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## RESEARCH ARTICLE

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### Increased Self-Acceptance of Chronic Kidney Failure Clients through Family Support

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#### ABSTRACT

Chronic kidney failure is a global health problem in which prevalence is steadily increasing. Social support is a mechanism for individuals to improve their self acceptance. This study is aimed to explore the association between family support and self acceptance of clients with CKF in Surabaya, Indonesia. It was an analytic observational study adopting a cross-sectional design. The populations were clients with CKF in Surabaya. The sample size was 140 respondents, selected by simple random sampling technique. This research consisted two variables, namely self-acceptance as dependent variable and family support as independent variable. Data were collected using questionnaire, then analyzed using Spearman correlation test. The study found that the majority of clients who suffered from CKF obtained good social support and adequate self acceptance. The statistical analysis showed p-value of 0.014, so it could be concluded that there is a correlation between family support and self acceptance. The family of CKD clients should provide support for increased activity by providing opportunities to carry out daily activities independently according to their abilities

**Keywords:** chronic kidney; self acceptance; family support

#### INTRODUCTION

##### Background

Globally, the prevalence and incidence of chronic kidney failure (CKF) are increasing. In 2017, the Ministry of Health of Indonesia reported that 1 out of 10 of the global population suffers from CKF in a certain stadium<sup>(1)</sup>. The increasing number of CKF incidence accompanied by the incidence of hypertension and diabetes mellitus. The CKF is at the 18th row of death around the world. In Indonesia, the *Badan Penyelenggara Jaminan Sosial* (BPJS) or the Board of Social Protection in the health sector reported that CKF is in the second place (after heart disease) as the most claimed health protection<sup>(2)</sup>.

A systematic review and meta-analysis describe that the global prevalence of CKF is 14.4%<sup>(3)</sup>. The Indonesian 2018 Health Basic Research of Indonesia reported 6.4% of >15 years population suffered from CKF. The case exceeds the incidence of CKF in 2013, that is 3.8%. The increase in line with the age of the population, where a significant increase among the productive age group (35-44 years old). An increase of 0.5% occurs among the 45-54 years old group. Moreover, the prevalence of CKF among the 25-34 years old group reached 0.3%. By sex, the case of CKF is dominated by males<sup>(1)</sup>.

The CKF patient needs continuous care in long term. The care aims to reduce the proteinuria level. Well-managed lifestyles such as limiting salt intake and diet are important in medical therapy. Incompliance of care of peritoneal dialysis may significantly worsen the mortality and morbidity rates among CKF clients and becomes a load of resources and health care provider.

The CKF needs regular and independent care from the patients. Individuals with CKF experience changes in psychic, physical, activity, and spiritual<sup>(4)</sup>. Psychological change may influence the attitude and how the individual reacts to the illness. Having a positive self acceptance is a way to lessen the psychological impacts<sup>(5)</sup>.

Therefore, it is important for CKF patients to possess positive self acceptance enabling them to care for their lives better.

One of the influential factors of self acceptance is the social support from friends and family. Family support refers to material and moral backup that may motivate individuals to do activities <sup>(7)</sup>. Motivation and support of families shifting the individual behavior that match the care management of patients with CKF. Poor support from family may influence the care of CKF. Exploring the impacts of family support on self acceptance of patients with CKF is important.

### Purpose

The study, therefore, attempts to analyze the correlation between family support and self acceptance of patients suffered from CKF. By discovering the correlation, health practitioners will make a decision whether or not to utilize social support to improve self acceptance of patients with CKF.

## METHODS

The research applied an analytical observational method and cross-sectional design. This research was conducted in 2020. The population were the CKF clients in health centers in Surabaya, East Java, Indonesia. The study, therefore, needs 140 respondents. The probability sampling technic and multistage sampling was used in this study.

The independent variable was the family support whereas the dependent variable was self acceptance of clients with CKF. Family support refers to the attitude and practices, and acceptance of their family member with CKF. Provision of information, facilities, motivation are the attributes of family support. Self acceptance is the reflection of positive conditions and attitudes of individuals in the form of self-value, being accepting of one's strengths and weaknesses, avoiding both self-blaming or others, and attempt to change in a better condition.

The study used a closed-ended questionnaire containing the 4 Likert scale. The validity and reliability of the scale have been tested. The family support variables were grouped into very agree, agree, disagree, and very disagree. The family support was categorized into good (30-40), moderate (20-29), and poor (<20). The 4 Likert scale was also used to measure the self acceptance variable, including never, sometimes, always. The self acceptance was grouped into the categories of good (24-32), moderate (16-23), and poor (<16). The validity test of questioners of family support was 0.878 while the self acceptance was 0.543 reflecting the questioner was valid. The Cronbach's Alpha test shows the composite reliability >0.7, indicating the reliability of the questioner.

The study was classified as an analytic study to explore the association between variables and the Spearman correlation test was used for this purpose. The test did not require the normal distribution data on an ordinal scale. Using Spearman correlation test will testify the level of significance of association, the strength of the association, and the direction of the relationship of the variables.

Table 1. The interval of the strength of the variables association

	Interval coefficient	Level of associaton
The Strength of Association	0.00 – 0.199	Very low
	0.20 – 0.399	Low
	0.40 – 0.599	Moderate
	0.60 – 0.799	Strong
	0.80 – 1.000	Very strong

This research has obtained an ethical certificate from the Health Research Ethics Committee of the Surabaya Ministry of Health Poltekkes No. EA/214/KEPK-Poltekkes\_Sby/V/2020.

## RESULTS

Tables 2 summarizes the demographic information of the clients with CKF. The majority of the respondents were the adult group, 111 (79.28%). Meanwhile, males dominated the sex of the respondents, 80 (57.14%). Viewed from the length of being a CKF sufferer, the majority (117 or 83.57%) of the respondents suffered from the disease in 1-5 years long.

Table 3 describes the information regarding the family support btained by the CKF clients. The majority of the respondents, 127 (90.71%) received good support from their families. A small number, 13 (9.29%), of respondents, failed to get support from their relatives.

Table 4 explains that 101 (72.14%) of the CKF patients have moderate self acceptance. There is only 39 (27.86) who possess moderate self acceptance.

Table 2. Characteristics of respondents

Variables	Frequency	Percentage
Age		
• Adult (20-59 years)	111	79.28
• Elders ( $\geq 60$ years)	29	20.71
Sex		
• Male	80	57.14
• Female	60	42.86
Length of Illness		
• <1 year	6	4.3
• 1-5 year	117	83.57
• 6-10 year	7	5
• >10 year	10	7.14

Table 3. Family support of patients with CKF in Surabaya

Family Support	Frequency	Percentage
Moderate	13	9.29
Good	127	90.71

Table 4. Self-acceptance of patients with CKF in Surabaya

Self acceptance	Frequency	Percentage
Moderate	101	72.14
Good	39	27.86

The study found that most of the CKF clients, 89 (70.1%), obtained good support from their families and corresponding to their self acceptance status. There are 1 (7.7%) clients with good self acceptance who receive adequate support from their families. The Spearman correlation statistical analysis shows a significant association between family support and self acceptance of the CKF clients ( $p = 0.014$ ). The strength of the association can be defined from the coefficient correlation of 0.207 showing the strong relationship between the variables in the low category. The coefficient correlation value also positive indicating the increase of family support will improve the self acceptance of the patients.

Table 5. Crosstab of family support and self-acceptance of clients with CKF in Surabaya

Family support	Self acceptance				Total		Correlation coefficient (r)	p
	Moderate		Good		n	%		
	f	%	f	%				
Moderate	12	92.3	1	7.7	13	100.0	0.207	0.014
Good	89	70.1	38	29.9	127	100.0		

## DISCUSSION

Overall, the study found that most of the clients with CKF receive sufficient support from their families, especially in the care of the illness. Some clients with CKF claimed that their families assisted them during medication, accompanying them to hemodialysis. The assistance significantly influences their health condition.

Family plays an important role in providing health care at home. In a study about the association between family support and diet, Mailani & Andriani<sup>(8)</sup> found that family support improves the patients' adherence to their diet. In another study, Mongan & Fajar<sup>(9)</sup> claim that family support boosts medication adherence among pulmonary TBC patients. On the contrary, a lack of family support and acceptance has a negative impact on one's quality of life, such as feelings of hopelessness, desperation, depression, and meaninglessness<sup>(10)</sup>.

Friedman<sup>(7)</sup> explains that families may functional in caring for their sick families by providing physical needs and health care at home, including the prevention of complications. The family may support its member with CKF by providing them information about the care of the illness. Family may also assist the sick to solve their problems, offering appreciation or reward, and care. Family may also supply the sick with meals, drinks, and

a comfortable place to rest. Importantly, families need to become a shoulder to cry on for their family with CKD and completing them with a safe and comfortable environment to reduce their worriedness about their illness<sup>(7)</sup>. Family is enabling factor to continue the care. The provision of health education and emotional support to the family will improve their acceptance of family members suffered from CKF.

According to this study, the majority of CKF patients in Surabaya (72.14 percent) have adequate SA, with roughly 27.9% having excellent self acceptance. Individuals with good self acceptance are those that have a favorable view of themselves and are aware of their flaws. According to Ryff<sup>(11)</sup>, people with high self acceptance have a positive sense of self-worth, are accepting of both good and terrible circumstances in life, and appreciate their past. Individuals with low self acceptance, on the other hand, are dissatisfied with their lives, feel sorry for their past, have a personality problem, and expect themselves to become different from their realities or be disagreeable to their circumstances.

Patients with CKF believe they are different from other individuals and are uneasy. It leads to low self-esteem and a negative self-perception. A lack of self acceptance leads to depression, which has a negative impact on their health. Khalili et al.<sup>(12)</sup> described individuals with well-developed self acceptance may create good coping mechanisms to lessen stressors. Hurlock<sup>(13)</sup> identifies some influencing factors in self acceptance, such as self-understanding, reality, a supportive environment, social ties, free from emotional disturbance, success, adaptation to the environment, wide self-perception and positive self-concept.

According to the findings, clients with CKF have adequate familial support and a decent self acceptance. The Spearman Statistical analysis describe the substantial relationship between family support and the clients' self acceptance ( $p = 0.014$ ). The two variables have a strong association in low category ( $r = 0.207$ ). Meanwhile, the direction of association is positive indicating the higher is the social support the higher is the CKF patients' self acceptance. A study by Setyoadi et al.<sup>(6)</sup> explains the strong relationship between the family support and individuals' self-esteem ( $p=0.000$ ). Similarly, Saputri<sup>(14)</sup> discovered a statistically significant link between family support and asthmatic patients' self acceptance ( $p 0.000$ ). The r-square value (0.273) indicates that family support accounts for 27.3 percent of the patients' self acceptance.

Social support from family and the closest people, including nurses, may increase the patient's self-confidence. According to Utami<sup>(15)</sup>, the family is the most comfortable place for individuals to share their problems, a place where happiness is shared and new hope is developed. Social support from the family may increase psychological wellbeing. Individuals may feel cared for, and their family's understanding may foster a sense of self-worth.

Family may support its members with CKF in different ways. Qouting House, Purnama,<sup>(16)</sup> family support takes the form of emotional, appraisal, instrumental, and informational supports. The emotional support provided by family impacts the self acceptance of an individual as it reduces emotional burdens besides the illness itself. Emotional support through empathy and caring is important to release the psychological burden of the patient. Family needs to respect and motivation are the forms of appraisal support whereas material supports such as funding to health care and provide nutritious food are examples of instrumental support of family. Helping the patient to understand their health problems is a kind of informational support.

According to Hasley cit. Hasyimi<sup>(17)</sup>, family plays an important role in developing psychological intimacy with the member with CKF, both verbal and non-verbal, to establish empathy, comfortableness, being open-minded to criticism, and self-belonging. Stuart and Sundeen cit. Tamher & Noorkasiani (18) argued that when individuals receive social support from their families, their self-confidence increasing and being motivated to resolve their problems.

## CONCLUSION

Based o the result, there is the significant correlation between family support and self acceptance of the CKF sufferers. It is advised that both clients and families need to attend health education in order to understand and accept the condition, improve awareness about the importance of support and acceptance, and motivate both sides for a better and meaningful life.

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