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Influence of Family Support on Patient Quality of Life: Case Study of Hemodialysis Unit at EMC Pulomas Hospital

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Abstract

Chronic kidney failure is one of the main health problems in the world. Hemodialysis is a treatment method for patients with end-stage chronic renal failure. Patients undergoing hemodialysis perceive their quality of life to be at a low level with their physical condition feeling tired, in pain, and frequently and frequently restless. Family support has a big influence on the health of hemodialysis patients**.** This study aims to determine the relationship between family support and the quality of life of hemodialysis patients. This type of research uses a descriptive design, with a sampling method, namely a total sampling of 36 respondents and using the chisquare test. The results of the study showed no relationship between family support and the quality of life of patients in the hemodialysis unit at EMC Pulomas Hospital with p-value = 0.0609. Family advice always provides support to respondents in any case and situation.

Keywords: CKD, Hemodialysis, Family Support, Quality of Life

Introduction

Chronic Kidney Disease (CKD) is a progressive and irreversible decline in kidney function, where the body's ability to maintain metabolic, fluid, and electrolyte balance fails, resulting in uremia or azithemia (Inayati et al., 2021). According to data from Chronic Kidney Disease on Global Health, in 2021, chronic kidney disease caused 786,000 deaths annually. This figure places chronic kidney disease as the 12th leading cause of death worldwide (Ngara et al., 2022).

The results of the 2013 Basic Health Research (Riskesdas) by the Health Research and Development Agency (BPBD) indicated that the prevalence of kidney failure in Indonesia was 0.2%, or 2 per 1,000 people. Approximately 60% of these patients required dialysis therapy. According to the World Health Organization (WHO) in 2018, chronic kidney disease (CKD)

is a health problem. One in ten of the world's population is identified with chronic kidney disease, and an estimated 5 to 10 million patient deaths occur annually. According to Zulfan Efendi (2021), an estimated 1.7 million deaths annually are due to acute kidney damage. Meanwhile, Saputra & Wiryansyah (2023) stated that chronic kidney failure is a major global health problem.

Kidney failure patients receive two stages of treatment: conservative therapy and renal replacement therapy. Renal replacement therapies include hemodialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD), and kidney transplantation. Hemodialysis is the primary treatment option for chronic kidney disease (CKD) patients, alongside kidney transplantation. Hemodialysis is a treatment method for patients with end-stage chronic kidney disease (CKD). In patients with chronic kidney disease, changes in the immune system occur, leading to decreased immunity and increased susceptibility to other infections (Cahyani et al., 2022).

Long-term hemodialysis therapy can lead to several complications, including hypotension and muscle cramps. These complications can cause physiological stress for patients undergoing therapy. However, in addition to physiological stressors, patients can also experience psychological stressors, including fluid restrictions, dietary restrictions, sleep disturbances, uncertainty about the future, restrictions on daily activities, lack of social interaction, restrictions on time and place of work, and economic factors. Patients undergoing this therapy experience a loss of activity due to healthcare provider regulations, resulting in unproductive behavior and a subsequent decline in income. This impacts the quality of life of patients undergoing hemodialysis (Devi & Rahman, 2022). Patients undergoing hemodialysis perceive their quality of life as low, with physical fatigue, pain, and frequent anxiety.

Quality of life is an individual's perception of their life, reflecting on the culture and values of their environment, and comparing their life to their own expectations, standards, and goals (Mulia et al., 2018). There are four factors affecting quality of life: demographic factors, including gender, age, marital status, and ethnicity (Syafar et al., 2020). Psychological factors include cognitive assessment, affective responses, and motivation. Biological factors include body mass index (BMI), skin color, and genetics related to the disease/risk. Patients with chronic kidney disease (CKD) experience a decline in quality of life due to a lack of willpower and a tendency to accept their condition. In patients with chronic kidney disease (CKD), improving their quality of life is influenced by several factors, including age and gender. The decline in quality of life in patients with chronic kidney disease is also due to increasing age and increasing body mass index (Manalu, 2020). Patients with chronic kidney disease undergoing hemodialysis often feel more valuable when they receive support from their families.

Family support is the attitude, actions, and acceptance of a family toward a sick patient who needs help and assistance, whether in increasing self-esteem, providing security, or solving problems faced in carrying out family functions (Darma et al., 2024). Family support influences the patient's mental health and serves as a preventive strategy to reduce stress, broadening the outlook on life and reducing stress (Patricia et al., 2025). Family support is

divided into assessment support, instrumental support, informational support, and emotional support (Sulymbona et al., 2020). Patients who receive

Those with emotional, psychological, social, and physical support from their families tend to have a better quality of life, especially for those with chronic diseases such as diabetes, hypertension, kidney failure, and cancer. (Windiarti, Paturohman, & Ria, 2023) Family support significantly impacts the health of hemodialysis patients.

Compliance with hemodialysis therapy in patients with chronic kidney disease (CKD) is crucial. If patients are not compliant with hemodialysis, harmful substances can accumulate in the body. Hemodialysis adherence also impacts various aspects of patient care, including the consistency of visits and dietary and fluid restrictions. Compliance can be influenced by various factors, including patient beliefs, attitudes, and motivation, knowledge, perceptions, expectations, family social support, and support from healthcare providers. Motivation is one factor that can improve patient compliance.

According to research by Verayanti Manalu (2020), of 127 respondents, statistically, the majority (107 respondents (84.3%) received good family support, and 20 respondents received adequate family support. Furthermore, 126 respondents (99.2%) had a good quality of life, while 1 respondent (0.8%) had a poor quality of life. From this study, it can be concluded that family support is essential for maintaining a good quality of life for hemodialysis patients. Research by Desita (2010) showed that 57.1% of patients undergoing hemodialysis perceived their quality of life as low and 42.9% as high. Furthermore, Cipta (2016) showed that patients undergoing hemodialysis experienced poorer quality of life compared to the general population and experienced lower levels of impairment in most quality of life domains.

Based on the above context, the author is interested in understanding the feelings experienced by patients with Chronic Kidney Failure. The author feels sympathy and empathy for their condition, and is interested in studying how support from those closest to them, especially family, can influence the quality of life of patients with chronic kidney failure in the Hemodialysis Unit of EMC Pulomas Hospital.

Literature Review

Previous research has shown mixed results regarding the role of family support in the quality of life of patients with chronic kidney disease (CKD). Verayanti Manalu (2020) found a strong association between family support and improved quality of life among hemodialysis patients. Similarly, Reasioanto et al. (2023) reported a significant positive association between family support and quality of life. Conversely, several studies, including this one, showed no statistically significant association. This inconsistency highlights the complexity of quality of life, which is influenced not only by family support but also by demographic, biological, psychological, and socioeconomic factors. Theoretical frameworks such as the biopsychosocial model further emphasize the multidimensional nature of quality of life in chronic diseases.

In the context of chronic kidney disease, family support is often considered a key pillar influencing patient well-being. This support can take the form of emotional, practical, and

informational assistance needed to manage the health condition. For example, a study by Verayanti Manalu (2020) found that hemodialysis patients who received emotional support from family members tended to have lower levels of depression and felt more motivated to undergo treatment. This shows that emotional support provided by the family not only serves as a source of strength, but also as a factor that can encourage patients to be more active in maintaining their health.

However, although many studies show a positive relationship between family support and quality of life, mixed results are also noteworthy. Research conducted by Reasioanto et al. (2023), for example, showed that family support can improve quality of life, but not all patients experience the same benefits. This may be due to differences in family dynamics, where some patients may feel burdened by expectations or responsibilities placed on them by their families. In these cases, what should be positive support can instead become a source of additional stress, negatively impacting the patient's mental health.

Furthermore, the quality of life of CKD patients is influenced not only by family support but also by demographic factors such as age, gender, and educational background. For example, younger patients may be more open to family support and tend to have stronger social networks, while older patients may feel isolated and receive less support. Furthermore, biological factors such as disease severity and the presence of comorbidities can also influence how patients respond to family support. This suggests that quality of life is the result of a complex interaction between various factors and cannot be explained by a single variable.

Psychological factors also play a significant role in determining the quality of life of CKD patients. Stress, anxiety, and depression are some of the psychological issues often faced by patients undergoing long-term treatment. In this context, family support can serve as an effective tool to help patients cope with these challenges. For example, family involvement in a patient's care process can help them manage negative emotions and provide a more positive perspective on their condition. However, if this support is not provided appropriately, such as by ignoring the patient's emotional needs or offering unconstructive criticism, it can actually worsen the patient's psychological well-being.

Furthermore, socioeconomic factors cannot be ignored when discussing the quality of life of CKD patients. Patients from better-off economic backgrounds may have better access to healthcare, medications, and social support, all of which contribute to a better quality of life. Conversely, patients from less-privileged economic backgrounds may face greater challenges in accessing the care they need, which in turn can impact their quality of life. In this regard, family support can serve as a bridge to help patients overcome these barriers, but its effectiveness depends heavily on the resources available within the family itself.

The biopsychosocial model provides a useful framework for understanding the interactions between these factors. By recognizing that quality of life is influenced by multiple dimensions, this model encourages us to view patients as whole individuals, not simply as individuals with a disease. This means that interventions designed to improve the quality of life of CKD patients should consider all aspects of their lives, including family support, psychological well-being, and socioeconomic circumstances. For example, support programs

that involve families in the care process may be more effective if they also include training to improve communication skills and stress management.

In conclusion, while family support has the potential to improve the quality of life of CKD patients, the varying results suggest that this relationship is not always simple. Multiple factors, including family dynamics, psychological well-being, and socioeconomic background, all contribute to the individual patient's experience. Therefore, it is important to develop a holistic and integrated approach to caring for CKD patients, one that focuses not only on medical aspects but also considers the social and emotional support they receive from their families and communities. By understanding this complexity, we can design more effective and targeted interventions to improve the quality of life of patients facing the challenges of chronic kidney disease.

Research Method

This study uses a descriptive design (Dr. Wawan Kurniawan, 2021), which involves measuring or observing a variable at a single point in time to obtain a snapshot of the variable. The population in this study was all 36 patients with Chronic Kidney Failure (CKD) in the Hemodialysis Unit at EMC Pulomas Hospital in the past month, namely August 2023. The sample used in this study was all patients with Chronic Kidney Failure in the Hemodialysis Unit at EMC Pulomas Hospital. The sampling technique used was total sampling, where all patients who met the study criteria were recruited.

This study will be conducted at the Hemodialysis Unit at EMC Pulomas Hospital. The study will be conducted between August and September 2023. Data collection in this study will use a patient support questionnaire consisting of 10 questions and a quality of life questionnaire developed from the standard World Health Organization Quality of Life (WHOQOL)-Breef questionnaire consisting of 11 questions.

Univariate analysis is an analysis conducted to describe research variables, including sample characteristics, using a frequency distribution table. Statistical tests were performed using SPSS 23. Bivariate analysis is used to explain the relationship between two variables: the independent variable and the dependent variable. The statistical test used was the chi-square test, which is used to test the hypothesis: If $p \leq 0.05$ = Ho is rejected, there is a relationship between family support and patient quality of life in the hemodialysis unit at EMC Pulomas Hospital. If $p \geq 0.05$ = Ho is rejected, there is no relationship between family support and patient quality of life in the hemodialysis unit at EMC Pulomas Hospital.

Results

Respondent Description

Univariate Analysis:

Univariate analysis will describe the frequency distribution of the variables age, gender, education level, employment status, type of employment, the independent variable (family support), and the dependent variable (quality of life). Data analysis used in this study only uses univariate analysis and mean values.

Table 1. Distribution of respondent characteristics, family support, and quality of life of hemodialysis patients at the EMC Pulomas Hospital Unit (N=36)

	Karakteristik Responden	Jumlah	%
1	Jenis Kelamin		
	Laki-laki	26	42,1
	Perempuan	10	57,9
2	Usia		
	20-40 tahun	11	28,9
	41-60 tahun	19	50
	>60 tahun	8	21,1
3	Tingkat Pendidikan		
	SMA	16	44,4
	Akademia/Perguruan Tinggi	20	55,6
4	Status Pekerjaan		
	Bekerja	13	36,1
	Tidak Bekerja	23	63,9
5	Jenis Pekerjaan		
	Karyawan Swasta	6	16,7
	Wiraswasta	6	16,7
	Pensiunan	19	52,8
	Ibu Rumah Tangga	4	11,1
	Pelajar/Mahasiswa	1	2,8
6	Dukungan Keluarga		
	Baik	32	88,9
	Kurang	4	11,1
7	Kualitas Hidup		
	Baik	23	63,9
	Kurang	13	36,1
	Jumlah	36	100

Based on Table 1, it is clear that of the 36 respondents, the majority were male (72.2%), nearly half were aged 41-60 years (47.2%), and most had a college/university education (55.6%). Employment status was 63.9%, with most respondents unemployed. Almost all respondents (89%) reported good family support, while 83% reported poor quality of life.

Bivariate Analysis:

This study used the Chi-Square test to determine the relationship between family support and quality of life for patients in the hemodialysis unit at EMC Pulomas Hospital. The results of the analysis are presented in the table.

Table 2. Relationship Between Family Support and Quality of Life in Patients in the Hemodialysis Unit at EMC Pulomas Hospital

Dukungan Keluarga	Kualitas Hidup				Total		OR (95% CI)	P Value
	Baik		Kurang					
	N	%	N	%	N	%	1,909 (0,236-15,455)	0,609
Baik	21	65,7%	11	34,3%	32	100%		
Kurang	2	50%	2	50%	4	100%		

Based on Table 2, the analysis of the relationship between family support and quality of life for patients in the hemodialysis unit at EMC Pulomas Hospital showed a chi-square statistic with a P-value of 0.609 (P-value > 0.05) and an OR of 0.236-15.455. This means there is no relationship between family support and quality of life for patients in the hemodialysis unit at EMC Pulomas Hospital.

Discussion

Univariate Analysis

This study showed that the majority of respondents were male (72%). These results are similar to those of Zulfan Efendi et al., 2021, at Arifin Achmad Pekanbaru Regional Hospital, where 53.3% were male and 42.7% were female. Similarly, a study (Inayati et al., 2021) at Ahmad Yani Metro Regional Hospital, entitled "Family Support and Quality of Life in Chronic Kidney Failure Patients Undergoing Hemodialysis," stated that 69.7% of patients with chronic kidney failure undergoing hemodialysis were male, and 30.3% were female. Researchers believe that gender, regardless of the severity of the disease, can influence the incidence of chronic kidney failure, depending on comorbidities. Therefore, it can be concluded that in this study, more men than women were patients with chronic kidney disease undergoing hemodialysis.

The results showed that almost half of the respondents were aged 41-60 years (47.2%). Most of the respondents were in the middle adult age category. Research (Zulfan Efendi et al., 2021) at Arifin Achmad Pekanbaru Regional Hospital found that the majority of respondents, including CKD patients undergoing hemodialysis, were in the middle adult age category (41-60 years). According to Devi & Rahman (2022), the majority of kidney failure patients were aged 45-60 years, representing 21 individuals (65.6%). This aligns with previous research, which found that older respondents outnumbered younger respondents (51 individuals (53.7%) by 44 individuals (46.3%). The age of some respondents, who were older, or over 45, is also associated with a risk of decreased kidney function. Changes in kidney function occur with age, with GFR progressively decreasing after 40, reaching approximately 50% of normal by age 70. Research (Andini Fitria Dewi, 2022) showed that almost all respondents were aged 41-60 years (75%).

This study shows that the majority of respondents' highest educational attainment was college/university graduate (55.6%).

This study aligns with research conducted by (Zulfan Efendi et al., 2021) entitled "The Relationship of Factors Related to Quality of Life in Patients with Chronic Kidney Failure on Hemodialysis," which found that the highest educational attainment was college/university graduate, with 37 respondents (39.3%). Education is a demographic characteristic that can influence a person's interactions with both the environment and specific objects. Furthermore, education is an indirect factor influencing motivation. The higher a person's education, the greater their desire to utilize their knowledge and skills, resulting in high motivation.

This study shows that the majority of respondents (63.9%) were unemployed. This study aligns with research by (Daryani et al., 2021) that found that the majority of respondents on hemodialysis were unemployed (63.3%). Most respondents undergoing hemodialysis were unemployed. Respondents were considered to lack the capacity to engage in activities and express opinions. Individuals undergoing hemodialysis often worry about the unpredictability of their condition and the disruption to their lives. Patients often experience financial problems and difficulty maintaining employment (Devi & Rahman, 2022).

This study shows that the majority of respondents were retired (52.8%). This finding aligns with a study (Akalili et al., 2020) entitled "Depiction of Family Support for Palliative Care in Patients Undergoing Hemodialysis at RSMH Palembang," which found that the most common occupations among respondents were self-employed and retired, with 25 respondents (41.7%). Motivational factors include work, recognition, challenge, responsibility, development, involvement, and opportunity. A desire to see work as a necessity can drive them to achieve goals. A sense of fear and belonging will motivate them to feel responsible, and recognition for their work will provide inner satisfaction.

This study showed that almost all respondents received good family support (88.9%). This finding aligns with a study (Verayanti Manalu, 2020) entitled "Family Support on the Quality of Life of Chronic Kidney Failure Patients Undergoing Therapy at Adventist Hospital Bandar Lampung," which found that the majority of respondents received good family support (84.3%). The researchers also found that many families accompanied patients throughout the hemodialysis process. However, some were unable to accompany patients on dialysis because family members were at work, so they only accompanied them to the dialysis center and then picked them up afterward.

This study showed that the majority of respondents had a good quality of life (63.9%). This finding aligns with a study (Sarastika et al., 2019) that found that the majority (36 patients) had a good quality of life (51.4%), and a minority (1.5%) had a very good quality of life. The researchers found that patients still socialized very well. Things that influence quality of life include physical health, physiological condition, level of independence, social relationships (social support), personal beliefs and socioeconomic status.

Bivariate Analysis:

The Relationship Between Family Support and Quality of Life of Patients in the Hemodialysis Unit at EMC Pulomas Hospital. The study found that 32 respondents had good family support and 4 respondents had poor family support. 88.9% (32) had good quality of life and 11.1% (4) had poor quality of life.

The statistical test results showed a p-value of 0.609 (p-value ≤ α = 0.05). Therefore, it can be concluded that Ho fails to be rejected, indicating no relationship between family support and quality of life for patients in the hemodialysis unit.

This study disagrees with the study (Reasioanto et al., 2023) on the relationship between family support and quality of life for hemodialysis patients at Aloei Saboe Hospital in Gorontalo City. Analysis using the Chi-Square Test yielded a p-value of 0.000. This means the p-value is less than alpha (5%), thus concluding that there is a significant relationship between family support and quality of life for HD patients at Aloei Saboe Hospital in Gorontalo City (p=0.000 <0.05).

This study is inconsistent with the study (Anggun Primasari et al., 2022b) entitled "The Relationship Between Family Support and Quality of Life in Chronic Kidney Failure Patients Undergoing Hemodialysis," which concluded there was a relationship between family support and quality of life in chronic kidney failure patients undergoing hemodialysis.

This study is inconsistent with the study, which found a p-value of 0.005 or less than 0.05, and the relationship between motivation and quality of life in patients undergoing hemodialysis with a p-value of 0.0001 or less than 0.05.

Conclusion

Based on the research results, it can be concluded that the majority of respondents were male (72.2%), age (47.2%), and educational attainment (55.6%) showed that most respondents were college/university graduates. Employment status (63.9%) showed that most respondents were unemployed. Family support for CKD patients undergoing hemodialysis indicated that 88.9% had good family support. Quality of life for CKD patients undergoing hemodialysis indicated that 63.9% had good quality of life. There was no relationship between family support and quality of life for patients in the hemodialysis unit at EMC Pulomas Hospital.

This study is expected to provide new information and knowledge, as well as be used as a basis for policymaking to improve hospital services. The results can also serve as a reference source for the nursing profession regarding the quality of life of chronic kidney disease patients undergoing hemodialysis, specifically regarding the aspect of family support.

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