

Dynamics of Hope in Hemodialysis Patients in Rsudza Banda Aceh

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Abstract: Chronic kidney disease (CKD) is a permanent progressive loss of kidney function, transpiring over a long period of time and irreversible, however the psychological consequence commonly experienced by CKD patients may impact their treatment. Hope is a purpose-related unit of cognition that that can help patients cope with psychological effects so they can undergo maximum treatment. This study aimed to understand hope concept in hemodialysis patients. This study was a qualitative study with a case study approach. Sampling technique was purposive sampling with 4 respondents undergoing hemodialysis therapy and data was collected through interview and observation. The result showed that all four of the respondents had low hope. On the other hand, in terms of the quality of hope, which are pathways and agency, each respondent had differences of perseverance in facing their illness. In this research, family and partner support, self-efficacy, and acquiescence in God's will were factors affecting hope.

1 INTRODUCTION

One of chronic diseases becoming major health problem in the world today is chronic kidney failure (*Riset Kesehatan Dasar [Risksdas]*, 2013). The disease has high prevalence every year (Himmelfarb & Sayegh in Asti, Hamid & Putri, 2014). Prevalence of chronic kidney failure patients in Indonesia is at 0,2 %, it reaches 475.282 people, and prevalence of chronic kidney failure in Aceh is the second highest in Indonesia at 0,4 %, it reaches 17.977 people. The prevalence keeps increasing as age grows (Risikesdas, 2013).

Chronic kidney failure disease (so-called CKD) is gradual loss of kidney function (progressive), which is incurable (irreversible), and happens for long time and permanent (The Indonesian Society of Internal Medicine, 2009). CKD occurs gradually, which can be monthly or even yearly, and cannot be cured (Nurani & Mariyanti, 2013). Damage of kidney function may be inhibited if patients undergo treatment regularly. Two methods to manage kidney failure are a kidney transplant and a hemodialysis. The kidney transplant is defined as the most ideal way to manage end-stage kidney failure, because it may overcome all kinds of kidney function degradations (The Indonesian Society of Internal Medicine, 2009). Another management for degradation of kidney function which is frequently applied for CKD patients

is hemodialysis, because the former therapy, kidney transplant, remains limited due to many obstacles like availability of kidney donor, operation technique and post-operation treatment (Nurani & Mariyanti, 2013). Hemodialysis is defined as cleaning blood therapy conducted routinely and largely to keep life quality and prolong survival of acute and chronic kidney disease patient by cleaning blood from excessive concentration of substances inside body with a machine in form of artificial kidney called dialyzer (Schiffel, Lang & Fischer, 2002). Hemodialysis therapy has to be undertaken for 12-15 hours every week, or at least 3-4 hours per-therapy (Nurani & Mariyanti, 2013).

Hemodialysis therapy has effects on patients i.e. it may improve life quality, reduce stress of patients (Rodrigue, Mendelbrot & Pavlakis, 2011). Hemodialysis has physical and psychological effects on patients. The physical effects are hypotension, chest pain, nausea, vomiting, and dialysis stability disruptions like convulsion, pain and muscles cramp (Suzanne & Brenda, 2001). Psychological effects are anxiety, sleep problem, and considering to suicide (Theofilou, 2011).

Hemodialysis therapy which must be undertaken by patients for 12-15 hours every week requires failure kidney patients to undergo therapy routinely and regularly as schedule. It may make patients physically exhausted like being sick during therapy, or

psychologically exhausted. However, hemodialysis therapy does not make CKD disappear or cured. The condition often makes patients lose their hope.

Hope is essential to have and develop among patient, because hope is psychological resource which is able to assist patients cope their chronic disease (Elliot & Olver in Duggleby dkk., 2012). Literally, *harapan* is different from hope, which is defined as desiring something to happen (*Kamus Besar Bahasa Indonesia* [KBBI]), while hope is not only a desire but also a process to reach the desire.

Snyder (2000;2007) defined hope as a cognition unit related to a purpose consisting of pathways, the ways to reach the purpose and the agency containing the ability of individual along with motivation to reach the purpose. Hope may be as protective factor against psychological pressure in patients (Santos, Sigulem, Areco, Gabbay, Dib, Bernardo, 2015). Emmons (2004) stated the same thing as Snyder that hope was future-oriented, which meant a form of some good possibilities in the future with quite high probability. However, in defining hope, Emmons did not explain the process to realize the hope, because according to him, hope is just future-oriented which comes without process to realize it. Damon (2012) defined hope similar to Snyder, that it was related to importance of purpose, a reachable thing when an individual got close to one's life purpose. Difference of the theory from Snyder's is Damon does not provide aspects to reach the purpose of the hope.

Hope could be beneficial for patients with chronic diseases, it can reduce pain that is experienced by patients (Berg, Snyder, & Hamilton, 2016), it may improve motivation and self-efficacy of sick patients (Berg, Snyder, & Hamilton, 2016), it may make patients possible to consider their purposes and achievement toward their diseases and arrange plan first to cope with the obstacles. It may make patients minimalize a stress which will be faced so that they will not be too exhausted to face their diseases (Hirsch & Sirois, 2016). One with high hope has an ability to develop ways to reach desired purposes and motivate oneself to reach the purposes (Snyder in Selvam & Poulson, 2012).

The researcher considers research about hope in CKD important to do, the researcher is interested to conduct the research about hope with aim to know an image of hope in patient undergoing hemodialysis therapy in dr. Zainoel Abidin General Hospital, Banda Aceh, because the hospital is general hospital of Aceh Province which has dialysis installation for 50 machines and is able to serve 400 patients every week (Una, 2014).

In this research, the researcher will refer to hope theory by Snyder, because the theory has been used in 12 research found by the researcher during literature study, an example of a research which used Snyder theory is conducted by Hirsch & Sirois (2016) about hope in patients with chronic diseases. In addition, Snyder also has develop an instrument for hope theory, either for qualitative research or for quantitative research with good validity and reliability. According to literature review, the theory was mostly used in patients with chronic diseases. However, research about hope is still limited in Asia.

According to Snyder (2000), there are two aspects of hope, as follows:

- a. Pathways, is a capacity to find a way in order to be able to reach a purpose. The path into the purpose is important in order to get success opportunity from the hope. Pathways thoughts will emerge in the first six month when patient is diagnosed.
- b. Agency, is motivational component which is required to reach a purpose. Agency reflects one's judgment toward an ability to be persevering in getting the purpose. Agency thoughts will emerge in the next six month after pathways thoughts develop.

Factors influencing Hope.

There are several factors that influence hope as follows:

1. Emotion. Hope is emotion, although hope is managed by cognition, environment may influence the development and the damage of hope (Lopez, Snyder & Pedrotti, 2007).
2. Cognition. Hope is often considered as emotion, a feeling makes ones possible to defend their belief in frightening condition. Hope is a thought or belief that individual may keep moving toward the purpose (Lopez, Snyder & Pedrotti, 2007).
3. Obedience. Depression patients usually suffer from desperate feeling or lose hope on themselves and sometimes they do not fully obey the undergone medication to improve their health (Simoni, Frick, Huang, 2006).

Patients will keep undergoing therapy repeatedly based on their kidney condition and doctor's advice, depression patients often have desperate feeling and lose hope on themselves and sometimes they do not fully obey the undergone medication to improve their health (Simoni, Frick, Huang, 2006). Patients without hope tend to not obey the medication (Simoni, Frick, Huang, 2006).

The research question is how is hope in hemodialysis patients ?

2 METHOD

This research was used qualitative method with study case approach, a study involves a problem which is explored through one or several cases in limited system (Creswell, 2007). The researcher preferred study case because wanting to understand an abstract construct, by looking at image of hope in patient undergoing hemodialysis therapy.

1. Respondent characteristics

a. Hemodialysis patient undergoing the therapy for at last 18 month, because:

- in at least 12 bulan, aspects of hope, pathways thoughts and agency thoughts, will have emerged from an individual (Snyder, 2000).

- physical condition has experienced edema (hands, legs, or stomache is swollen), in this condition, patients tends to be stress and depressed about changes in their body (Theofilou, 2011).

b. Ready to be respondent

2. procedures of respondent selection

The technique to select respondent was purposive sampling. Purposive Sampling is a technique used by the researcher if having certain considerations in selecting the sample. Respondents were selected based on certain criteria which had been set in advance based on problem and purpose of the research. Research location was in dialysis room in The Zainoel Abidin General Hospital Banda Aceh. In this research, the researcher interviewed four respondents based on characteristics in this research. The four respondents were interviewed in two steps of interview which took place in 2 months 17 days. The data analysis method which was used by the researcher was modification model of The Stevick-Colaizzi-Keen (Moustakas, 1994).

The respondents in this research was 4 (four) patients who underwent hemodialysis therapy. The table of the description of the respondents who were involved in the research about hope in hemodialysis is as follows.

Table 1.

Dimension	MS	WF	FH	HA
Age	42-year-old	37-year-old	37-year-old	32-year-old
Occupation	Civil Servant	Housewife	Civil Servant	Working at Private Sector
Domicile	Banda Aceh	Banda Aceh	Banda Aceh	Banda Aceh
Marriage Status	Married	Married	Widow	Single
Length of Therapy	3 years	3 years	3 years	7 years
Initial History	Nephrotic Syndrome	Preeclampsia	Hypertension	Hypertension

Hope experienced by the three respondents was different. MS had the worst pathways and agency among the other respondents, MS often broke prohibition required by the doctor, had no motivation and purpose, because he thought life was not special and surrendered with what happened.

WF had different pathways and agency, WF obeyed the hemodialysis therapy schedule as the doctor required, WF never missed to attend the therapy, however, WF said that she sometimes broke the prohibitions like the requirement to drink enough water, as the result she suffered from shortness of breath. WF had good motivation to survive, her children and husband supported her to keep undergoing hemodialysis, but WF said that she was not sure about gaining recovery by undergoing hemodialysis.

FH also had different pathways and agency as WF, she obeyed the schedule of hemodialysis, but FH occasionally broke the recommendation by the doctor like the prohibition to excessively drink water and do excessive activity. FH explained that the only way to keep healthy and make the children happy was by keeping undergoing the hemodialysis therapy, however she had no any plan for her life.

HA had the highest quality of pathways and agency of the four respondents, HA never broke the prohibitions which were required by the doctor and always underwent the therapy routinely as the schedule. HA really wanted to be recovered in order that she could make her dream come true, but HA was not sure that she could recover by undergoing hemodialysis therapy

The result showed that the four respondents had low hope, because they did not meet the indicators of behavior from each aspect of hope, but if it is seen by the quality of hope, each respondent had different hope. HA was the only respondent who had good quality of hope, because HA showed her obedience toward the doctor's recommendations, it could be seen from her physical was healthier than the other three respondents. Snyder (2000) stated that a character of individual who had good hope was the individual was able to mark one's ability to be persevering in getting one's target.

The difference of hope of the four respondents could be caused by various factors, i.e. family support and the length of therapy, from the beginning of the diagnosis to the present time. WF and FH explained that family support was very essential for them, because it could strengthen them to keep undergoing the hemodialysis therapy. The result above is in accordance with the previous research conducted by Rosland, Heisler, and Piette (2011) which stated that

family support was significantly able to affect patient's obedience toward the treatment, moreover, obedience was the factor that affect hope.

HA was the respondent undergoing the longest treatment of the four respondents, for 7 years. The other three respondents had undergone the treatment for 3 years. It made HA have the highest quality of hope of the four respondents which can be seen from her pathways and obedience behavioral indicators. It is in accordance with previous research which stated that patients who had endurance would show higher obedience toward a therapy (Medeiros, Arantes, Tajra, Santiago, Carvalho, Liborio, 2016).

The four respondents did not have good qualification of hope, because they did not meet two of three factors which affected hope, cognition and obedience factor. The four respondents were not certain that their recovery could be achieved by hemodialysis therapy, because they thought that hemodialysis therapy was not healing therapy, but the therapy to make them still in well condition. Basically, hemodialysis therapy may recover, it can be seen from the development of URR (Urea Reduction Ratio) which is checked every week, the higher ratio, the less toxic inside blood and it means that therapy goes effective. Several factors influence the successful therapy, like age, nutritional intake and the obedience level (The Indonesian Society of Internal Medicine, 2009).

Three respondents, MS, WF, and FH said that they broke the prohibition required by the doctor, like drinking excessive water and consuming prohibited food. It showed that they did not have obedience which was one of the factors affecting hope, the more individual obeys, the more hope improve progressively (Simoni, Frick, Huang, 2006).

According to the result, there are other topics arouses besides the aspects of hope, i.e. family support, partner support, self-efficacy and resignation. Two of four respondents stated that family support was essential for them in undergoing the hemodialysis therapy, like being accompanied by the children during the therapy. It is in accordance with previous research which showed that family was the most essential supporting resource for patients (Ahrari, Moshki, Bahrami, 2014). Furthermore, a respondent, WF, said that partner support was necessary for her, her partner accompanied and waited for her during comma, cleaned her body when she was unconscious, and took care of her until now. So that, WF got encouraged to undergo the treatment as required. It is in accordance with other research about partner support which stated that partner support significantly could decrease pain suffered by

patient with chronic disease (Williams & Cano, 2014).

The four respondents had low self-efficacy, they told that they were not certain that the hemodialysis therapy could recover their disease. They believed that the therapy was only for making them keep healthy. Low self-efficacy is as the result of low hope of patients, as the research by Berg, Snyder, Hamilton (2008) which stated that individual with good hope was able to improve one's self-efficacy. Therefore, it is important to conduct clinical approach for hemodialysis patients to improve their self-efficacy (Tsay & Healstead, 2002).

Later on, the four respondents also mentioned about their resignations on what they suffered. They perceived the disease was the test by God and they just resigned on what they suffered. It is in accordance with previous research which found that patients with chronic disease would give up with their disease (Riva, Montali, Wirth, Curioni & Williams, 2016)

The research result is confirmed by several previous researches finding that patients with was caused by negative experience, death of family member because of chronic disease or lack of social support, no support from expected others (Davidson & Simpson, 2006; Elliott & Olver, 2009; Buckley & Herth, 2004). A research found that patients with good hope possessed high social support, they were encouraged to be able to achieve their target despite difficult condition (Billington, Simpson, Unwin, Bray, & Giles, 2008).

3 CONCLUSIONS

Hope is a unit of purpose-related cognition which consists of ways to achieve a purpose and self-ability along with motivation to achieve the purpose i.e. pathways and agency. The result showed that the four respondents had low hope, furthermore if it seen from quality of hope, each respondent had different hope, different perseverance in facing their disease.

Based on affecting factors, only one factor of three factors was performed by the respondents, emotion factor. Interestingly, there were other topics emerged in this research, family support, partner support, self-efficacy and resignation. Those topics could influence hope in the four respondents, so that the respondents could not achieve the target they want

The limitation of the research was limited time with respondents because the respondents' health condition was unpredictable.

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APPENDIX

Table 2: Table of the difference of hope among the respondents.

Aspects	Behavioral Indicators	MS	WF	FH	HA
Pathways	. Obey the therapy	√	√	√	√
	. Have solutions				
	. Keep obeying the prohibition	√	√	√	√
Agency	. Have motivation	-	√	√	√
	. encouraged	-	√	√	√
	. have life plan	√	√	-	√
	. Optimistic (sure to recover)	-	-	-	-
Tema lain	. Family support	-	√	√	-
	. Partner support	-	√	-	-
	. Low <i>Self-efficacy</i>	√	√	√	√
	. Resignation	√	√	√	√