

# The 10th Annual Scientific Meeting of Hong Kong Association of Renal Nurses



## The 5th Asian Nephrology Nursing Symposium

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### Optimizing Renal Care 優化腎科專業護理

**9 & 10 September 2017**

**Organizer:**



Hong Kong Association  
of Renal Nurses

**Co-organizers:**



**Supporting  
Organizations:**



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# WELCOME MESSAGE



**Man-Ching LAW**

*Chair,  
Organizing Committee,  
the 5th Asian Nephrology  
Nursing Symposium*

*President,  
Hong Kong Association of  
Renal Nurses*

On behalf of the Organizing Committee of the 5th Asian Nephrology Nursing Symposium (ANNS), I would like to welcome all of you to this meeting which is held in Hong Kong on September 9 – 10, 2017.

Hong Kong Association of Renal Nurses (HKARN) is honoured to host this important meeting which is the first international symposium for renal nurses to be held in Hong Kong. The 10th annual scientific meeting of HKARN cum 5th ANNS is a remarkable milestone for the Association as this year we celebrate the 10th anniversary of HKARN.

The 5th ANNS is co-organized with the Nethersole School of Nursing, Faculty of Medicine, the Chinese University of Hong Kong and the School of Nursing, Li Ka Shing Faculty of Medicine, the University of Hong Kong. We also have great support from The Asian Pacific Society of Nephrology, The Hong Kong Society of Nephrology, Hong Kong Kidney Foundation, Association of Hong Kong Diabetes Nurses, Hong Kong Association of Critical Care Nurses and Hong Kong Infection Control Nurses' Association.

The theme of the symposium is 'Optimizing Renal Care'. We have lectures on various aspects of nephrology nursing including haemodialysis, peritoneal dialysis, kidney transplant care, renal related diabetes care, palliative care, critical care and also infection control. The program reflects the specificity and diversity of nephrology nursing.

In order to highlight the importance of multidisciplinary approach in achieving successful rehabilitation in renal patients, we have a performance by our renal patients, renal nurses, occupational therapists and volunteers to mark the opening ceremony with Guzheng (古箏) and Ba Duan Jin (八段錦). Hope you all enjoy this special performance.

Once again, thank you all for your support to the 5th ANNS. We welcome you to our excellent scientific symposium, and invite you to explore the magnificence of Hong Kong.

**Man-Ching LAW**

*Chair, Organizing Committee, the 5th Asian Nephrology Nursing Symposium  
President, Hong Kong Association of Renal Nurses*

# ORGANIZING COMMITTEE

## Organizing Committee & Scientific Program Subcommittee members

First Row (from left):  
Ms. Irene Lim-Lim KONG,  
Ms. Frances Hing CHIU,  
Mr. Paul Chi-Wai LEE,  
Ms. Man-Ching LAW,  
Ms. Anna Lai-Chun MOK,  
Ms. Shirley Suet-Lai TAM

Second Row (from left):  
Ms. Janet So-Ching LI,  
Ms. Sandy Yun-Ho HUI,  
Ms. Bonnie Mee-Ling TAM,  
Ms. Bo-Shan WONG,  
Ms. Yeuk-Ming TAM,  
Ms. Maggie Kit-Fan LEE,  
Ms. Eva Hau-Sim HO,  
Ms. Shuk-Hang LEE,  
Ms. Stella Wai-Ming FUNG,  
Ms. Yuk-Fong LIN



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# SCIENTIFIC PROGRAM SUBCOMMITTEE & SPEAKERS

## Scientific Program Subcommittee

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Members	Ms. Irene Lim-Lim KONG Ms. Maggie Kit-Fan LEE Ms. Janet So-Ching LI Ms. Yuk-Fong LIN Ms. Bonnie Mee-Ling TAM

## Overseas Speakers

Ms. Hsueh-Chih CHOU (Taiwan)  
Ms. Rose FARATRO (Canada)  
Ms. Xia FU (China)  
Ms. Miki HIRAMATSU (Japan)  
Mr. Jeffrey NG (Singapore)

## Local Speakers & Facilitators

Dr. Doris CHAN  
Dr. Hoi-Wong CHAN  
Dr. Shuk-Fan CHAN  
Dr. Yuk-Lun CHENG  
Ms. Patricia CHING  
Ms. Frances Hing CHIU  
Ms. Irene Lim-Lim KONG  
Ms. Ching-Ping KWOK  
Ms. Man-Ching LAW  
Ms. Rowlina LEUNG  
Professor Philip Kam-Tao LI  
Ms. Janet So-Ching LI  
Dr. Joseph LO  
Ms. Shirley Suet-Lai TAM  
Dr. Yuk-Yi WONG  
Dr. Desmond YAP

# ADVISORS, CO-ORGANIZERS AND SUPPORTING ORGANIZATIONS

## Advisors

### HKARN Advisors

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Dr. Joseph LEE, SBS, JP  
Professor Chia-Chin LIN  
Professor Agnes TIWARI  
Professor Sek-Ying CHAIR  
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Professor Philip Kam-Tao LI  
Professor Chia-Chin LIN

Professor Sydney Chi-Wai TANG  
Professor Agnes TIWARI  
Professor Frances WONG

## Co-organizers



SCHOOL OF NURSING  
LI KA SHING FACULTY OF MEDICINE  
THE UNIVERSITY OF HONG KONG



The Nethersole School of Nursing,  
Faculty of Medicine,  
The Chinese University of Hong Kong

The School of Nursing,  
Li Ka Shing Faculty of Medicine,  
The University of Hong Kong

## Supporting Organizations

The Asian Pacific Society of Nephrology  
Association of Hong Kong Diabetes Nurses Limited  
Hong Kong Association of Critical Care Nurses  
Hong Kong Infection Control Nurses' Association  
Hong Kong Kidney Foundation  
Hong Kong Society of Nephrology

# CONFERENCE INFORMATION

Theme	Optimizing Renal Care
Date and Time	9 September 2017 (10:00 – 17:45) 10 September 2017 (09:00 – 17:45)
Venue	The Jockey Club School of Public Health and Primary Care, CUHK (JCSPHPC) School of Public Health Building Prince of Wales Hospital, Shatin, New Territories, Hong Kong  香港新界沙田威爾斯親王醫院 香港中文大學 賽馬會公共衛生及基層醫療學院
Enquiry	 <p>Please contact Hong Kong Association of Renal Nurses (HKARN) at <a href="mailto:anns2017@hkarn.com">anns2017@hkarn.com</a></p>
Website	 <p><a href="http://anns2017.hkarn.com/enindex.php">http://anns2017.hkarn.com/enindex.php</a></p>
Academic Accreditations	Continuing Nursing Education (CNE) points have been applied/granted from the Hong Kong Nursing Council
Language	The official language of the conference is English. There will be no simultaneous translation.
Exhibition	Medical and nursing related booth exhibition will be held in conjunction with the conference
Disclaimer	Whilst every attempt has been made to ensure that all aspects of the conference announced will take place as scheduled, the Organizing Committee reserves the right to make changes at any time should the need arise.

# SCIENTIFIC PROGRAM

**Venue**

**The Jockey Club School of Public Health and Primary Care,  
Chinese University of Hong Kong**

School of Public Health Building, Prince of Wales Hospital,  
Shatin, New Territories, Hong Kong

**Day 1 : 9 September 2017 (Saturday)**

10:00 – 12:00	Community haemodialysis centre visit	<b>Pre-Symposium Lecture</b> By Gold Sponsor (Baxter) <i>(Kai Chong Tong)</i> <b>Clinical technology in patient management</b>
12:00 – 13:00	<b>Lunch</b>	
13:00 – 15:30	<b>Pre-Symposium Workshop</b> <i>(Seminar Room)</i>  <b>Vascular access made easy – From principle to practice</b>  <i>Speakers &amp; Facilitators:</i> Dr. Joseph LO (Hong Kong) Dr. Shuk- Fan CHAN (Hong Kong) Dr. Yuk-Yi WONG (Hong Kong) Ms. Shirley TAM (Hong Kong) Ms. Ching-Ping KWOK (Hong Kong)	<b>Pre-Symposium Forum</b> <i>(Kai Chong Tong)</i>  <b>Home dialysis – Go the extra mile for better care</b>  <i>Speakers:</i> Ms. Irene KONG (Hong Kong) Ms. Janet LI (Hong Kong)
15:30 – 16:00	<b>Break</b>	
16:00 – 16:30	<b>Welcome Reception</b>	
16:30 – 17:00	<b>Opening Ceremony</b> <i>(Shaw Theatre – Simultaneous broadcast through video conferencing to Kai Chong Tong)</i>  MC: Ms. Anna MOK (Hong Kong) Mr. Paul LEE (Hong Kong)	
17:00 – 17:45	<b>Plenary Session 1</b> <i>(Shaw Theatre – Simultaneous broadcast through video conferencing to Kai Chong Tong)</i>  <b>Tackling the increasing demand on renal replacement therapies</b>  <i>Speaker:</i> Professor Philip Kam-Tao LI (Hong Kong) President, The Asian Pacific Society of Nephrology  <i>Moderators:</i> Ms. Irene KONG Ms. Man-Ching LAW	



## Day 2 – 10 September 2017 (Sunday)

	Shaw Theatre	Kai Chong Tong
09:00 – 10:00	<b>Plenary Session 2</b> <i>(Shaw Theatre – Simultaneous broadcast through video conferencing to Kai Chong Tong)</i> <b>The art and science of adult patient education for home haemodialysis</b> <i>Speaker: Ms. Rose FARATRO (Canada)</i> <i>Moderators: Ms. Janet LI, Ms. Maggie LEE</i>	
10:00 – 10:30	<b>Break</b>	
10:30 – 11:45	<p style="text-align: center;"><b>Concurrent Sessions 1</b></p> <p><b>Optimizing peritoneal dialysis (PD) patient care</b>  <i>Moderators: Ms. Sandy HUI, Ms. Yim-Ling TANG</i></p> <p>10:30 - 11:05 <b>Nurse-led management on fluid overload in PD patients</b>  <i>Speaker: Ms. Man-Ching LAW (Hong Kong)</i></p> <p>11:05 - 11:40 <b>Automated PD – Stretching the limit of CAPD</b>  <i>Speaker: Ms. Frances CHIU (Hong Kong)</i></p>	<p style="text-align: center;"><b>Concurrent Sessions 2</b></p> <p><b>New trend of haemodialysis</b>  <i>Moderators: Ms. Agnes CHEUNG, Ms. Ngar-Yee CHOW</i></p> <p>10:30 – 11:00 <b>Haemodiafiltration</b>  <i>Speaker: Dr. Yuk-Lun CHENG (Hong Kong)</i></p> <p>11:00 – 11:45 <b>Home haemodialysis! Let's talk start up....</b>  <i>Speaker: Ms. Rose FARATRO (Canada)</i></p>
11:45 – 12:15	<b>The 10th Annual General Meeting of the Hong Kong Association of Renal Nurses (For members only)</b>	
12:15 – 13:15	<p><b>Lunch Symposium by Gold Sponsor</b>  <i>(Baxter)</i></p> <p><b>Advancing patient care through innovative technology in dialysis</b></p>	<p><b>Lunch Symposium by Silver Sponsor</b>  <i>(Fresenius Medical Care)</i></p> <p><b>The new Era of dialysis – Improving the patient outcomes by advanced therapies</b></p>
13:15 – 15:15	<p style="text-align: center;"><b>Concurrent Sessions 3</b></p> <p><b>ANNS representative sharing session</b>  <i>Moderators: Ms. Frances CHIU, Ms. Eva HO</i></p> <p>13:15 - 13:35 <b>Singapore representative</b>  <b>Changing paradigm in nephrology nursing</b>  <i>Speaker: Mr. Jeffrey NG</i></p> <p>13:40 - 14:00 <b>Taiwan representative</b>  <b>Back to the basic!</b>  <i>Speaker: Ms. Hsueh-Chih CHOU</i></p> <p>14:05 - 14:25 <b>Japan representative</b>  <b>Nephrology nursing in Japan</b>  <i>Speaker: Ms. Miki HIRAMATSU</i></p> <p>14:30 - 14:50 <b>China representative</b>  <b>Current situation and prospect of haemodialysis nursing in Mainland China</b>          我國血透護理的現狀與展望  <i>Speaker: Ms. Xia FU</i></p> <p>14:55 - 15:15 <b>Hong Kong representative</b>  <b>Safety and quality in renal care – Sharing on the experience in Hong Kong</b>  <i>Speaker: Ms. Man-Ching LAW</i></p>	<p style="text-align: center;"><b>Concurrent Sessions 4</b></p> <p><b>Critical care &amp; infection control issues for renal patients / Oral presentations</b></p> <p><b>Critical care issue -</b>  <i>in cooperation with Hong Kong Association of Critical Care Nurses</i></p> <p>13:15 - 13:45 <b>Development of regional citrate for continuous renal replacement therapy in intensive care unit for critically ill patient with acute renal injury</b>  <i>Speaker: Ms. Rowlina LEUNG (Hong Kong)</i>  <i>Moderators: Ms. Fung-Yee LEUNG, Ms. Anna MOK</i></p> <p><b>Infection control issue -</b>  <i>in cooperation with Hong Kong Infection Control Nurses Association</i></p> <p>13:50 - 14:20 <b>Infection control in renal unit</b>  <i>Speaker: Ms. Patricia CHING (Hong Kong)</i>  <i>Moderators: Ms. Conita LAM, Ms. Anna MOK</i></p> <p>14:25 - 15:15 <b>Oral Presentation (8)</b>  <i>Moderators: Ms. Agnes CHEUNG, Ms. Shuk-Hang LEE</i></p>
15:15 – 15:45	<b>Break</b>	
15:45 – 17:15	<p style="text-align: center;"><b>Concurrent Sessions 5</b></p> <p><b>Post kidney transplantation &amp; Haemodialysis patient care</b>  <i>Moderators: Ms. Shirley TAM, Ms. Chris CHING</i></p> <p>15:45 - 16:15 <b>Infective complications after kidney transplantation</b>  <i>Speaker: Dr. Desmond YAP (Hong Kong)</i></p> <p>16:15 - 17:00 <b>Vascular access in home haemodialysis</b>  <i>Speaker: Ms. Rose FARATRO (Canada)</i></p>	<p style="text-align: center;"><b>Concurrent Sessions 6</b></p> <p><b>Diabetes &amp; palliative care of renal patients</b>  <i>Moderators: Ms. Veronica HUNG, Ms. Bonnie TAM</i></p> <p><b>Diabetic Care -</b>  <i>in cooperation with Association of Hong Kong Diabetes Nurses</i></p> <p>15:45 – 16:15 <b>Diabetes care of renal patients</b>  <i>Speaker: Dr. Doris CHAN (Hong Kong)</i></p> <p><b>Palliative Care</b></p> <p>16:20 – 17:00 <b>Renal palliative care for chronic kidney disease patients</b>  <i>Speaker: Dr. Hoi-Wong CHAN (Hong Kong)</i></p>
17:15 – 17:45	<p style="text-align: center;"><b>Closing Ceremony and Best Abstracts Award Presentation</b></p> <p><i>(Shaw Theatre – Simultaneous broadcast through video conferencing to Kai Chong Tong)</i></p> <p style="text-align: center;"><i>MC: Ms. Anna MOK (Hong Kong)</i>  <i>Mr. Paul LEE (Hong Kong)</i></p>	
19:00 – 22:00	<b>Gala Dinner</b>	

# ORAL PRESENTATION (8)

## **The correlation between self health care self-efficacy and quality of life patients with chronic kidney disease undergoing hemodialysis at Tugurejo Hospital Semarang, Indonesia**

**Henni Kusuma<sup>1</sup>, Herningtyas Kusumastuti<sup>2</sup>**

*<sup>1</sup>Lecturer at School of Nursing, <sup>2</sup>Student at School of Nursing, Faculty of Medicine, Diponegoro University, Semarang, Indonesia*

Patients suffering from Chronic Kidney Disease (CKD) under hemodialysis process experience changes in their life resulting in lower quality of life. The patients have to undergo self care as advised by medical officer to maintain their quality of life. The role of self efficacy in self care of patients suffering from CKD determines the level of patients' quality of life. The objective of this study was to determine the correlation of self efficacy in self health care and CKD patients quality of life undergoing hemodialysis in Tugurejo Hospital, Semarang. The research was a correlative descriptive which involved 63 respondents. Total sampling technique was applied on the entire CKD patients who undergo twice-a-week hemodialysis of age 18-65. Questionnaire used in this research was Self Efficacy Questionnaire with 32 items and WHOQoL-BREF with 26 item. The result of the research shows that respondents with good self efficacy (50,8%) and good life quality (54%). There is a correlation between self efficacy and life quality of CKD patients who undergo hemodialysis. Statistical test used is chi square with p value: 0,001. This research expects the nurses can perform regular screening and interventions to improve the self efficacy in treating CKD patients who undergo hemodialysis in order to develop patients' quality of life.

# THE CORRELATION BETWEEN SELF-EFFICACY OF SELF HEALTH CARE AND QUALITY OF LIFE PATIENTS WITH CHRONIC KIDNEY DISEASES UNDERGOING HAEMODIALYSIS AT TUGUREJO HOSPITAL SEMARANG, INDONESIA

**Henni Kusuma\***, **Herningtyas Kusumastuti\*\***

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\*\*Student at School of Nursing, Faculty of Medicine, Diponegoro University, Semarang, Indonesia

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## ABSTRACT

Patients suffering from Chronic Kidney Disease (CKD) under haemodialysis process experience changes in their life resulting in lower quality of life. The patients have to undergo self care as advised by medical officer to maintain their quality of life. The role of self efficacy in self care of patients suffering from CKD determines the level of patients' quality of life. The objective of this study was to determine the correlation between of self efficacy in self health care with CKD patients quality of life undergoing haemodialysis in Tugurejo Hospital, Semarang. The research was a correlative descriptive which involved 63 respondents. Total sampling technique was applied on the entire CKD patients who undergo twice-a-week haemodialysis of age 18-65 years old. Questionnaire used in this research was Self Efficacy Questionnaire with 32 items and WHOQoL-BREF with 26 item. The results of this research show that respondents with good self efficacy (50,8%) and good life quality (54%). There is a correlation between self efficacy and life quality of CKD patients who undergo haemodialysis. Statistical test used is chi square with p value: 0,001. This research expects that nurses can perform regular screening and interventions to improve the self efficacy in treating CKD patients who undergo haemodialysis in order to develop patients' quality of life.

Keywords : chronic kidney disease, self efficacy, quality of life

References : 82 (1994-2014)

Department of...  
Faculty of...  
University of...

Journal of...

ABSTRACT

This study...  
investigated...  
the effect of...  
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Keywords: ...  
References: ...

## **Background**

Chronic Kidney Disease (Chronic Kidney Disease) is now a serious health problem in the world. CKD is a disease of the urinary system caused by a progressive decline in kidney function and generally ends with a clinical condition characterized by irreversible decline in kidney function, to a degree that requires permanent renal replacement therapy, in the form of dialysis or kidney transplantation (Pearces, 2009; Smeltzer, 2009).

Hemodialysis is preferred to be the primary kidney replacement therapy because it is considered more efficient and does not require special skills in patients and families (Baradero, 2009). Patients with chronic kidney disease who undergo HD will experience negative impacts that will affect their quality of life such as physical changes such as edema of the extremities, hypertension, and anemia (Tallis, 2005). Psychological changes, the psychological response of patients to diseases can vary such as anxiety, stress to depression. In patients with chronic kidney disease will also experience social changes, such as restrictions on community activities and sexual dysfunction, job loss, and changes in the environment such as, unable to carry out enjoyable activities such as before suffering from chronic kidney disease (Supriyadi, Wagiyo, & Widowati, 2011).

Quality of life is the perception of individuals in their abilities, limitations, symptoms and psychosocial nature of life in the context of culture and values to carry out their roles and functions (Skevington, 2008). This means that if someone is physically, psychologically, socially and environmentally healthy, a person can said to achieve satisfaction in his life (Supriyadi., Wagiyo, & Widowati, 2011). Quality of life is important to be monitored because as a basis for describing the concept of healthy and closely related to morbidity and mortality (Tallis, 2005).

The research conducted by Supriyadi, Wagiyo & Widowati (2011) about the quality of life in patients with chronic kidney disease using the WHOQOL-BREF instrument states that patients say it is tightly reduced, more relaxed and able to rest calmly, and feels more comfortable in its environment, but it is not felt forever, but only shortly after undergoing hemodialysis, when it comes to the next hemodialysis the patient feels less comfortable with his body, this is what makes the quality of life of patients with chronic kidney disease up and down.

The quality of one's life both in the short and long term can be predicted by the patient's self-efficacy (Bandura, 1994). Many patients with chronic kidney disease are unable to control the disease in their lives. They no longer believe in their ability to face various difficulties due to kidney disease. Because of this, it becomes important for patients with chronic kidney disease to undergo HD to improve their efficacy in adhering to a self-care regimen, because this is necessary to determine an action or not . This self-efficacy assessment is a bridge between knowledge and actual self-care behavior (Tsay & Healstead, 2002).

Self-efficacy was developed by Albert Bandura as a cognitive social theory in 1977. Defined as a belief that determines how a person thinks, motivates himself and how to finally decide to do a behavior to achieve the desired goal. There are 3 dimensions of self-efficacy according to Bandura, namely magnitude, generality and strength. Self-efficacy helps someone to make choices and is committed to maintaining the actions he chooses (Bandura, 1994).

Research conducted by Shioh Luan Tsay and Marilyn Healstead (2002) on Self care self-efficacy in hemodialysis patients states that hemodialysis patients with high levels of self-

efficacy can perform higher physical activity and psychosocial functions compared to those who have lower self-efficacy. Other research conducted by Charron and Skelly in Tsay stated the same thing that self-efficacy can predict a person's adherence to self-care.

The aim of this study is to identify the relationship between self-efficacy and quality of life in patients with chronic kidney disease undergoing hemodialysis in Tugurejo Hospital Semarang. Research is expected to provide basic information in developing nursing interventions specifically in forming self-efficacy to improve the quality of life of patients with chronic kidney disease undergoing hemodialysis.

## Method

This type of research is descriptive correlative research with a cross sectional approach. The population in this study was CKD patients who underwent haemodialysis in Tugurejo Hospital Semarang in March 2016. The sampling technique used was total sampling with a total sample of 63 people. The study used two questionnaires, there were the self-efficacy questionnaire and WHOQoL-BREF questionnaire. The Self-Efficacy Questionnaire has been tested for validity and reliability conducted by the researcher, then the results of 32 items are valid. The Cronbach's Alpha value from the Self-Efficacy Questionnaire is 0.923 with r count 0.343 - 0.746 and r table 0.334. The statistical test used was chi square test. Presentation of results was displayed in frequency distribution table.

## Results

### 1. Respondent Characteristic

Table 1. Frequency Distribution of Respondent Characteristic Data among Haemodialysis Patients at Tugurejo Hospital, Semarang, March 2016 (n = 63)

Characteristics	Frequency (f)	Percentage (%)
<b>Age</b>		
18-40 years old (early adult)	13	20.6
41-59 years old (middle age)	44	69.8
≥ 60 years old (elderly)	6	9.5
<b>Gender</b>		
Male	37	58.7
Female	26	41.3
<b>Education Level</b>		
Not ever take an formal education	5	7.9
Elementary school	20	31.7
Junior high school	11	17.5
Senior high school	25	39.7
Higher education	2	3.2
<b>Work Status</b>		
Work	21	33.3
Did not work	42	66.7
<b>Haemodialysis Period</b>		
< 12 months	23	36.5
≥ 12 months	40	63.5

<b>Blood Pressure</b>		
≥ 140/90 mmHg	47	74.6
< 140/90 mmHg	16	25.4
<b>Total</b>	<b>63</b>	<b>100</b>

Table 1 shows that the majority of respondents were in middle age with amount 44 respondents (69.8%), male as many as 37 respondents (58.7%), didn't work as many as 42 respondents, had been taking haemodialysis therapy as long as or more than 12 months as many as 40 respondents (63.5%), and in high level of blood pressure with amount 47 respondents (74.6%). In addition for education level, in this study showed that quite similar amount of respondent education level between elementary school (31.7%) and senior high school (39.7%).

## 2. Self-Efficacy Level

Table 2. Frequency Distribution of Self-Efficacy among Haemodialysis Patients in Tugurejo Hospital Semarang, March 2016 (n = 63)

Categories	Frequency (f)	Percentage (%)
<b>Self-Efficacy</b>		
High	32	50.8
Low	31	49.2
<b>Domains of Self-Efficacy</b>		
<b>a. Magnitude</b>		
High	34	54
Low	29	46
<b>b. Generality</b>		
High	37	58.7
Low	26	41.3
<b>c. Strength</b>		
High	35	55.6
Low	28	44.4
<b>Self-Care Domains related to Self-Efficacy</b>		
<b>a. Physical</b>		
High	32	50.8
Low	31	49.2
<b>b. Psychological</b>		
High	37	58.7
Low	26	41.3
<b>c. Social</b>		
High	35	55.6
Low	28	44.4
<b>Total</b>	<b>63</b>	<b>100</b>

Table 2 explains that the level of self-efficacy among CKD patients undergoing haemodialysis majority of high self-efficacy was 32 respondents (50.8%). The self-efficacy rates of each domain in CKD patients undergoing haemodialysis with high self-efficacy values in generality domain was 37 respondents (58.7%). The efficacy level based on self-care domains in CKD

patients undergoing haemodialysis with high self-efficacy values in psychological domain was 37 respondents (58.7%).

### 3. Quality of Life

Table 3. Frequency Distribution of Quality of Life among Haemodialysis Patients in Tugurejo Hospital Semarang, March 2016 (n = 63)

Categories	Frequency (f)	Percentage (%)
<b>Quality of Life</b>		
High	34	54
Low	29	46
<b>Quality of Life Domains</b>		
<b>a. Physical</b>		
High	39	61.9
Low	24	38.1
<b>b. Psychological</b>		
High	34	54
Low	29	46
<b>c. Social</b>		
High	36	57.1
Low	27	42.9
<b>d. Environmental</b>		
High	43	68.3
Low	20	31.4
<b>Total</b>	<b>63</b>	<b>100</b>

Table 3 explains that quality of life among patients with CKD who undergo haemodialysis was mostly of high quality of life about 34 respondents (54%). The quality of life of each domain in CKD patients undergoing haemodialysis in Tugurejo Hospital Semarang with a high quality of life score in environmental domain was 43 patients (68.3%).

### 4. Correlation between Self-Efficacy with Quality of Life

Table 4. Hubungan Antara Efikasi Diri dengan Kualitas Hidup Pasien Hemodialisis di RSUD Tugurejo Semarang, Maret 2016 (n = 63)

Self-Efficacy	Quality of Life				Total	p Value
	High		Low			
	f	%	f	%	f	%
High	30	93.75	2	6.25	32	100
Low	7	22.5	24	77.5	31	100
<b>Total</b>	<b>37</b>	<b>48.7</b>	<b>26</b>	<b>41.3</b>	<b>63</b>	<b>100</b>

Table 4 shows that the analysis result of relationship between self-efficacy and quality of life used chi square test found 32 respondents with good self-efficacy, 30 patients (93.75%) had high quality of life, while respondents who have less self-efficacy as many as 31 patients, 24 patients



patients undergoing haemodialysis with high self-efficacy values in psychological domain was 37 respondents (83.7%).

### 3. Quality of Life

Table 3. Frequency Distribution of Quality of Life among Haemodialysis Patients in Tanjung Pagar Hospital Semarang March 2016 (n = 63)

Category	Frequency (%)		
	Frequency (n)	Percentage (%)	
Quality of Life	High	34	
	Low	29	
Quality of Life Domains	a. Physical	High	39
		Low	24
	b. Psychological	High	34
		Low	29
c. Social	High	36	
	Low	27	
d. Physiological	High	43	
	Low	20	
Total	63	100	

Table 3 explains the quality of life among patients with ESRD who undergo haemodialysis was mostly of high quality of life about 64 respondents (54%). The quality of life of each domain in ESRD patients undergoing haemodialysis in Tanjung Pagar Hospital Semarang with a high quality of life score in environmental domain was 43 patients (68.3%).

### 4. Correlation between self-efficacy with quality of life

Table 4. Fisher's Exact Test of the Relationship between Self-Efficacy and Quality of Life in ESRD Patients in Tanjung Pagar Hospital Semarang March 2016 (n = 63)

Self-Efficacy	Quality of Life		Total	p Value
	High	Low		
High	10	20	30	0.0001
	30	33	63	
Low	7	22	29	100
	37	48	85	100

Table 4 shows that the analysis result of relationship between self-efficacy and quality of life used chi square test found 33 respondents with low self-efficacy (53 patients (83.75%) had high quality of life, while respondents who have low self-efficacy as many as 31 patients (24 patients

(77.5%) of whom have low quality of life. The results of statistical tests showed that  $p \text{ value} = 0.001 \leq 0.05$  so that there was a significant relationship between self-efficacy and quality of life in CKD patients undergoing haemodialysis in Tugurejo Hospital Semarang.

## **Discussion**

### **A. Self-Efficacy among Haemodialysis (HD) Patients in Tugurejo Hospital Semarang**

Based on the results of the study, the number of respondents who have good self-efficacy more than those who have the same effect is not significantly different. In this study, the average respondents believed that they could manage treatment such as maintaining fluid, dietary and routine intake of HD, because they were getting used to these and most of them have experienced bad experiences such as shortness of breath and edema due to excess fluid, this can be an important factor in improving patient self-efficacy. Psychologically, some patients have experienced stress due to CKD disease and must be willing to lose their jobs because they are not strong enough to do a hard job. From a social standpoint, most of them can still participate in activities in the community and can still carry out their roles in the family even though they are not as good as before they were sick.

The statement of self-efficacy refers to how much trust a person can take actions needed to overcome a particular situation. Many CKD patients lose a sense of control over their illness and life which leads to low self-efficacy. Therefore hope for someone who has a high sense of self-efficacy is very important because it can affect their success in managing themselves. Many CKD patients who undergo hemodialysis are still able to control their illness and their lives. The longer patients suffers from CKD, the better their self-efficacy will be, good adherence to medication and HD, also high quality of social relations (Tsay & Healstead, 2002). Self-efficacy in HD patients is very important so that the patient's independent health care, especially in fluid and diet management is always maintained and carried out by patients because both of these are indeed the most important things for CKD patients who undergo HD because it will affect the patient's physical condition. To improve self-efficacy, intrinsic motivation is needed (from themselves) and extrinsic (from other people), especially families and health workers (Krespy & Salmon in Tsay, 2002).

### **B. Quality of Life among Haemodialysis Patients in Tugurejo Hospital Semarang**

Based on the results of the research conducted by the researchers, it shows that the quality of life of patients with chronic disease who undergo haemodialysis in Tugurejo Hospital Semarang, the majority have high quality of life. Quality of life is a difficult concept because it includes several aspects such as physical, psychological, social and environmental CKD patients undergoing dialysis experience limited physical activity, followed by other stressors in the form of decreases in social contact, uncertainty about the future, fatigue and muscle spasms which decrease in quality of life. the loss of the identity of the family role, separated from the family, feeling isolated and in need of help (Al-Arabi, 2006).

Physically, the average patient stated that he could not carry out heavy activities due to fatigue and sometimes shortness of breath (Farida, 2010). From the psychological dimension, the

of whom have low quality of life. The results of statistical tests showed that a value of 0.001 was obtained for the relationship between self-efficacy and quality of life in CKD patients undergoing haemodialysis in Turgay Hospital Semarang.

Discussion

### A. Self-Efficacy among Haemodialysis (HD) Patients in Turgay Hospital Semarang

Based on the results of the study, the number of respondents who have good self-efficacy more than those who have the same effect is not significantly different in this study, the average respondents believed that they could manage themselves such as maintaining fluid therapy and routine intake of HD, because they were going to do their best and most of them have experienced bad experiences such as absence of health and when they to excess fluid, this can be an important factor in improving patient self-efficacy. Psychologically, some patients have a profound stress due to CKD disease and must be willing to lose their jobs because they are not strong enough to do a hard job. From a social standpoint, most of them can still participate in activities in the community and can still carry out their roles in the family even though they are not as good as before they were sick.

The statement of self-efficacy refers to how much that a person can take actions needed to overcome a particular situation. Many CKD patients lose a sense of control over their illness and life which leads to low self-efficacy. Therefore, hope for someone who has a high sense of self-efficacy is very important because it can affect their success in managing themselves. Many CKD patients who undergo haemodialysis are still able to control their illness and their lives. The longer patients suffers from CKD, the better their self-efficacy will be, good adherence to medication and HD, also high quality of social relations (Lay & Hirschman, 2002). Self-efficacy in HD patients is very important so that the patient's independence health care especially in fluid and diet management is always maintained and carried out by patients because both of these are labeled the most important things for CKD patients who undergo HD because it will affect the patient's physical condition. To improve self-efficacy, patients' motivation is needed (from therapists) from other people, especially families and health workers (Kenny & Salmon in Jay, 2002).

### B. Quality of Life among Haemodialysis Patients in Turgay Hospital Semarang

Based on the results of the research conducted by the researcher, it shows that the quality of life of patients with chronic disease who undergo haemodialysis in Turgay Hospital Semarang, the majority have high quality of life. Quality of life is a difficult concept because it includes several aspects such as physical, psychological, social and environmental. CKD patients undergoing dialysis experience limited physical activity, followed by other aspects in the form of decrease in social contact, uncertainty about the future, fatigue and muscle spasms which decrease in quality of life. The loss of the identity of the family role, separation from the family, feeling isolated and in need of help (Al-Azidi, 2000).

Physically, the average patient stated that he could not carry out heavy activities due to fatigue and sometimes absence of health (Linda, 2010). From the psychological dimension, the

average patient cannot concentrate and has not fully received his condition and they feel anxious about the disease. In the future, they are more prevalent in the container (Farida, 2010). In terms of social and environmental relations, the average respondent does not experience significant problems, with the existence of good financial, social and environmental support can help reduce psychological disorders due to CKD which are considered terminal diseases, so that the quality of life of respondents can increase.

### C. Relationship between Self Efficacy and Quality of Life among Hemodialysis Patients in Tugurejo Hospital Semarang

The results of the analysis of squares show that there is a significant relationship between the effects of itself and the quality of life in patients with chronic disease undergoing hemodialysis in the Tugurejo General Hospital Semarang. The more good the effect of quality of life will be on the same level and vice versa.

Self-efficacy can affect overall health where patients are direct agents who will shape and respond to environmental conditions, so patients can play a role in developing themselves, adapting and renewing themselves from time to time. A sense of self-efficacy will give the patient confidence in himself to show a certain behavior and change certain mindset, thus managing and minimizing the symptoms they experience and improving the quality of life (Bandura, 1994).

Self-efficacy is proven to influence individual decisions to take self-care actions as recommended by medical personnel. It was stated that self-efficacy acts as a mediator between changes in quality of life. Self-efficacy measurements are designed to test the individual's confidence to carry out selected activities as a desired effort (Rayyani et al., 2014). CKD patients with high self-efficacy levels can perform higher physical activities and psychosocial functions than those who have self-efficacy. lower (Balaga, 2011). Self-efficacy will increase if the patient is empowered by motivating and giving an explanation of the disease and how to deal with the disease, so that the quality of life will also increase (Moattari, 2012).

Self-efficacy and satisfaction in treatment affect the quality of life of CKD patients undergoing dialysis, therefore interventions to improve self-efficacy and satisfaction with treatment should be considered especially caring for patients with CKD who undergo dialysis (Jeong Yeon, 2013) Self-efficacy has a role in maintaining health behavior, so it is believed that increasing self-efficacy in health behavior will lead to improved health and improve behavior and quality of life. Then from the caregivers, it is very important to provide health education as well as counselors to improve the effectiveness of CKD patients who undergo demodialysis (Tsay & Healstead, 2002).

Based on the explanation above, it can be concluded that there is a relationship between the effect of self-quality and life-quality of patients with chronic disease who undergo demodialysis in RSUD Tugurejo Semarang. The better the effect of the quality of life in life is the higher it is and vice versa. This was done by Ikka Setyo Rini (2011) in Paru Batu Hospital and Dr. Sadiful Anwar Hospital in Malang, which had a significant relationship between self-efficacy and quality of life in COPD patients.

average patient cannot concentrate and has not fully received his condition and they feel anxious about the disease in the future, they are more prepared in the container (Fisher, 2010). In terms of social and environmental relations, the average respondent does not experience significant problems, with the existence of good financial, social and environmental support can help reduce psychological disorders due to COVID-19 which are considered terminal diseases, so that the quality of life of respondents can increase.

### C. Relationship between Self-Efficacy and Quality of Life among Hemodialysis Patients in Tanjung Pagar Hospital Semarang

The results of the analysis of Spearman show that there is a significant relationship between the effect of self-efficacy and the quality of life in patients with chronic underlying hemodialysis in the Tanjung Pagar Hospital Semarang. The more self-efficacy, the effect of quality of life will be on the same level and vice versa.

Self-efficacy can affect overall health where patients are direct agents who will shape and respond to environmental conditions, so patients can play a role in developing themselves, adapting and coping themselves from time to time. A sense of self-efficacy will give the patient confidence in himself to show a certain behavior and change certain mindset, thus managing and maintaining the symptoms they experience and improving the quality of life (Mardiana, 2014).

Self-efficacy is proven to influence individual decisions to take self-care actions as recommended by medical personnel. It was noted that self-efficacy acts as a mediator between changes in quality of life, self-efficacy measurements are designed to test the individual's confidence to carry out selected activities as a desired effort (Rahman et al., 2014). COVID-19 patients with high self-efficacy levels can perform higher physical activities and psychosocial functions than those who have self-efficacy levels. Self-efficacy will increase if the patient is empowered by motivating and giving an explanation of the disease and how to deal with the disease, so that the quality of life will also increase (Mardiana, 2014).

Self-efficacy and satisfaction in recovery affect the quality of life of COVID-19 patients undergoing dialysis, therefore interventions to improve self-efficacy and satisfaction with treatment should be considered especially among the patients with COVID-19 who undergo dialysis (Jeong, Yoon, 2015). Self-efficacy has a role in maintaining health behavior, so it is believed that increasing self-efficacy in health behavior will lead to improved health and improve behavior and quality of life. Then from the concept, it is very important to provide health education as well as counseling to improve the effectiveness of COVID-19 patients who undergo hemodialysis (Way of Hestandar, 2002).

Based on the explanation above, it can be concluded that there is a relationship between the effect of self-efficacy and the quality of patients with chronic disease who undergo hemodialysis in RSUD Tanjung Pagar Semarang. The better the effect of the quality of life in life is the higher it is and vice versa. This was done by Rita Saryo Kind (2011) in Pura Ratu Hospital and DR Medikal Anwar Hospital in relation which had a significant relationship between self-efficacy and quality of life in COVID-19 patients.

## **Conclusion**

The efficacy of patients with chronic kidney disease who underwent haemodialysis in Tugurejo Hospital Semarang was majority high of self efficacy as many as 32 respondents (50.8%). The quality of life for patients with chronic kidney disease who underwent haemodialysis in Tugurejo Hospital Semarang had a high quality of life about 34 respondents (54%). And, further analysis showed that any significant relationship between self efficacy and quality of life among haemodialysis patients in Tugurejo Hospital Semarang ( $p=0.001$ ). The results of this study expected nurses to provide health education for patients and families. Nurses must strengthen the patient's self-confidence in their ability to carry out healthy life behaviors through regular screening, self-efficacy training and forming support groups so that the patient's self-efficacy in performing health care will getting better. Nurses also need to improve the quality of life among haemodialysis patients, nurses expected to be able to apply techniques to reduce anxiety and provide health education so that patients can understand their conditions and always have positive thoughts. So that in this way the patient's self-efficacy was expected to increase and his quality of life can also increase.

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