

RELATIONSHIP BETWEEN COPING MECHANISM ORIENTATION AND ANXIETY LEVEL IN HEMODIALYSIS CHRONIC RENAL FAILURE PATIENTS

Wahyu Nofitasari*), Rizki Fitryasari*), Ika Yuni Widyawati*)

*Program Studi Pendidikan Ners, Fakultas Keperawatan Universitas Airlangga,

Jl. Mulyorejo Surabaya, Kampus C UNAIR Surabaya Telp.0315913754

Email : Wahyunofita73@gmail.com, risqiv@yahoo.com.sg

ABSTRACT

Introduction: Chronic Renal Failure is an irreversible and progressive kidney failure, thus hemodialysis has been proved to be the most effective treatment modality but also cause anxiety and coping mechanism is needed to overcome anxiety. The purpose of the study is to analyze relationship between coping mechanism orientation and anxiety levels in chronic renal failure patients on hemodialysis at RSUD Prof. Dr. Margono Soekarjo Purwokerto. **Method:** This study used descriptive correlation design with cross sectional approach. Independent variable was coping mechanism orientation and dependent variable was anxiety. Population were patients with chronic renal failure undergoing routine hemodialysis and sample were 33 respondents taken by purposive sampling. Data were collected using questionnaire brief COPE and SAS and analyzed by using Spearman Rank correlation test with level significant $\alpha=0.05$. **Result:** Result showed there was relationship between coping mechanism orientation and anxiety level ($p=0.01$, $r=-0.846$). **Discussion:** The conclusion was coping mechanism orientation which is combined problem-focused coping and emotional-focused coping when deal with stressors can reduce the level of anxiety during the hemodialysis process. Future studies are recommended to develop coping interventions to decrease anxiety level.

Keywords : *Coping mechanism orientation, anxiety, hemodialysis*

INTRODUCTION

Chronic renal failure is irreversible and progressive disease and hemodialysis is the most effective modality therapy (Gerogiani, 2014). Hemodialysis may have an impact on physical health, psychological, spiritual and socio-economic status of patients (Charuwanno, 2005). Patients should be a lot of adjustments such as lifestyle, diet, jobs, roles and functions in the household, and adjustments to the hemodialysis process can be a stressor. If the patient can not adapt to stressors, the patient at risk for psychological problems in therapy. One of the psychological problems that often occur in patients with renal failure is the anxiety (Rahimi, Ahmadi & Ghoyalf, 2008).

According the United State Renal Data System (USRDS) incidence of chronic renal failure in the United States in 2012 is 114.813 people. Based on Health Research (Riskasdas) 2013 the prevalence of chronic renal failure in Indonesia 0.2%, while for the province of Central Java chronic renal failure is 0.3%.

Based on data obtained from the medical records of hospitals Prof. Dr. Margono Soekarjo Purwokerto from January until August 2015, patient with chronic renal failure are 776 patients, and 137 patients undergo hemodialysis therapy. Interviews conducted in October 2015 was showed from 10 patients, 57.14% experienced mild anxiety, 28.51%, moderate anxiety and 14.28% had severe anxiety. Anxiety is experienced as feelings of worry, anxiety and fear, sleep disturbances. It is caused by the uncertainty of the status of the disease, medical expenses, loss of freedom, dietary changes as well as the loss of a job. First time patient is diagnosed with chronic renal failure and had to undergo hemodialysis in the long term lead patient in worried feeling. It is about the pain experienced as well as the treatment that will be undertaken, in addition to the employment status, marital status in the family, social life and personal life, the effects of disease, diet, the time, feeling of disability, psychological pressure from fears of death, all of it is a stressor for patients that can

lead to anxiety (Sousa, 2008 in Maracon, 2014). Patients are required to be able to respond by assessing and interpreting the existing stressors (Appraisal and interpretation of the stressor). According to Stuart &Laraia (2005) there are five responses to stress, they are cognitive, affective, physiological, behavioral and social. While the use of the resources of coping such as economic assets, capabilities and skills, defense techniques, social support, motivation, health, spiritual support, trust positive, problem solving, social skills, source material and social, and physical well being possessed her to do the coping mechanisms. According to Lazarus (1991 Kozier, 2004), individual coping mechanisms are of two kinds, namely problem-oriented and emotional-oriented coping. This study aimed to analyze the relationship between orientation coping mechanisms with the level of anxiety in patients with chronic renal failure undergoing hemodialysis in

mechanisms. The coping mechanisms serve to solve problems, adapt to change, and the response to a threatening situation. If the individual has a good coping mechanism that individuals will be free of stress, otherwise if owned coping mechanisms is lacking, then the individual will experience stress (Lazarus &Folkman, 1978 in Nursalam, 2013). The ineffectiveness of the coping mechanisms can result in anxiety responses, because it is perceived as a threat to the patient (Sousa, 2008 in Maracon, 2014). Anxiety is a normal reaction to stress and can develop into more extreme and cause mental health problems and impact on the decline in the quality of life in patients chronic renal failure undergoing hemodialysis.

hospitals Prof.
DrMargonoSoekarjoPurwokerto.

Anxiety Level	Coping Mechanism Orientation								
	Problem oriented		Emotional Oriented		Problem and Emotional Oriented		Total		
	Σ	%	Σ	%	Σ	%	Σ	%	
No	1	3	0	0	0	0	1	3	
Mild	2	6,05	2	6,05	0	0	4	12,1	
Moderate	8	24,25	7	21,22	4	12,1	19	57,6	
Severe	5	15,16	1	3,03	3	9,09	9	27,3	
Total	16	48,48	10	30,30	7	21,21	33	100,0	
<i>Spearman Rank</i>		$p = 0,01; r = -0,846$							

METHODS

This research uses a correlational descriptive design with cross sectional approach. The population is patients with chronic renal failure undergoing hemodialysis in hospitals Prof. Dr. MargonoSoekarjoPurwokerto. Sample is 33

respondents obtained by purposive sampling. The variables are coping mechanisms orientation as the dependent variable, level of anxiety as independent variables and confounding variables include sex, marital status, occupation, monthly income, and health insurance and intradialysis complications. The instruments used in data collection was a questionnaire. Brief COPE questionnaire to measure the orientation of the coping mechanisms and SAS / SARS questionnaires Indonesia's version to measure anxiety levels. Research is conducted at the hemodialysis unit Prof. Dr. MargonoSoekarjoof Hospital,Purwokerto on January 19 to January 21, 2016. This study has been carried out ethics clearance, proved by certificate No.10/KKEPK.FKG / I / 2016.

RESULTS

Results show p value = 0.01 and $r = -0.846$, it's mean there is significant relationship between coping mechanisms orientation and the level of anxiety (Table 1.1)

Respondents who did not experience anxiety using coping mechanisms orientation focuses on the problem 1 responden (3%). While respondents were experiencing mild anxiety, 2 (6.05%) using coping mechanisms orientation to problems-focused and 2 (6.05%) emotional-oriented. Respondents who experience anxiety,

8 people (24.25%) tend to use coping mechanisms problem-oriented, 7 respondents (21.22%) prefer emotional-oriented and 4 respondents (12.12%) using coping focused on emotions and problems. The results also showed that respondents with severe anxiety level 5 people (15.16%) using problem-focused coping, one person (3.03%) focuses on emotions and 3 persons (9.09%) focused on emotions and problems

Statistical analysis showed a negative correlation, it is mean if respondents use problem and emotional-oriented coping mechanisms, the level of anxiety is getting lighter, whereas if respondents use the coping mechanisms emotional-oriented or problems-oriented only, the level of anxiety will be heavier.

DISCUSSION

Based on the results, respondents who undergo hemodialysis therapy majority using problem-oriented coping mechanisms. Coping mechanisms problem-oriented is a coping mechanism focuses on the causes of stress (Lazarus 1991 Kozier 2004). Respondents perceived stressor is his health condition which is unpredictable and changes in lifestyle. Responses appear in the respondents with coping mechanisms problem-oriented is always looked optimistic when facing problems and feel confident that there will be a favorable settlement, including issues related to their health condition. So respondents always try to do the best in order to maintain their health, including the routine hemodialysis in accordance with the schedule.

Respondents with emotion-oriented coping mechanism aims to control emotionally. Observed behavior is the tendency to seek social support, positive reinterpretation, acceptance, worship, emotional and denial (Carver, Scheier & Weinsraub 1989 in Weiten, Dunn & Hammer 2009). Respondents seek sympathy from others around them, considers his problems have benefits for themselves and to make people better, the conditions are condition that can not be avoided, the more resigned and put their trust in God, but not infrequently the respondents deny and denies that it happened and thought is not experiencing problems. Respondents with emotional-oriented are

always trying to control the emotional response he felt.

Based on the results, respondents who use coping mechanisms oriented and emotional problems and suffered severe anxiety level. Lazarus & Folkman (1984) explains, individuals can use to deal with stress coping mechanisms emotional and problems oriented. It can be said as the best coping because it is able to balance the two, both on issues and emotions. The results of this study are not in accordance with the opinion of Lazarus & Folkman (1984), severe anxiety faced, caused by fears of a client to death, their physical limitations in performing daily activities and comorbidities on the client, but researchers in conducting this study did not assess deeply related diseases and linking clients between the degree of the disease to the level of anxiety. The response seemed to be often complain of headaches, can not sleep because of frequent nightmares, especially death, focused on himself. Respondents were less focused when talking and just focus on yourself.

Severe anxiety experienced by the majority of respondents were female. The results are consistent with research conducted by Rasoul (2005) which states that anxiety with a higher level is more common in women than in men. Anxiety in women caused by nature women are more sensitive to stressors compared with men. The anxiety felt by the respondents because the client feels related defects current condition, changes in the social life and the uncertainty of the disease. The response that came up was hard to sleep because of restless and often face felt hot.

Based on the results of the study most of the respondents have moderate anxiety level. The results are consistent with research Rostantina (2006) that 61% of respondents had a moderate level of anxiety and respondents tend to use one type of coping mechanism orientation, which focuses on the problems or focusing on emotions. Anxiety being experienced due to a change in the psychological aspect. Besides the restrictions on the types of food and changes in the pattern of life lived affecting psychological condition, because the respondents felt very limited and dependent on the others and could not carry out its role and function in the family.

Another response that arises is physically and cognitively. Respondents complained it

difficult to sleep, hands become cold and wet as well as more sensitive and easily upset the little things that are not in accordance with what they want. These results are in line with Stuart (2009) which states that the response of anxiety specially cognitive and fisiological form.

The study found that the level of anxiety being experienced and the tendency to use coping mechanisms focused on the problem is more common in men, according to research conducted by Billings and Moos (1984) that respondents with gender male will tend to choose a coping mechanism problem-oriented, it is associated for their gender difference and are expected as being active in the environment. Respondents would prefer to answer the question stating for always trying to solve problems.

Mild anxiety level experienced by the respondents either using a coping mechanism to

CONCLUSIONS

The orientation of the coping mechanisms of patients with chronic renal failure undergoing hemodialysis in hospitals. Prof. Dr Margono Soekarjo Purwokerto oriented to the problem to be doing active coping, planning, focus on the problem, restraint and seek social support.

The level of anxiety of patients with chronic renal failure undergoing hemodialysis in hospitals Prof. Dr. Margono Soekarjo Purwokerto are at the level of anxiety was due to changes in the psychological aspect, namely diet, changes in the role and functions of the family preformance. Responses appear on the client is in the form of insomnia, hands become cold and wet, and the client is more sensitive and easily upset the little things that are not in accordance with.

The use of coping mechanisms orientation focuses on the problems and emotions cause mild anxiety level, otherwise if using a coping mechanism that focuses on a single issue or emotion just then having severe anxiety levels.

Patients with chronic renal failure undergoing hemodialysis can identify coping mechanisms used in order to utilize coping resources within themselves to overcome anxiety that is felt in undergoing hemodialysis

The profession of nursing to develop nursing interventions clients with anxiety coping mechanism in accordance with the orientation of the client .

focus on the problem and focus on emotion. Mild anxiety causes people become alert and increase the field of perception (Stuart 2009). The use of both types of orientation of the coping mechanisms that can overcome anxiety. Mild anxiety that occurs in respondents when thinking about the dialysis process, especially the emergence of feelings of worry when done needling, worried that a sudden blockage in blood vessels and the respondents feel the loss of freedom because they have to follow the diet prescribed. Respondents felt traumatized by the blockage of blood vessels which require repeated injections do. Response anxiety felt was pain in the stomach and heart palpitations. While the problem-oriented respondents will tend to choose to remain on the restriction diet for health reasons, while respondents were oriented on emotions tend to try to control anxiety to perceived stressors

REFERENCES

- Billings S & Moos., 1984. *Personal Control and Stress and Coping Processes: A Theoretical Analysis*, *Journal of Personality and Social Psychology*, Vo.46, hh.839-852.
- Charuwanno, R., 2006. *Meaning of Quality of Life Among Thai ESRD Patients on Maintenance Hemodialysis*, *The Catholic University of Amerika*, Washington DC.
- Gerogianni, S et al., 2014. *Concerns of Patients on Dialysis: A Research Study*, *Health Science Journal*, vol. 8, no.4, hh. 423-437.
- Kozier, Barbara, et al 2004, *Fundamental Of Nursing, Concepts, Process, And Practice (7th Ed)*, Addison Wesley Company California.
- Maracon, et al., 2014. *Anxiety, Depression and Suicidal Idention in Lebanese Patient Undergoing Hemodialisis*, *COmmunity Ment HealthJ*, vol. 50, hh. 235-238.
- Nursalam, 2013. *Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis Edisi 3*, Salemba Medika, Jakarta.
- Rasoul A., 2008. *pre operative anxiety ini patients undergoing different types of surgery comparative study*, Tesis, J Fac Med Bagdad.
- Rostantina, 2006. *Kecemasan Pada pasien yang Akan Menjalani Operasi*, Tesis, Universitas Indonesia

- Stuart, 2009. *Princip and Practice of Psychiatric Nursing (9th ed)*, Mosby Louis, Missouri.
- Stuart, GW & Laraia, MT., 2005. *Principles and Practice of Psychiatric Nursing 8th edition*, Missouri, Mosby.
- Suwitra, K., 2006. *Penyakit Ginjal Kronik*, dalam Sudoyo, AW, Sutiyahadi, B, Alwi, I, Simahadibrata, M & Setiati, S, *Buku Ajar Ilmu Penyakit Dalam*, Departemen Ilmu Penyakit Dalam FKUI, Jakarta.
- USRDS, 2014. *Annual Data Repport Volume 2*, ESRD, dilihat 9 September 2015
- Weiten, Wayne., Dunn, Dana S., Hammer, Elizabeth Y., 2009. *Psychology Applied To Modern Life: Adjusment In The 21st Century* (10 th ed), Linda Schrelber Gaster, USA.