

Life Satisfaction and Subjective Well-being Chronic Renal Failure Patient with Hemodialysis in Medan

Cholina Trisa Siregar¹, Siti Zahara Nasution¹, Zulkarnaen²

¹Faculty of Nursing, Universitas Sumatera Utara, Jalan Prof. Maas No. 3, Medan, Indonesia

²Faculty of Psychology, Universitas Sumatera Utara, Jalan dr. Mansyur No. 5, Medan, Indonesia

Keywords: Subjective Well-being, Life Satisfaction, Health Status, Quality of Life.

Abstract: Chronic Kidney Disease (CKD) patients have psychosocial problems that affect their lives such as personality changes and despair. CKD changes their lives and decreases the happiness of the sufferer. This study was aimed to identify the subjective well-being CKD patients with hemodialysis in Medan, Sumatera Utara, Indonesia. The sample of this research consists of 360 CKD patients with hemodialysis. Subjective well-being patients were measured by Satisfaction with Life Scale (SWLS) at the scale I and II. The Scale II consists of Scale Positive and Negative Experience (SPANEX). The result of the research shows that life satisfaction 109 (30,3%) patients are in the average category feel satisfied with the current condition and subjective well-being 282 (78,4%) patients are in the medium category. Acceptance of patients on their condition of the disease can improve health status, quality of life and do the activity daily living.

1 INTRODUCTION

The result data Report of the Indonesian Renal Registry (IRR) (2015) that new patients with HD consist of 4,977 patients in 2007 increased to 21,050 patients in 2015 and active HD patients in 2007 consist of 1,885 patients increased to 30,554 patients by 2015 (Nazly, 2013). The prevalence of chronic kidney disease also increased in Medan, Sumatera Utara. The number of new patients and active patients in 2013 consists of 847 people increased to 957 people by 2014 in Sumatera Utara (Becker, 2005). Chronic Kidney Disease (CKD) patients who obtain hemodialysis have various problems in life. Fatigue, immobility, hypotension, muscle cramps, nausea, vomiting, and behavior impose limitations into physiological disorders and provide psychological effects on the sufferer (Diener, 2000)

Karabulutlu, Bilici, Cayir, Tekin and Kantarci (2010) explain that chronic diseases such as chronic kidney disease does not only invade the physical but also give negative psychosocial effects. Individuals with chronic kidney function disorder usually experience feelings of helplessness, no hope, and no strength. These signs are seen when the person experiences a change of personality, fear, anger, more sensitivity, anxiety, and despair (Diener, 2002).

Diener & Diener (2009) reveals that negative affects such as unhappy circumstances will affect the mental burden of the patient and then will affect his health (Diener, 2004). If patients with CKD undergoing hemodialysis experience unhappiness, then the patient will experience a decrease in health conditions, while patients with high self-acceptance will experience significant health improvements. The above matter makes acceptance of self as a general concept to describe the level of well-being experienced by individuals according to evaluation subjective of his life. This concept can evaluate the concept of individual life satisfaction, pleasant and unpleasant emotions, fulfillment, and satisfaction in areas such as marriage and work (Diener, 2005).

2 METHOD

The research used descriptive analysis design. The population in this study were patients with chronic kidney disease who were undergoing hemodialysis in the hemodialysis unit of Central General Hospital H. Adam Malik, Dr. Pirngadi, and Kidney Special Hospital Rasyida Medan. The hospital became the largest hemodialysis service unit in Medan, Indonesia. The number of samples of 360 patients with conscious awareness of compos mentis being

hospitalized and outpatient. The sampling technique used is simple random sampling. The research instrument used in the form of demographic data and two separate psychological scales compiled by Diener et. al (2009), namely Satisfaction with Life Scale (SWLS) on the scale I and Scale Positive and Negative Experience (SPANE) on a scale of II. Instrument validated by a lecturer of the Faculty of the Nursing University of North Sumatra who expert in the field with $V = 0.93$ and reliability value Cronbach alpha = 0.823 means the instrument in this study valid and reliable for use.

Life satisfaction is evaluated by using Satisfaction with Life Scale (SWLS). There are seven categories of agreements which are individual responses or responses to the statements provided and given scores for each option. The lowest score of the total SWLS score is 5 and the highest score of the total SWLS score is 35. After obtaining the total SWLS score, then the categorization will be done. Life satisfaction category starts from the very high category, high, average, slightly below average, dissatisfied and very dissatisfied. Scale Positive and Negative Experience (SPANE) is a psychological scale to evaluate positive affects and negative affects. On this scale, respondents were asked to think about what they experienced during the past four weeks and then assess how often respondents experienced the feelings expressed on the scale. The lowest score of the total SPANE-Positive and SPANE-Negative scores was 5 and the highest score of SPANE-Positive and SPANE-Negative scores was 25 each.

3 RESULT

The result showed that demographic data, the majority of age 41-60 years old were 58,6% (211), 56,9% (205) male majority, the majority of Senior high school education as much as 36,9% (133), Occupational the majority was no work as much as 52,2% (188), the majority material status was marriage as much as 85,6% (308), Frequency of hemodialysis, Long diagnosed of CKG was more than 1 years as much as 76,4% (275), Family involvement as much as 67,5% (243), The majority patients were Batak as much as 61,1% (220). Description can be seen in the table below.

The result of the study showed the majority of responden life satisfaction was average as much as 18.3% (109). Description can be seen on the table below.

The result of the study showed the majority of responden subjective well being was medium as

much as 78.4% (282). Description can be seen on the table below.

Table 1. Characteristic Of Patient Demographic.

Karakteristik Demografi	f	%
Sex		
Male	205	56.9
Female	155	43.1
Age		
18-40 Years old	85	23.4
41-60 Years Old	211	58.6
>60 Years Old	64	17.8
Education		
Elementary School	37	10.3
Junior High School	55	15.3
Senior High School	133	36.9
Diploma	31	8.6
Bachelor	104	28.9
Occupational		
No work	188	52.2
Entrepreneur	110	30.6
Public Company employees	62	17.2
Marital Status		
Single	37	10.3
Marriage	308	85.6
Widow/ Widower	15	4.2
The frequency of hemodialysis/ weeks		
Once	2	0.6
Twice	333	92.5
Three times	25	6.9
Long diagnosed		
<1 Years	85	23.6
≥1 Years	275	76.4
Family Involvement/Closed Friend		
Yes	243	67.5
No	117	32.5
Culture		
Batak		
Jawa		
Minang		
Aceh	220	61.1
Melayu	75	20.8
Tionghoa	17	4.7
Nias	5	1.4
Sunda	19	5.3
NTT	9	2.5
	4	1.1
	10	2.8
	1	0.3

Table 2. Distribution of respondent's life satisfaction frequency.

Life Satisfaction	f	(%)
Very High	40	11,1
High	94	26,1
Average	109	30,3
Under Average	66	18,3
Unsatisfied	48	13,3
Very Unsatisfied	3	0,8

Table 3. Distribution of self-acceptance of chronic kidney disease patients undergoing hemodialysis in Medan.

Subjective Well-being	f	(%)
Low	39	10.8
Medium	282	78.4
High	39	10.8

4 DISCUSSION

The results of this study obtained data that the majority of respondents male sex as many as 205 patients (56.9%) and the majority of respondents are in the age group 41-60 years as many as 211 patients (58.6%). Perez & Jeannie (2012) in his research in the Philippines also adds that well-being women tend to be higher than men in some aspects, including in terms of spiritual experience, positive relationships with others and purpose in life (Diener, 2013).

The results of this study obtained data that the last education respondents as many as 133 people (36.9%) is the high school level. education and self-acceptance have small but significant relationships. Education is associated with the well-being of lower-income individuals as well as in poorer countries (Eddington, 2005).

Revenue has a relationship consistent with self-acceptance in analysis on a country scale but has little effect on the individual scale. The results of this study obtained the data that the majority of respondents did not work as many as 188 patients (52.2%). Diener, Oishi & Tay 2013) explains that the relationship of income on a state scale with self-acceptance is in a more prosperous country because it has a better democracy and more respect for equality among others while the income of each individual in a certain time interval only give a small effect on the acceptance self (IRR, 2014). This is because most people who have higher incomes should spend more time to work and have less time

to have fun and social relationships so with the income and employment status does not really affect individual self-acceptance (Diener, 2004). Individuals who do not have a job will not experience psychological experience from their work, such as job demands, pressure from leaders and colleagues. Past psychology experience presents the strength and ability of an individual to deal with new social experiences.

Judging from the status of respondents, as many as 308 people (85.6%) are married. Diener, Gohm, Suh, Oishi (in Diener, E., Lucas, R. E., and Oishi, S, 2005) reveal that marital status on self-acceptance is influenced by local culture. The results show that married couples are known to feel happier than unmarried couples but live together or someone who does not have a partner. Family relationships, family attention to offspring, and small involvement in patient care affect the patient's healing (IRR, 2015).

The results of this study obtained data that the majority of respondents as much as 333 patients (92.5%) do HD 2x a week with the majority 275 patients (76.4%) have been diagnosed GJK ≥ 1 years ago. When a disease attacks a person, spiritual power can help him toward healing or on the development of spiritual needs and concerns. The power of one's spirituality can be an important factor in dealing with the changes caused by his illness (IRR, 2015).

This study also shows that the majority of respondents are treated by the family or the nearest person in the face of the disease, which is as many as 243 people (67.5%). Taylor et. al, (2009) also revealed the presence of people who provide social support will increase the ability of individuals in the face of stress so that can produce higher levels of self-acceptance (Karahbulutlu, 2010).

The results of this study indicate that the majority of respondents are Batak culture that is as much as 220 people (61.1%). Kim, Y., Evangelista, L.S., Phillips, L.R., Pavlish, C., & Kopple, J.D. (2012) culture also affects the health status of patients with chronic diseases. Their results show that the average African-American tribe has a negative perception of its condition and the lack of confidence in treatment measures that affects self-control during illness (Huppert, 2009). Cultural norms are more affecting positive affects than negative affects. In a culture that considers the expression of positive things as bad, individuals tend to report lower levels of positive affective effects than individuals who grow up in a culture that

considers the expression of positive things as something natural (Diener, 2004).

Positive affects are more influenced by the environment because they are more social. Becker and Newsom (2005) add that culture can emphasize the independence, spirituality, and survival of patients so that it will improve the ability to adapt to the illness experienced. North Sumatra has a very heterogeneous culture, has a lot of diversity and high tolerance. The people of North Sumatra reflect the diverse citizenship of the archipelago but still have a high degree of integrity and sense of togetherness that raises the patient's expectation to heal (Perez, 2012).

Table 2. Shows the majority of respondents' life satisfaction is in the average category that is, as many as 109 of 360 respondents (30.3%). Individuals who are at this level want to increase their life satisfaction to a higher level. Individuals who are satisfied with their lives are individuals who judge that their life is not perfect but everything works well and always has a desire to grow and love challenges (Simatupang, 2015). Diener, Lucas & Oishi, (2002) says that the influence of demographic factors, such as income, sex, age, education, marital status, and religion on self-acceptance is usually small. The extent to which demographic factors can increase self-acceptance depends on one's own values and goals, personality and culture (Diener, 2009).

The majority of the respondents in this study were Batak tribes, where the Batak tribe had a habit when a family member was sick, the other family members would roll around to visit the patient. This activity aims to improve the patient's spirit to recover. Patients who have support from their families and spouses show improved care than those without family support. Many researchers believe marriage deals with self-acceptance because of marriage as a force against the hardships of life. Marriage provides emotional and financial support that results in a positive state of self-acceptance (Eddington, 2005).

Diener (2009) explains that social support is a predictor of self-acceptance. With social support, they are more often happy and less sad. This is because the patient feels they have a place to tell when they need it so that the patient feels comfortable and this will contribute to the positive affects that the patient feels. The high positive affects perceived by individuals indicate the high self-acceptance possessed by the individual (Eddington, 2005). Simatupang, Nurmaini and Siregar (2015) also added that in Batak tribe there

are also some rituals for sick family members, such as giving ulos and making special food to the patient as a symbol of attention and affection from all family members to the sick. This is what gives reinforcement so that patients tend to have good positive affects (Potter, 2016). Situmorang said (2015) Family support is a life spirit that is needed by patients especially those undergoing hemodialysis, family support can increase the positive affect felt by patients. Increasing positive affect makes psychosocial improvement and as a source of evaluation to improve positive self-acceptance (Situmorang, 2015)

Table 3. shows that the majority of respondents' self-acceptance is in the moderate category, that is, 282 of 360 respondents (78.3%), and 39 respondents (10.8%) with low self-acceptance, and 39 respondents (10.8%) with high self-acceptance. Self-acceptance in patients with chronic kidney disease who underwent hemodialysis was in the moderate category, ie as many as 282 out of 360 patients (78.3%) in Medan. Diener, (2000) adds individuals with high self-acceptance levels generally have some amazing qualities. These individuals will be better able to control their emotions and deal better with events in life (Diener, 2005).

The results of this study obtained data of patients diagnosed with chronic renal failure for more than one year. Patients who underwent hemodialysis for more than one year can adapt and accept the condition of the disease. Acceptance of conditions for diseases increases because the patient does not feel alone as a person with chronic kidney failure after meeting other people with hemodialysis. Patients who have the acceptance of life and social support from the family and community environment, the patient tends to have a more positive strategy and problem management so that eventually will foster self-acceptance of the condition of the disease (Safitri, 2013). Huppert (2009) states painful experiences such as disappointment, failure and sorrow are normal parts of life, the ability to regulate these negative emotions is important to be able to accept the conditions that occur. Subjective well being can change when extreme negative emotions or very long lasting affect someone to function normally in their daily lives (Taylor, 2006).

5 CONCLUSIONS

Based on the results of data analysis and discussion, researchers can conclude that patients with chronic

kidney disease experience problems in life, not just physical problems but also psychological problems. Psychological problems will make the condition more severe disease. Preventing the occurrence of complications due to psychological impacts is necessary to increase the ability of individuals to accept the illness experienced. Description Self-acceptance in patients with chronic kidney disease in the city of Medan in accordance with the above data, is in the moderate category where patients feel began to reach satisfaction in life and positive affects, then negative affects experienced can be resolved due to the large attention and support from family members in undergoing his life. Families, the environment, and health workers have a very important role in improving the patient's acceptance of his illness.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge that the present research is supported by Ministry of Research and Technology and Higher Education Republic of Indonesia. The support is under the research grant TALENTA Year of 2017.

REFERENCES

- Al Nazly E, Ahmad M, Musil C, Nabolsi M 2013 *Nephrology Nursing Journal*, **40**(4), 321.
- Becker G, Newsom E 2005 *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, **60**(4), S214-S223.
- Diener E 2000 *American psychologist*, **55**(1), 34.
- Diener E, Lucas RE, Oishi S 2002 *Oxford University Press*, 81-84.
- Diener E, Lucas RE, Oishi S 2004 *Dobrostan psychiczny. The science of happiness and satisfaction with life, W: Czapiński J.(ed.)*, 33-5.
- Diener E, Lucas RE, Oishi S 2005 *New York: Oxford University Press*, 63-73.
- Diener E, Diener M 2009 *Cross-cultural correlates of life satisfaction and self-esteem In Culture and well-being*, 71-91.
- Diener E, Tay L, Oishi S 2013 *Journal of personality and social psychology*, **104**(2), 267.
- Eddington N, Shuman R 2005 *Penerimaan diri (happiness). continuing psychology education*.
- IRR (Indonesian Renal Registry) 2014 *7th Report Of Indonesian Renal Registry*.
- IRR (Indonesian Renal Registry) 2015 *8th Report Of Indonesian Renal Registry*.
- Kim Y, Pavlish C, Evangelista LS, Kopple JD, Phillips LR 2012 *Nephrology Nursing Journal*, **39**(1), 39.
- Karabulutlu, E, Y., Bilici, M., Cayir, K., Tekin, S. B., Kantarci, R. (2010). *Coping, Anxiety, And Depression in Turkish Patients with Cancer. Eur J Gen Med* 2010;7(3): 296-302
- Huppert, F. A. (2009). Psychological well-being: evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1(2),137-164.
- Perez, Jeannie A 2012 *International Journal of Humanities and Social Science*, **2**(13), 84-93.
- Potter P, Perry A, Stockert P, Hall A 2017 *Elsevier Public Health*, **9**
- Simatupang L.L., Nurmaini, Siregar CT 2015 *Idea Nursing Journal*,**6**(3), 19-26
- Situmorang, H. E. (2015). Hubungan dukungan keluarga dengan kualitas hidup pasien gagal ginjal kronis yang menjalani hemodialisa di rsud dok II Jayapura. *Jurnal Ilmu Pendidikan Indonesia*, Vol. 3, No. 3, 23-30.
- Safitri, R.P, & Sadif, R. S. (2013) . Spiritual Emotional Freedom Technique (SEFT) to Reduce Depression for Chronic Renal Failure Patients in Cilacap Hospital to Undergo Hemodialysis. *International Journal of Social Science and Humanity*, 3 (3),300-302.
- Taylor& Francais, (2006). *Resiliense in the Chronic Illness Experince. Vol. 14 Issue 2 pg. 187-201*