

Relationship between Social Support with Coping Mechanisms Haemodialysis Patients

Muhammad Rosyidul 'Ibad*, Tutu April Ariani, and Sari Rachmania
*Department of Nursing, Faculty of Health Science, University of Muhammadiyah Malang
Jl. Bendungan Sutami No. 188A Malang, East Java, Indonesia 65145*

Keywords: Social Support, Coping Mechanisms, Haemodialysis.

Abstract: Patients with haemodialysis therapy will undergo lifelong therapy to maintain their health while undergoing therapy; the patient will experience burnout, stress, and feel the side effects of therapy. Coping mechanisms that occur in haemodialysis patients are not always adaptive, and they also tend to maladaptive coping mechanisms such as denial, denial, and even avoidance. Social support is needed to change the mechanism of maladaptive coping into adaptive. The purpose of this study was to identify the relationship of social support to the ability of coping mechanisms of haemodialysis patients. The study was conducted on 30 HD patients and analysed using Chi-Square. The result is a significance value of less than alpha of 0.050, which means that there is a relationship between social support and coping mechanisms at an error rate of 5 percent.

1 INTRODUCTION

Report from (Bandiara et al., 2012) shows the percentage of primary diagnoses of HD patients with diagnoses of acute kidney failure in CRF of 4% or 789 patients, diagnoses of acute kidney failure of 7% or 1,504 patients, and chronic kidney failure of 89% or 18,613 patients. According to the Report of Indonesia (Indonesia, 2014), the number of patients undergoing haemodialysis in East Java was 73175 patients undergoing routine haemodialysis therapy, with the duration of the most HD treatments being 3-4 hours, this is still below the standard duration of HD treatment which should be 5 hours (Cal et al., 2015).

Research (Armiyati and Rahayu, 2014) explained the length of time the patient underwent haemodialysis was 84 months (4 years), and the fastest was two months. Based on research conducted by (Wurara et al., 2013), it was found that most respondents who had undergone haemodialysis therapy between 1-12 months were 29 people. Based on research conducted by (Herman, 2016), it was found that haemodialysis time in patients undergoing haemodialysis <6 months was 27%, 6-12 months was 47.3%, and >12 months was 25.7%.

Everyone can experience stress throughout their lives and try to overcome them. Stress can stimulate change and growth, and too much stress can result in

poor adjustment, physical illness, and an inability to cope or coping with problems (Harwood et al., 2009). Stress is a phenomenon that affects all dimensions of a person's life (Potter and Perry, 2009). In patients undergoing haemodialysis therapy also has the potential for stress because the procedure of therapy, where they have to come twice a week, have to leave work (Suhrcke et al., 2006), and take the time to do therapy, this will continue to recur and trigger stress. Stressed individuals must have the ability to adapt, and only everyone has different coping mechanisms capabilities (Harahap et al., 2015).

Another aspect that influences coping mechanisms and the quality of life of haemodialysis patients is the level of perceived social support. The first category refers to the availability of assistance from others in the management or resolution of practical situations or daily operations, such as material and financial support or help in some daily activities (Silva et al., 2016). At present, the increase in life expectancy of people with HD is not the ultimate goal of treatment, but it is slowly being recognized that social support is a crucial element to achieving effective treatment management, defined social support offering and receiving assistance by others when a crisis arises or in a state of imbalance haemostasis (Davavidolatabadi and Abdeyazdan, 2016). Individuals usually get support from family, friends, or other closest people such as health

workers, peer groups and others. Social support is very influential for patients who undergo haemodialysis to survive, and social support can take the form of material support, self-esteem, emotional and informational (Lilympaki et al., 2016).

Based on the results of a preliminary study conducted in July 2017, the research team conducted interviews with the head of the HD room and HD patients at Tk.II Hospital Dr. Soepraoen Malang. The research team received information that haemodialysis patients who experience stress around 75%, especially patients who have not recently undergone haemodialysis every week and use different coping mechanisms - each patient, patients undergoing haemodialysis therapy experience various changes including lifestyle, role disorders, time spent during therapy, positive beliefs / views, social support, and material. Some patients show positive attitudes such as smiling and talking to researchers, but some other patients show negative attitudes, such as showing an expressionless face, frowning eyebrows, and ignorant. The patient's family has also accompanied when the process of haemodialysis is taking place, but more patients are not accompanied by the family when the therapy process has taken place; implementing nurses provide information that the patient is highly recommended to be accompanied by family or close people during the therapy process. Based on these problems, the research team was interested in researching the Relationship of Social Support to Coping Mechanisms in Patients with Chronic Diseases at Tk. II Dr. Soepraoen Hospital.

2 METHODS

Samples that have been included in this study are patients who have been diagnosed with chronic kidney failure with haemodialysis therapy at Tk Hospital. II Dr. Soepraoen Malang, following the inclusion criteria, were 30 patients (Hidayat, 2007). The sampling technique that has been used in this study is Purposive Sampling with inclusion criteria: Haemodialysis patients starting in 2017 (May-October), Patients with compos mentis awareness (GCS 456), haemodialysis twice a week. Researchers assess social support using the Multidimensional Scale of Perceived Social Support (MSPSS) and assess coping mechanisms using the COPE Inventory (Su et al., 2015). Furthermore, bivariate analysis with Chi-square using SPSS software for Windows 20.

3 RESULT AND DISCUSSION

Researchers have obtained the characteristics of haemodialysis patients at Tk.II Hospital, dr. Soepraoen Malang in October 2017. Respondents who were involved in this study were haemodialysis patients in 2017 and did therapy 2 times a week, on Monday and Thursday, or Tuesday and Friday. The results can be seen in table 1.

Table 1: Characteristics of Respondents based on HD (month) at Tk Hospital. II Dr. Soepraoen Malang.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mei	4	13.3	13.3	13.3
	Jun	1	3.3	3.3	16.7
	July	4	13.3	13.3	30.0
	Augustus	5	16.7	16.7	46.7
	September	11	36.7	36.7	83.3
	October	5	16.7	16.7	100.0
	Total	30	100.0	100.0	
N	Valid			30	
	missing			0	

Table 2: Gender characteristics of HD Respondents at Tk Hospital. II Dr. Soepraoen Malang.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Woman	15	50.0	50.0	50.0
	Man	15	50.0	50.0	100.0
	Total	30	100.0	100.0	
N	Valid			30	
	missing			0	

Table 3: Characteristics of Respondents based on Social Support.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	16	53.3	53.3	53.3
	Moderate	11	36.7	36.7	90.0
	High	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

Table 4: Characteristics of Respondents by Coping Mechanism.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Maladaptive	19	63.3	63.3	63.3
	Adaptive	11	36.7	36.7	100.0
	Total	30	100.0	100.0	

Social Support

Researchers have obtained data on the level of social support in haemodialysis patients according to the results of table 3. Based on table 3, it has been obtained the results of social support to the most respondents in poor social support 16 people, 11 people moderate social support, and three people high social support.

Coping Mechanism

Researchers have obtained research data on the coping mechanism category, which is presented in table 4. Based on table 4, it has been found that the most respondents coping mechanism is maladaptive coping mechanism 19 and adaptive coping mechanism 11 patients HD.

Relationship between Social Support with Coping Mechanisms

Table 5: Relationship between Social Support with Coping Mechanisms.

Chi-Square Tests	
Value	df
10.720 ^a	2
12.215	2
10.356	1
30	

2 cells (33.2%) have expected count less than 5. The minimum expected count is 1.10

There are respondents with poor social support have adaptive coping mechanisms as many as 5 people (16.6%), but there are respondents with poor social support have adaptive coping mechanisms as many as 5 people (16.6%). The test results of the relationship between social support with coping

mechanisms obtained Chi-square value of 10.720 more than the value of Chi-square table of 5.991 or a significance value of 0.005 less than alpha of 0.050 which means that there is a relationship between social support and coping mechanism at an error rate of 5 percent

Based on the results of research conducted on haemodialysis patients at Tk.II Hospital Dr. Soepraoen Malang, it is known that the level of the respondent's social support is low. According to (Taylor, 2006), social support is a form of information that there are people who love and care for us and consider us as someone valuable. Social support owned by respondents can influence coping mechanisms. Respondents who have mild social support can be interpreted that respondents have inadequate coping mechanisms. Social support can reduce the effects of stress, which helps a person to be able to cope with events caused by stressors, reducing the possibility of distress, which can worsen health conditions (Harahap et al., 2015).

From the results of research that has been done it is known that the existence of a form of support from the environment, especially from someone close to the patient, will help someone grow a good coping, if support tends to be less will result in someone unable to solve the problem they are experiencing, in the long run, can result in distress. Shown in this study, the most significant percentage of respondents who have poor social support have maladaptive coping mechanisms of 11 people. Social support is part of the source of coping, and if someone uses it, it will affect adaptive coping; men and women usually have deference coping mechanisms to reduce their stressor (Wilsey and Lyke, 2015).

Social support is the main thing in this study, it is expected that haemodialysis sufferers have someone who is trusted to convey complaints (anger, sadness, despair, and anxiety) (Valcanti et al., 2012), so that

sufferers feel that their existence is valuable to others, that there is someone who loves them, there is someone who pays attention to it, it can lead to confidence, self-esteem haemodialysis sufferers and be able to foster a good coping mechanism, and reduce the possibility of stress.

4 CONCLUSIONS

Most haemodialysis patients have low levels of social support and maladaptive coping mechanisms, and there is a relationship between social support and coping mechanisms. As a nurse, we should pay attention to aspects of support from the closest person of the patient and be sensitive to coping mechanisms that are shown by patients both verbally and nonverbally, because if the patient has an adaptive coping mechanism it will avoid the problem of neurosis that can directly affect their lives.

REFERENCES

- Armiyati, Y., Rahayu, D.A., 2014. Faktor yang berkorelasi terhadap mekanisme koping pasien ckd yang menjalani hemodialisis di rsud kota semarang (Correlating factors of coping mechanism on CKD patients undergoing Hemodialysis in RSUD Kota Semarang), in: *Prosiding Seminar Nasional & Internasional*.
- Bandiara, R., Afiatin, R.S., Dheny Sarly, I.R.A., 2012. *5st Annual Report Of Indonesian Renal Registry*. Bandung.
- Cal, S.F., Sá, L.R. de, Glustak, M.E., Santiago, M.B., 2015. Resilience in chronic diseases: A systematic review. *Cogent Psychology* 2, 1024928.
- Davaridolatabadi, E., Abdeyazdan, G., 2016. The relation between perceived social support and anxiety in patients under hemodialysis. *Electronic physician* 8, 2144.
- Harahap, M.I.M., Sarumpaet, S.M., Tarigan, M., 2015. Hubungan Stres, Depresi Dan Dukungan Sosial Dengan Kepatuhan Pembatasan Asupan Nutrisi Dan Cairan Pada Pasien Gagal Ginjal Kronik. *Idea Nursing Journal* 6, 68–76.
- Harwood, L., Wilson, B., Locking-Cusolito, H., Sontrop, J., Spittal, J., 2009. Stressors and coping in individuals with chronic kidney disease. *Nephrology Nursing Journal* 36, 265–301.
- Herman, I., 2016. Hubungan Lama Hemodialisis Dengan Fungsi Kognitif Pasien Penyakit Ginjal Kronik Yang Menjalani Hemodialisis Di RSUD Abdul Moeloek Provinsi Lampung (PhD Thesis). Fakultas Kedokteran.
- Hidayat, A.A., 2007. Riset keperawatan dan teknik penulisan ilmiah. Jakarta: salemba medika.
- Indonesia, P.N., 2014. 7th report of Indonesian renal registry. Jakarta: Pernefri.
- Lilympaki, I., Makri, A., Vlantousi, K., Koutelekos, I., Babatsikou, F., Polikandrioti, M., 2016. Effect of perceived social support on the levels of anxiety and depression of hemodialysis patients. *Materia socio-medica* 28, 361.
- Potter, P.A., Perry, A.G., 2009. *Buku Ajar Fundamental Keperawatan: Konsep, Proses dan Praktik Edisi 5*. Jakarta: EGC.
- Silva, S.M. da, Braido, N.F., Ottaviani, A.C., Gesualdo, G.D., Zazzetta, M.S., Orlandi, F. de S., 2016. Social support of adults and elderly with chronic kidney disease on dialysis. *Revista latino-americana de enfermagem* 24.
- Su, X., Lau, J.T., Mak, W.W., Choi, K.C., Feng, T., Chen, X., Liu, C., Liu, J., Liu, D., Chen, L., 2015. A preliminary validation of the Brief COPE instrument for assessing coping strategies among people living with HIV in China. *Infectious diseases of poverty* 4, 41.
- Suhrcke, M., Nugent, R.A., Stuckler, D., Rocco, L., 2006. *Chronic disease: an economic perspective*. London: Oxford Health Alliance, 2006.
- Taylor, S.E., 2006. *Health psychology*. Tata McGraw-Hill Education.
- Valcanti, C.C., Chaves, É. de C.L., Mesquita, A.C., Nogueira, D.A., Carvalho, E.C. de, 2012. Religious/spiritual coping in people with chronic kidney disease undergoing hemodialysis. *Revista da Escola de Enfermagem da USP* 46, 838–845.
- Wilsey, C., Lyke, J.A., 2015. Gender Differences in Perceived Illness, Stress, and Coping in Undergraduates. *Psychology* 5, 189–196.
- Wurara, Y., Kanine, E., Wowiling, F., 2013. Mekanisme koping pada pasien penyakit ginjal kronik yang menjalani terapi hemodialisis di Rumah Sakit Prof. Dr. RD Kandou Manado. *Jurnal Keperawatan* 1.