>31</b>	<b>100%</b>
Education	Frequency (n)	Percentage (%)
No school	0	0%
Elementary school	9	29%
Junior high school	7	22,50%
Senior high school	11	35,40%
College	4	12,90%
<b>Total</b>	<b>31</b>	<b>100%</b>
Work	Frequency (n)	Percentage (%)
Work	11	35,40%
Doesn't work	19	61,20%
<b>Total</b>	<b>31</b>	<b>100%</b>
Long Suffering	Frequency (n)	Percentage (%)
<1 year	18	58%
≥ 1-3 year	7	22,50%
≥3 year	6	19,30%
<b>Total</b>	<b>31</b>	<b>100%</b>

Based on table 4.1, it shows that almost half of chronic kidney failure patients (38.7%), aged 46-55 years, most (51.6%) are male, almost half (35.40%) have a high school education, the majority (61.2%) did not work and the majority (58%) had suffered <1 year.

#### 4.1.3 Special Data

**Table 4.2 Distribution of Quality of Life in Chronic Kidney Failure Patients treated at RSUD Dr. R. Koesma Tuban June 2024**

Quality of Life	Frequency (n)	Percentage (%)
Not enough	0	0%
Enough	0	0%
Good	0	0%
Very good	31	100%
<b>Total</b>	<b>31</b>	<b>100%</b>

Based on table 4.2, it shows that all (100%) Chronic Kidney Failure patients have a very good quality of life.

**Table 4.3 Distribution of Physical Health of Chronic Kidney Failure Patients Treated at RSUD Dr. R. Koesma Tuban June 2024**

Physical Health	Frequency (n)	Percentage (%)
Not enough	0	0%
Enough	4	12,9%
Good	25	80,6%
Very good	2	6,4%
<b>Total</b>	<b>31</b>	<b>100%</b>

Based on table 4.3, it shows that almost all of them (80.6%). Chronic Renal Failure patients are in very good physical health.

**Table 4.4 Distribution of Psychological Health of Chronic Kidney Failure Patients treated at RSUD Dr. R. Koesma Tuban June 2024**

Psychological Health	Frequency (n)	Percentage (%)
Not enough	0	0%
Enough	5	16,1%
Good	19	61,2%
Very good	7	22,5%
<b>Total</b>	<b>31</b>	<b>100%</b>

Based on table 4.4, it shows that the majority (61.2%) of Chronic Kidney Failure patients are in good psychological health.

**Table 4.5 Distribution of Social Relationships of Chronic Kidney Failure Patients Treated at RSUD Dr. R. Koesma Tuban June 2024**

Social Relations	Frequency (n)	Percentage (%)
Not enough	0	0%
Enough	0	0%
Good	19	61,2%
Very good	12	38,7%
<b>Total</b>	<b>31</b>	<b>100%</b>

Based on table 4.5, it shows that the majority (61.2%) of Chronic Kidney Failure patients are in good social relations.

**Table 4.6 Distribution of Relationship with Environment of Chronic Kidney Failure Patients treated at RSUD Dr. R. Koesma Tuban June 2024**

Relationship with the Environment	Frequency (n)	Percentage (%)
Not enough	0	0%
Enough	0	0%
Good	19	61,2%

Very good	12	38,7%
<b>Total</b>	<b>31</b>	<b>100%</b>

Based on table 4.6, it shows that the majority (61.2%) of Chronic Kidney Failure patients are in a good relationship with the environment.

## DISCUSSION

### 4.2 Discussion

#### 4.2.1 Characteristics of Chronic Kidney Failure patients (age, gender, education, occupation, length of suffering) treated at RSUD dr. R. Koesma Tuban June 2024

##### 1. Age Characteristics

Based on the results of research that has been carried out, it is known that almost half of chronic kidney failure patients are aged 46-55 years. According to Pratiwi (2023) As a person ages, there is a clear correlation with the quality of life of chronic kidney failure patients. At age over 40 years, there is a progressive decline in renal function, where the glomerular filtration rate decreases gradually until it reaches 50% at the age of 70 years. This decrease in kidney function can affect the kidney's ability to respond to sudden changes in fluids and electrolytes as a person ages. In addition, age is an important factor that influences various aspects of the course of the disease and management of chronic kidney failure, and has an impact on the patient's quality of life. Age influences many aspects of the disease course and management of CKD, which ultimately impacts the patient's quality of life. Overall, the quality of life of CKD patients aged 46-55 years is influenced by dominant physical, psychological, social relationships and environmental factors.

According to the researchers' analysis, almost half of the chronic kidney failure patients were found to be aged 46-55 years. Chronic kidney failure is a condition characterized by gradual loss of kidney function over time. In this age group, many patients undergoing hemodialysis (HD) suffer from CKD due to decreased kidney function. As we age, the kidneys tend to experience decreased renal function, resulting in a reduced ability to respond efficiently to acute changes in fluid and electrolyte balance.

##### 2. Gender Characteristics

Based on the results of research that has been carried out, it is known that the majority of chronic kidney failure patients are male. According to Pratiwi (2023), the quality of life of female respondents tends to be better than male respondents, with the prevalence of chronic kidney failure being higher in men. This difference is caused by factors such as work, lifestyle, and physiological conditions that differ between individuals. Men's quality of life generally shows a lower level than women because of certain habits that can affect health, such as smoking, consuming coffee,

alcohol, and supplements that have the potential to cause systemic disease and reduce kidney function (Suri, et al, 2016, in Pratiwi, 2023). In contrast, women tend to have lower scores in terms of functional capacity, physical aspects, pain, and mental health compared to men, which has the potential to affect their quality of life (Lemos et al., 2015, in Pratiwi, 2023).

According to researchers' analysis, men have a higher risk of suffering from chronic kidney failure than women. Differences in quality of life between male and female chronic kidney failure patients can be caused by various factors, including differences in work, lifestyle, and physiological conditions between individuals. Male patients who experience chronic kidney failure tend to have a tendency to engage in habits that can have a negative impact on health, such as smoking, consuming coffee, alcohol and supplements that have the potential to trigger systemic disease and reduce kidney function.

### **3. Educational characteristics**

Based on the results of research that has been conducted, it is known that almost half of chronic kidney failure patients have a high school education level. According to Pratiwi (2023), the majority of chronic kidney failure patients have elementary, middle school, high school and tertiary education. The level of education is an important factor in determining the level of awareness of the importance of a person's health. Judging from a person's level of education, the majority have elementary, middle school, high school and tertiary education. The level of education is related to the quality of life of kidney failure patients. Education has a very significant role in human life and as a means of developing human resources. Through education, a person can fight backwardness. Education also has the ability to increase an individual's capacity to acquire new knowledge and skills, thereby producing productive individuals. The higher a person's level of education, the more likely he or she will show positive behavior because the education received provides a strong foundation of understanding and expands knowledge and understanding of the importance of health to achieve healthy behavior. This can improve a person's physical, mental and social health, as well as make them more economically and socially productive. Education can also help individuals change unhealthy lifestyle patterns or behavior, as well as influence behavior in seeking optimal care and treatment to resolve the health problems they face.

According to researchers' analysis, although many high school educated patients in HD rooms experience chronic kidney failure. Most patients with chronic kidney failure have diverse educational backgrounds, from elementary school, middle school, high school, to university. This level of education plays an important role in forming individual awareness regarding the



importance of health. Education not only functions as a means of developing human resources, but also helps individuals to come out of backwardness. Through education, a person can develop new abilities in learning knowledge and skills, which ultimately makes him more productive.

Higher education tends to encourage positive behavior because it provides a better foundation of understanding, knowledge and insight into the importance of health. This allows a person to be more aware of healthy behaviors and plays a role in improving their physical, mental and social well-being. This also impacts their ability to seek the best care and treatment for the health problems they face, as well as change unhealthy lifestyle patterns.

#### **4. Job characteristics**

Based on the results of research that has been carried out, it is known that the majority of chronic kidney failure patients are not working.

According to Pratiwi (2023), work is also a factor that influences the quality of life of patients with kidney failure. This is due to the fact that patients undergoing dialysis often experience a loss of productive life due to their health condition, so that many patients have difficulty maintaining their jobs. Occupation plays an important role in influencing the quality of life of CKD patients. Aspects such as stress levels and workload, time and flexibility, social and economic support, activity levels, and work-life balance all contribute to a patient's physical and mental well-being. A holistic and sensitive approach to individual needs in the workplace can help improve the quality of life of CKD patients, enabling them to manage their condition more effectively while maintaining productivity and well-being. Chronic kidney failure (CKD) patients who earn high incomes tend to have a better quality of life in various aspects, including functional capacity, pain experience, social roles, physical and emotional health, and mental health (Lemos et al., 2015, in Pratiwi, 2023).

According to researchers' analysis, patients on HD with chronic kidney failure often experience several obstacles that make it difficult for them to work or even unable to work at all. Therefore, many chronic kidney failure patients on HD choose not to work or reduce their working hours. This is because patients who undergo dialysis require a long time and often take working hours. This situation has resulted in many patients having difficulty maintaining their jobs. A holistic approach and sensitivity to individual needs in the workplace can help maintain employment status in CKD patients to manage their condition more effectively while maintaining workplace productivity.



## 5. Characteristics of long suffering

Based on the results of research that has been carried out, it is known that the majority of chronic kidney failure patients suffer for <1 year

According to Pratiwi (2023), the longer chronic kidney failure patients undergo hemodialysis, the impact it will have on their health in the future. Many patients who receive hemodialysis feel like they accept their fate with grace and without fear. According to Hadrianti (2021), patients who undergo hemodialysis have a better quality of life. The hemodialysis process and its duration of less than one year is an adaptation period for each patient, and the longer patients undergo hemodialysis, the better their adaptation tends to be because they have received the necessary health education and further information from health workers. The long duration of hemodialysis helps patients to better understand the importance of adherence to the hemodialysis process, so that they can feel the benefits of this therapy.

The duration of suffering <1 year of CKD affects the patient's quality of life through various mechanisms involving decreased physical function, increased mental and emotional stress, social and economic impacts, as well as challenges in adherence to treatment and constant lifestyle adjustments all contribute to a decrease in the patient's quality of life. However, with appropriate treatment and effective strategies, the patient's quality of life can be maintained or even improved (Hadrianti, 2021)

According to researchers' analysis, the condition in which HD patients suffer from chronic kidney failure for < 1 year. Patients who have just undergone hemodialysis therapy experience an improvement in their quality of life because the patient is still in the adaptation stage to the treatment process. Patients feel better physically after receiving the necessary treatment. However, for patients who have undergone hemodialysis for a long period of time, the patient's quality of life decreases because the patient has to continuously undergo this procedure without interruption.

Patients who received hemodialysis treatment all had a better quality of life. This is because hemodialysis helps maintain fluid and electrolyte balance in the body, as well as cleansing the blood of harmful substances. With health education and information provided by health workers during the hemodialysis process, patients can understand the importance of compliance with this procedure so that they can experience the benefits. The length of time undergoing hemodialysis can also be a determining factor in improving patient adaptation to the procedure.

### 4.2.2 Quality of Life of Chronic Kidney Failure patients treated at RSUD Dr. R. Koesma Tuban June 2024

Based on the results of research that has been carried out, it is known that all chronic kidney failure patients have a very good quality of life

Quality of life, or Quality of Life, is an individual's personal evaluation of the health condition they are experiencing. According to Moghaddam's view (Montazeri, 2018, in Pratiwi, 2023), quality of life can be interpreted as a conceptual measure to evaluate the impact of therapy given to patients with chronic diseases. Quality of life measurements include aspects of well-being, survival, and the individual's ability to carry out daily activities independently. WHO Quality of Life (WHOQOL) defined by the World Health Organization refers to an individual's perception of their position in life, taking into account cultural context, value systems, goals, expectations and standards of living (World Health Organization, 2018, in Pratiwi, 2023).

According to researchers' analysis, patients with chronic kidney failure can have a very good quality of life even though they experience serious medical conditions because of several supporting factors. Quality of life for hemodialysis patients describes how the therapy the patient undergoes affects their overall life. It's not just about how long the patient can survive, but also how the patient's daily well-being is, both physically and emotionally. After undergoing hemodialysis, there are many changes that patients experience. In terms of physical well-being, patients often feel tired and low on energy after a dialysis session.

Physical well-being in routine hemodialysis patients helps maintain fluid and electrolyte balance in the patient's body, as well as removing metabolic waste that the kidneys cannot dispose of. This helps reduce symptoms such as fatigue, nausea, and swelling, so patients can feel healthier and have more energy to carry out daily activities. Effective hemodialysis therapy can extend the life expectancy of patients with kidney failure. With good medical supervision and regular care, the risk of serious complications can be reduced, so that patients can enjoy a longer and better quality of life.

The ability to be independent in daily activities for HD patients both at home and in hospital thanks to the help of effective care staff and family support when the patient is undergoing HD. The ability to independently carry out activities such as eating, bathing, dressing, self-care, working, and participating in social activities is very important to maintain a sense of self-worth in interacting with those around you.

Patients undergoing hemodialysis have a good perception of life in society, especially in the life of their families, where patients are supported a lot by their families when undergoing HD, such as patients who are always accompanied during HD, assisted financially, and given

convenience to patients to carry out activities according to their abilities.

The patient's life goals also experience adjustments. Previously, patients were more focused on career and material achievements, but now, patients value health and personal relationships with family members and those closest to them who always provide support for their recovery. Patients' hopes are now simpler, such as enjoying time with family, being able to do hobbies, and contributing to the community around them, such as regular recitation of the Koran and activities to maintain cleanliness in their surroundings.

#### **4.2.3 Physical Health of Chronic Kidney Failure Patients treated at RSUD Dr. R. Koesma Tuban June 2024**

Based on the results of research that has been carried out, it is known that almost all patients with chronic kidney failure have very good physical health.

The quality of life of chronic kidney failure patients is evaluated from the aspect of physical health. This is in accordance with the quality of life theory according to WHOQoL (The World Health Organization Quality of Life) (Hartini, et al, 2018 in Pratiwi, 2023). Aspects included in the physical health domain include energy and fatigue levels, sensations of pain and discomfort, sleep and rest patterns, ability to move, daily activities, dependence on treatment and medical assistance, and ability to work.

According to Pratiwi (2023) Good physical health provides the energy and vitality needed to carry out daily activities. It allows a person to work, play, and participate in various activities more effectively and enthusiastically. Good physical health reduces complications due to the HD process. This situation allows patients to enjoy a longer and better quality life. The physical health of chronic kidney failure (CKD) patients is considered good because they carry out various comprehensive and coordinated care steps. Good physical health allows a person to maintain independence for longer. This importance of living everyday life without depending on others is invaluable. CKD patients have good physical health because several factors cause good physical health and lead to improved quality of life, namely: following the hemodialysis schedule consistently and complying with medical instructions. It helps maintain fluid and electrolyte balance in the body, as well as prevent further complications, following a diet recommended by a nutritionist, which includes a controlled intake of protein, potassium, phosphorus and sodium, helps maintain kidney health and prevent complications. Proper nutrition also contributes to the body's energy and strength, doing light physical activity such as walking, cycling or gymnastics helps maintain body fitness, improves blood circulation and reduces fatigue, getting enough rest

and good sleep is very important to restore energy and maintain overall health. Set a regular sleep schedule. Getting support from family, friends, and CKD patient support groups is very helpful. Emotional and social support provides motivation and enthusiasm to undergo treatment well. Understanding health conditions and the treatment required through education provided by medical personnel helps patients to make the right decisions and be proactive in managing their health (Hadrianti, 2021). According to researchers' analysis, patients with chronic kidney failure who undergo hemodialysis and still have good physical health can be attributed to the support of their health condition. A patient's regular hemodialysis helps remove waste and excess fluid from the body, which often reduces chronic fatigue and increases energy levels. Dialysis treatment is consistently reported to improve stamina and the ability to perform daily activities. Patients are also advised to maintain a healthy and balanced diet and do light exercise regularly to increase energy levels.

#### **4.2.4 Psychological Health of Chronic Kidney Failure Patients treated at RSUD Dr. R. Koesma Tuban June 2024**

Based on the results of research that has been carried out, it is known that the majority of chronic kidney failure patients have good psychological health.

The quality of life of chronic kidney failure patients in the context of psychological health dimensions, in accordance with the quality of life theory according to WHOQoL (The World Health Organization Quality of Life) (Hartini, et al, 2018 in Pratiwi, 2023). Aspects included in the psychological health domain include perceptions of body image and appearance, experiences of negative and positive emotions, self-esteem, thinking abilities, learning, memory, focus, spiritual aspects and personal beliefs. According to Lolowang (2020), psychological health is good because they can accept their current condition, enjoy life, and feel grateful for what they have. Patients who experience a good quality of life accept their body's appearance, and experience positive feelings about enjoying life to the fullest. Good psychological health improves a patient's ability to manage stress effectively, helping them to remain calm and in control of situations. This is important because stress and anxiety can worsen physical conditions and overall health. Patients with good psychological health tend to feel more independent and have more control over their lives. They feel more able to make decisions regarding their health care and their daily life and well-being. This increases their sense of independence and reduces dependence on others. Good psychological health increases motivation to maintain a healthy lifestyle, including following a healthy diet, exercising within your ability, following recommended diets and avoiding habits that

are detrimental to your health (Hadrianti,2021).

According to researchers' analysis, patients with chronic kidney failure who undergo hemodialysis therapy and still have good psychological health can be caused by several factors that support their mental and emotional health. Chronic kidney failure patients undergoing hemodialysis therapy can have good psychological health because: HD patients can accept the physical changes that occur due to kidney disease and HD treatment. For example, scars from vascular access or weight changes can affect a patient's body image. Patient feelings such as anxiety and hopelessness are often experienced by HD patients. Prolonged HD sessions and uncertainty regarding the healing process contribute to the patient's psychological state. Despite the many challenges, HD patients can also experience positive feelings, such as gratitude for life, support from family and friends, and success in managing their disease. Hemodialysis can affect a patient's self-esteem. Physical changes and dependence on medical care can make patients feel less helpless. However, with social support and success in managing the disease, patients can rebuild their self-confidence. Many patients find strength in their religious beliefs or spirituality. This belief can provide significant emotional support and provide a sense of meaning and purpose in their lives.

Patients often share experiences and provide support to other patients and are active in daily activities. The patient's independence in managing his health care makes him feel like he has greater control over his life. Healthy habits not only improve physical health but also provide a sense of satisfaction and happiness.

#### **4.2.5 Social Relations of Chronic Kidney Failure Patients treated at Dr. R. Koesma Tuban June 2024**

Based on the results of research that has been carried out, it is known that the majority of chronic kidney failure patients have good social relationships. The quality of life of chronic kidney failure patients in the context of social relationship dimensions, in accordance with the quality of life theory according to WHOQoL (The World Health Organization Quality of Life) (Hartini, et al, 2018 in Pratiwi, 2023). Aspects included in the social relations domain include interactions in personal relationships, social support, and sexual activity.

According to Lolowang (2020), good social relationships are because they feel satisfied with the support provided by friends and family, which provides enthusiasm in facing treatment and motivates them to recover.

Confidence in doing something becomes greater influenced by information provided by

other people regarding knowledge, abilities and skills. However, attention and support from family or people closest to the patient's treatment activities also makes the patient feel valuable in living his life. Not only relationships with family and those closest to them, but also changes occur in the sufferer's sexual life, especially in male patients. In male patients there is a decrease in sexual function (libido), while female patients do not experience menstruation due to the side effects of immunosuppression treatment (Suwanti et al., 2017).

According to the researchers' analysis, patients with chronic kidney failure who undergo hemodialysis therapy and have good social relationships can be caused by several factors that support positive social relationships. Chronic kidney failure patients undergoing hemodialysis therapy can have good social relationships because: A patient who is always accompanied by his family during HD sessions or who frequently receives visits from friends feels more supported and motivated to undergo treatment with enthusiasm.

Sexual disorders experienced by male and female patients often affect their self-image and adaptation to changes in their bodies. This can be used as an effort to increase self-confidence so that the therapy process for the disease is more successful.

#### **4.2.6 Relationship with the Environment of Chronic Kidney Failure Patients treated at RSUD Dr. R. Koesma Tuban June 2024**

Based on the results of research that has been carried out, it is known that the majority of chronic kidney failure patients have a good relationship with the environment. The quality of life of chronic kidney failure patients in the context of the dimensions of relationship with the environment, is in accordance with the quality of life theory according to WHOQoL (The World Health Organization Quality of Life) (Hartini, et al, 2018 in Pratiwi, 2023). Aspects included in the domain of relations with the environment include financial resources, level of freedom, physical security, accessibility and quality of health and social care, environmental conditions of residence, opportunities to acquire new information and skills, participation in social activities, recreation, and physical environmental factors such as pollution, noise, traffic, and climate.

According to Lolowang (2020). Relationships with the environment are good because they feel satisfied with the living environment, availability of information, and access to health services.

According to Pratiwi (2023), individual psychosocial behavior in the context of environment and culture is one of the components that can be assessed regarding changes in a person's quality of life because it is closely related to the abilities and limitations in carrying out their respective roles and functions. A good environment often includes strong social support from family, friends,



and the surrounding community. Positive social support can provide a sense of connectedness, self-confidence, and security for individuals, which in turn can improve quality of life. And an environment that supports positive social interactions, such as supportive relationships, empathy, and good communication, can improve an individual's emotional and psychological well-being. Positive social interactions can provide happiness and satisfaction in interpersonal relationships, and an environment that supports individual growth and development, both personally and professionally, can provide a sense of achievement, motivation and life satisfaction. With a supportive, positive, safe and inclusive environment, individuals tend to feel happier, more satisfied and connected to the environment around them. This can contribute to improving overall quality of life and improve an individual's physical, emotional, and psychological well-being.

According to researchers' analysis, chronic kidney failure patients who undergo hemodialysis therapy and have a good relationship with the surrounding environment can be caused by several factors that support positive interactions with the environment. Chronic kidney failure patients undergoing hemodialysis therapy can have a good relationship with the surrounding environment because patients receive support from the surrounding environment, such as neighbors, friends, and tend to feel supported and connected to the surrounding environment.

Patients are often worried about the cost of treatment and safety conditions in their daily activities. The support of a caring medical team in providing quality care makes patients learn to be more independent in improving and monitoring their health condition. Patients feel calmer and more confident when undergoing treatment because they know they are in good hands. Good communication with medical staff also helps patients feel more involved in the care process. An emotionally supportive environment is very important for patients.

## CONCLUSION

Based on the results of the research that has been carried out, it can be concluded as follows:

1. Nearly half of chronic kidney failure patients are aged 46-55 years.
2. Most of the chronic kidney failure patients are male and almost half are female.
3. Almost half of chronic kidney failure patients have high school education.
4. Most chronic kidney failure patients do not work.
5. Most chronic kidney failure patients have suffered for <1 year.
6. All chronic kidney failure patients have very good quality of life.



7. Almost all patients with chronic renal failure are in very good physical health.
8. Most chronic kidney failure patients have good psychological health.
9. Most chronic kidney failure patients have good social relations.
10. Most kidney failure patients have a good relationship with the environment.

## SUGGESTION

From the research results obtained, suggestions that can be conveyed are as follows:

1. Patients are expected to reduce feelings of anxiety, accept their illness more wisely, and increase their prayer activities and draw closer to God Almighty.
2. Patients are expected to be able to maintain and control their daily lifestyle to improve physical health and quality of life.
3. It is hoped that the results of this research can be a source of information regarding factors that influence the quality of life of chronic kidney failure patients undergoing hemodialysis, such as age, gender, education level, occupation and duration of illness. This information is expected to increase patient knowledge, understanding and involvement in efforts to maintain and improve their quality of life, thereby achieving optimal health and quality of life through these factors

## BIBLIOGRAPHY

- Hadrianti, D.,(2021).Buku Hidup Dengan Hemodialisa (Pengalaman Hemodialisa Pada Pasien Gagal Ginjal Kronik).Pustaka Aksara, Surabaya.
- Hidayat,S.,(2021). Buku Tips Mencegah Gagal Ginjal Merawat Dan Mencegah Gagal Ginjal. New Vita Pustaka,Yogyakarta.
- IRR(2018). th 11 Report Of Indonesian Renal Registry. Indonesian Renal Registry.(online), (<http://www.indonesianrenalregistry.org/data/IRR> diakses 21 Oktober 2023)
- Kementerian Kesehatan Republik Indonesia(2018). Pencegahan dan Pengendalian Penyakit Tidak Menular.(online),(<https://p2ptm.kemkes.go.id/infographic-p2ptm/hipertensi-penyakitjantung-dan-pembuluh-darah/bagaimana-mencegah-penyakit-ginjal-kronis> diakses 11 oktober 2023)
- Kementerian Kesehatan RI.Riset Kesehatan Dasar(Riskesdas)2023.Jakarta: Kemenkes RI;2023
- Lolowang, L. N. N., Lumi, W. M. ., & Rattoe, A. A. (2021). Kualitas Hidup Pasien Gagal Ginjal Kronis Dengan Terapi Hemodialisa. *Jurnal Ilmiah Perawat Manado (JUIPERDO)*, 8(02), 21–32. <https://doi.org/10.47718/jpd.v8i01.1183>
- Notoatmodjo, S. (2018). Metodologi Penelitian Kesehatan, Jakarta:Rineka Cipta.
- Nursalam,(2020). Metodologi penelitian ilmu keperawatan, salemba medika,jakarta.
- Pratiwi,U.,(2023).Buku Inovasi Terapi Suportif Dalam Peningkatan Quality Of Life Pada Pasien Gagal Ginjal Dengan Hemodialisa. CV Adanu Abimata, Indramayu Jawa Barat.
- Rahmaawati,R.,(2022). Durasi Hemodialisis Dengan Tingkat Kecemasan Pasien Gagal Ginjal Kronik Di Ruang Hemodialisa RSUD dr. R. Koesma Tuban. *Jurnal Keperawatan Widya Gantari Indonesia*,Vol 7(2):115
- Rosyidah,R.,dkk.(2023).Faktor-Faktor Yang Berhubungan Dengan Kualitas Hidup (Quality Of

- Life) Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisa. *Jurnal Pendidikan Tambusai*, Vol 7(1):3333
- Siswandi, N., dkk. (2021). Hubungan Nilai Interdialytic Weight Gain (Idwg) Dan Kepatuhan Pembatasan Diet Terhadap Terjadinya Restless Legs Syndrome Pada Pasien Yang Menjalani Hemodialisa. *Indonesian Journal Of Nursing Science And Practice*, Vol 4(1): 8
- Suwanti, Taufikurrahmah, Rosyidi, M. I., & Wakhid, A. (2017). Gambaran Kualitas Hidup Pasien Gagal Ginjal Kronis Yang Menjalani Terapi Hemodialisa. *Jurnal Keperawatan*, 5(2), 107–114.
- Syarifudin, A. (2020). No Title. 2507 (february), 1-9.
- World Health Organization. (2021). The World Health Organization: Global Kidney Disease Report.
- Zubad, S., et al. (2022). Penambahan Berat Badan Dengan Kualitas Hidup Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisa. *Jurnal Of Midwifery And Health Administration Research*, Vol 2(20):80