

# Coping Mechanism in Hemodialysis Patients at Dr. Zainoel Abidin Regional Public Hospital Banda Aceh: Study in Moeslim Community

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**Keywords:** Chronic Kidney Disease/CKD, Coping Mechanism, Hemodialysis.

**Abstract:** The Patients with chronic kidney disease are required to undergo hemodialysis for their life survival. This situation is a stressor experienced in the long term. The ability of the patient in dealing with stressors uses different coping mechanisms. Coping mechanism in patients with chronic kidney disease consists of Problem Focused Coping, Emotion Focused Coping and Disfunctional Coping. The aspect of religiosity is one that influences the coping mechanism of patients who are undergoing hemodialysis. This aspect of religiosity also includes as a part of Emotion Focused Coping mechanism. The aim of this study was to analyze the coping mechanism in Moeslem hemodialysis patients in Dr. Zainoel Abidin Banda Aceh. **Methods:** A total of 46 participants were the Moslem patients which is diagnosed with chronic kidney disease who undergoes hemodialysis in Dialysis Installation RSUD Dr. Zainoel Abidin Banda Aceh since September-October 2017 formed a convenient sample for this descriptive, cross-sectional hospital-based study. The Coping Mechanism of patients were measured using The Carver Brief Cope questionnaire. This research uses univariate analysis to know the frequency distribution of each variable. **Results:** Based on the data found that all of the Moslem patients under going hemodialysis mostly use Emotion Focused Coping (about 71,7%) as Coping mechanism than Problem Focused Coping (about 28,3%) and no patients using Disfunctional Coping to overcome their problems. **Conclusion:** This study revealed significant findings regarding the importance of religiosity as coping mechanism in Moeslem hemodialysis patients. All Moslem patients under going hemodialysis were not found using disfunctional coping to overcome their problems. Therefore, it has been highly recommended to integrate religiosity into the health-care process for such patients to facilitate the achievement of overall optimum health levels.

## 1 INTRODUCTION

Patients with chronic kidney disease (CKD) will undergo some therapies. There are hemodialysis, renal transplantation and Continuous Ambulatory Peritoneal Dialysis (CAPD). One of the supportive therapy that becomes a must for people with CKD is hemodialysis. Long-term hemodialysis process is becoming a stressor for patients with CKD. Based on the fact, patients with CKD need the proper coping mechanism for facing their stressor.

It will affect the psychological, quality of life and cause some problems in the personal life of the patient. The Problems are not only in physical and social, but also in psychological aspect that makes the patient feel depressed with the disease. The psychological pressure of the patient will be a problem if they do not have a good coping mechanism.

Coping mechanism of patients with CKD is one of the things that must be considered. Based on the research, most of the patients who take hemodialysis and Continuous Ambulatory Peritoneal Dialysis (CAPD) in the diagnosis of psychiatric disorders. Patients with hemodialysis tend to have severe psychological distress due to the length of time of undergoing hemodialysis, the high cost of hemodialysis, and the fear of death. It causes a higher use of dysfunctional coping mechanism in HD patients than CAPD patients. Dysfunctional coping mechanism is a non-problem-oriented mechanism that tends to cause distress conditions for patients with hemodialysis (Baykan et al, 2012). This is reinforced by the other study which states that almost all of the patients with HD have severe psychological distress and the others use coping mechanism with emotional focused and problems focused (Shinde et al, 2014). Another study also

states patients with CKD mostly use the coping strategies that convert to a religious, active coping, and coping that focuses on the emphasis of activity (Cinar et al, 2009 ;Kohlsdorf et al, 2015).

Religiosity is thought to affect the coping mechanism of a patient. The factors of religiosity consist of social aspects, experiences, needs and thoughts that will affect the coping mechanism. The level of religiosity can help the patient controls the emotion that affect physical and mental health. The degree of religiosity has an important effect on medical decision-making related to successful coping, faster recovery and higher quality of life. Many patients may expect help with the giving of meaning, hope and overcoming fear (Taherikharamah, 2016).

Based on the studies and the facts above, it is concluded that coping mechanism greatly affect the mechanism of CKD patients who takes hemodialysis to face their problems nevertheless the research that explain about the relation of Coping Mechanism in CKD patients has not been done before. Therefore, we tried to make a research on Moslem patients who take hemodialysis in Zainoel Abidin Hospital, Banda Aceh.

## 2 LITERATURE REVIEW

This is an analytic observational research with cross-sectional design, done in Dialysis Installation of Zainoel Abidin Hospital, Banda Aceh on Sept-Oct 2017. The population of this research was Moslem patients who undergoes hemodialysis in Dialysis Installation of Zainoel Abidin Hospital, Banda Aceh. It was taken in quota sampling determined by the lameshow's formula and included in the inclusion criteria. Patients with loss of consciousness, stroke, and Alzheimer's were excluded in this study. It used primary data and secondary data. The primary data were obtained by interviewing CKD patients who undergo hemodialysis with a coping questionnaire, named Carver brief Cope Scale which the scales are divided into (1) Problem Focused Coping (PFC); active coping, planning, suppression of competing activities, restraint coping, seeking social support for instrumental reasons, (2) Emotion Focused Coping (EFC); seeking social support for emosional reasons, positive reinterpretation, acceptance, denial, turning to religion (aspect of religiosity); and (3) Disfunctional Coping (DC); focus on & venting of emosions, behavioral disengagement, mental disengagement, alcohol drug disengagement. Questionnaire-guided 15–20-minute interviews were

conducted during the respondents HD unit scheduled visits. The respondents were asked to respond based on their best understanding of the question and based on their experience. The interviewers will filled in the patients' responses in the questionnaire as they interviewed them. The secondary data were collected from Dialysis Installation's medical record to describe the demographic characteristic of respondents (age, sex, duration of hemodialysis, education). The data were analyzed using the SPSS version 21. The respondents' demographic characteristics, and the coping mechanism questionnaire result were analyzed using descriptive statistic to know the frequency distribution of each variable.

## 3 RESEARCH METHOD

During this research it is found 46 respondents by the characteristics as follows.

Table 1: Demographic Characteristic of Respondent.

Demographic characteristic	n (46)	%
Age		
>60 years old	8	19,6
50-59 years old	16	34,8
40-49 years old	13	28,3
<40 years old	9	17,4
Sex		
Man	31	67,4
Woman	15	32,6
Duration of Hemodialysis		
>24 months	19	26,1
12-24 months	15	32,6
<12 months	12	41,3
Education		
High	10	26,1
Moderate	24	52,2
Low	12	21,7
n: samples, %: percentage of total samples		

Table 1 shown that the majority of CKD patients undergoing hemodialysis were mostly aged 50-59 years (34.8%). According to sex, the number of men is more than women with a percentage of men 67.4% and women 32.6%. The data also shows that the respondents in this study mostly underwent hemodialysis for more than 24 months (41.3%).

Moderate education is found to be the highest number of respondent's educational status who underwent hemodialysis.

Table 2: Distribution of Coping Mechanism Due to Carver Brief Cope Scale.

Coping Mechanism	n (46)	%
Problem Focused Coping	13	28,3
Emotion Focused Coping	33	71,7
Disfunctional Coping	0	0

Table 2 shown that the majority of CKD patients who get hemodialysis mostly use a mechanism that focuses on emotion (Emotion Focused Coping) which were used by 33 patients (71,7%) , 13 patients used Problem Focused Coping (28,3%), and none of the patients use disfunctional coping to solve their problems individually.

Table 3: The Classification of Coping Mechanisms (Carver Brief Cope Scale).

Coping mechanism		n (46)	%
Problem Focused Coping	Active coping	5	10,8
	Planning	3	6,5
	Suppression of competing activities	-	-
	Restraint coping	-	-
	Seeking social support for instrumental reasons	5	10,8
Emotion Focused Coping	Seeking social support for emosional reasons	8	17,3
	Positive reinterpretation	-	-
	Acceptance	9	19,5
	Turning to religion	15	32,6
	Denial	1	2,1
Disfunctional Coping	Focus on & venting of emosions	-	-
	Behavioral disengagement	-	-
	Mental disengagement	-	-
	Alkohol drug disengagement	-	-

Table 3 shown that among Emotion Focused Coping methode, the majority of coping mechanism that patient use is turning to religion, as much as 15 patients (32,6%). Problem Focused Coping on majority of CKD patients who get hemodialysis using active coping mechanism is as much as 5

patients (10,8%).And none of patients are found using Disfunctional Coping.

## 4 DISCUSSION

This study found that all patients undergoing hemodialysis using coping problems, Problem Focused Coping (PFC) and Emotion Focused Coping (EFC) which all patients undergoing hemodialysis were able to control emotions well and there were no patients using dysfunctional coping (DC). If we see further methode of coping mechanism so it is found that patients who use PFC are divided into active coping about 5 patients (10.8%), planning about 3 patients (6.5), suppression of competing activities, restraint coping, seeking social support instrumental reasons about 5 patients (10.8%). Actually, most of the patients use active coping to solve their problems. The patients who use EFC coping mechanism were divided into seeking social support for emotional reasons about 8 patients (17.3%), positive reinterpretation acceptance about 9 patients (19.5%), denial only 1 patient (2,1%), and the mostly use methode is turning to religion about 15 patients (32.6%) to solve the problems. Most EFC patients are using a coping condition that returns to religion (aspect of religiosity).

This is accordance with a research that was conduct, reporting religiosity may help reducing emotional pressure. Patel et al found that religion may function as a treatment overcoming CKD patients to improve the quality of their health. Such relationships have been used in studies involving HD patients. The current research results show that religiosity, particularly religious handling and organized religiosity, have important roles in life quality and health status on HD patients. Religiosity organizations are included in other services and socializations. These may treat disease and improve health quality (Saffari et al, 2013).

Many studies have found the role of spirituality and religiosity in the health of patients with chronic diseases. In the world, Muslims organize almost a quarter of the population. The relationship between religion and health can be very different in Muslim countries compared to non-Muslim countries. Several studies among patients with non-Muslim religions have not found a significant relationship between religion and health (Valcanti et al, 2012).

Patients who use coping strategies that turn to religion as their goal to conquer problems that they face. Coping strategy is a process that is not realized, meaning someone lives everyday life by facing

problems. However, patients have different traits regarding to the problems and are not all the same. Spirituality is claimed as important source in overcoming chronic diseases. Spirituality enhances a patient's ability to be out of illness and shorten medication period. In the several study showed that the patients' quality of life are increased by using spiritual and religious handling strategies. Emphasizes that religion and spirituality provide a powerful coping strategy to deal with stress in patients with CKD (Valcanti et al, 2012, Saffari et al, 2013, Taheri-kharameh, 2016).

Religious coping refers to how a patient makes use of his or her system of religious beliefs and practices to understand and adapt to stress. Patients who use religion to cope with their illness most often rely on positive religious coping, which is characterized by a constructive reliance on faith to promote healthy adaptation (e.g., through "seeking God's love and care"). (Susana et al, 2012)

Regardless there are facts related to the effectiveness and usefulness of spirituality in the process of patients' responsibility, religious and spiritual issues are not regarded as a major component of current medication care. According to the holistic model, the biological, psychological, social, and spiritual dimensions and visual care must address them all. Therefore, CKD patients should not only adapt with illness and treatment, but also to many physiological, psychosocial and spiritual problems. In this context, many people adhere to faith and religion as a way to find and help for their problems (Mutoharoh, 2009; Shinde et al, 2014).

Religion and spirituality are deepening in health care, as it can be used as a way to discover the meaning of life, make hope and reconcile in the middle, describe the weight of such a chronic illness. The experts who conducted the study said the effects of spirituality and religion in the field of health have shown a positive relationship between various aspects of physical and mental health, as well as these things can help in supporting the patients, and also in this case, either spirituality and religion can be understood as an important disease prevention strategy. Thus, the five main functions of religion can be identified: seeking the meaning, controlling, spiritual comfort, intimacy with God and with others and the quest for life changes. Based on these five basic functions, religious methods or strategies can be identified. It is important for health workers to be continuously on the patient's side, to control the meaning of spirituality and religion for them and how significant events such as CKD can affect the way they deal with the problem, so that this

phenomenon can occur (Valcanti et al, 2012, Saffari et al, 2013, Taheri-kharameh, 2016).

Thus, religious/spiritual control methods can be a significant supporting factor in dealing with CKD patients and hemodialysis so that it can be an important factor in the patient's spiritual assessment and at the same time effective to help them using the available resources.

## 5 CONCLUSION

The results show that the level of spirituality in patients with CKD is very influential on their healing therapy. This study revealed significant findings regarding the importance of religiosity as coping mechanism in Moslem hemodialysis patients. All Moslem patients undergoing hemodialysis were not found using dysfunctional coping to overcome their problems. It is because of the patients in RSUD dr. Zainoel Abidin are moslems, and mostly they use coping mechanism which returns to religious teaching to solve their problems. Therefore, it has been highly recommended to integrate religiosity into the health-care process for such patients to facilitate the achievement of overall optimum health levels.

## REFERENCES

- Baykan, H., & Yargic, I. Depression, anxiety disorders, quality of life and stress coping strategies in hemodialysis and continuous ambulatory peritoneal dialysis patients. *Klinik Psiko farmakoloji Bulteni-Bulletin of Clinical Psychopharmacology*, 2012; 22(2), 167.
- Cinar, S. Article, O., Barlas, G. U., & Alpar, S. E. Stressors and Coping Strategies in Hemodialysis Patients. *Journal of Medicine (Cincinnati)*, 2009; 25(3), 447–452.
- Kohlsdorf M. Empirical Articles Coping Strategies Adopted by Patients With Chronic Kidney Disease in Preparation for Transplant. 2015;4(1), 27–3.
- Mutoharoh I. Faktor-faktor yang berhubungan dengan mekanisme coping gagal ginjal kronik yang menjalani terapi Hemodialisa di Rumah Sakit Umum Pusat Fatmawati. UIN Syarif Hidayatullah Jakarta: Fakultas Kedokteran Dan Ilmu Kesehatan, 2009.
- Saffari M, Pakpour AH, Naderi MK, Koenig HG, Baldacchino DR, Piper CN. Spiritual coping , religiosity and quality of life: A study on Muslim patients undergoing haemodialysis abstract: Aim: The

- number of haemodialysis patients globally is increasing and spiritual. 2013;18:269–75.
- Shinde, M., & Mane, S. P. Stressors and the Coping Strategies among Patients Undergoing Hemodialysis, 2014; 3(2), 266–276.
- Taheri-kharameh Z. The relationship between spiritual well-being and stress coping strategies in hemodialysis patients Received. 2016;3(4):24–8.
- Valcanti CC, Chaves L, Cl A, Nogueira DA. Religious / spiritual coping in people with chronic kidney disease undergoing hemodialysis. 2012;46(4):837–43.
- Susana PR , Danielle SM, Paulo MG , Saharoff MF, Elizabeth FD, Sônia MA, et al. The relationship between religious coping, psychological distress and quality of life in hemodialysis patients. 2012; 72: 129–135I. (2010). *Konstruksi dan Reproduksi Kebudayaan*, Yogyakarta: Pustaka Pelajar.

