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Spiritual and Knowledge level, and the Acceptance of Patients with Chronic Renal Failure Who Underwent Hemodialysis

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ABSTRACT

Background: Spirituality and knowledge levels have been correlated to the patient's adaptive ability to accept their condition among patients with chronic renal failure (CRF) undergoing hemodialysis. **Objective:** This study aimed to determine the relationship between the spiritual and knowledge levels with the acceptance of hemodialysis among patients in PKU Muhammadiyah Yogyakarta. **Methods:** an analytic cross-sectional study was conducted on 101 patients who underwent hemodialysis. Data collection was done utilizing the Daily Spiritual Experience Scale questionnaire, knowledge level of hemodialysis, and Illness Cognition Questionnaire. The Spearman correlation and multiple linear regression tests were used to analyze the results with $p < 0.05$ considered significant. **Results:** The majority of patients have a high spiritual level, level of knowledge, and acceptance. There is a significant relationship between the spiritual level and knowledge level in the acceptance of CRF patients undergoing hemodialysis with a p -value of 0.000. Linear multiple regression analysis showed that the spiritual level has more influence on acceptance than other factors with a beta value of 0.550. **Conclusion:** Spiritual and knowledge levels might influence the acceptance of patients with CRF undergoing hemodialysis. The spiritual level is the most influencing factor in acceptance. Dialysis nurses are advised to improve their ability to provide spiritual nursing care and promote better knowledge to patients undergoing hemodialysis.

Keywords: spiritual, knowledge, acceptance, chronic renal failure, hemodialysis

INTRODUCTION

Chronic kidney failure (CRF) has been a world health problem that continues to increase in both its morbidity and mortality. It is estimated that the global prevalence of chronic renal failure is around 13.4% in 2017¹. Indonesia is one of the countries with a high number of people with CRF at 2%. The Indonesian Renal Registry (IRR) in 2017 reported a very significant increase in the number of new patients with CRF in Indonesia from 4,977 in 2007 to 30,831 people in 2017. Meanwhile, in the province of Yogyakarta there were 359 new patients in 2017².

Hemodialysis is one of the most common treatments for people with CRF in Indonesia. However, several complications might occur following this treatment such as disruption of the process of thinking and concentration, discomfort, stress, with challenges related to spiritual aspects, as well as social and economic status, and family dynamics. Thus, the ability to adapt might influence the people in accepting their condition³. Furthermore, it is argued that the level of spirituality is closely related to biological, psychological, and social changes among patients with CRF⁴.

Spirituality is a belief in a relationship between humans and God; a human needs to maintain their beliefs and fulfill their religious needs⁵. Hence, someone will be cooperative and optimistic the closer he or she is to God⁴, which can help to cope with the treatment and treatment process. In other words, the inability to accept will lead to a more pessimistic and uncooperative manner which will hinder the care and treatment of the disease⁶.

For some people, spiritual needs are required to be fulfilled to overcome feelings of despair, anxiety, isolation, uncertainty, loss and death⁷. Furthermore, the practice of religious rituals in daily life will improve the patient's adaptability to coping with the circumstances. Among Muslims, performing prayers five times a day might help the patient in accepting oneself and her or his illness patiently and steadily⁸.

Another factor that might also influence acceptance among patients with CRF undergoing hemodialysis is their level of knowledge. A better awareness of the nature of the illness and the treatment that should be taken would enhance their

willingness to accept the challenges of their condition⁶.

This study aimed to determine the relationship between the spiritual level and the level of knowledge on the reception of patients with CRF who undergo hemodialysis in the hemodialysis room of PKU Muhammadiyah Hospital in Yogyakarta.

METHODOLOGY

This analytic correlation research was conducted with a cross-sectional approach. The sample in this study were patients with CRF who underwent hemodialysis in the hemodialysis room of PKU Muhammadiyah Hospital in Yogyakarta who fulfilled the inclusion criteria, namely: patients with CRF who had undergone hemodialysis for more than one year and the exclusion criteria were: respondents who experienced and being treated with psychological disorders. Of 114 patients approached, 101 people were willing to give consent (88.6% acceptance). The instrument used in this study was the Indonesian version of the Daily Spiritual Experience Scale (DSES) questionnaire⁹ with 16 question items and a minimum-maximum value of 15-90 to measure the spiritual level. Also, we used a knowledge questionnaire about hemodialysis with 17 question items and a minimum-maximum value of 0-17 to measure the level of knowledge and the Indonesian version of the Illness Cognition Questionnaire (ICQ) with 18 question items and a maximum-minimum value of 18-72 to measure

acceptance with the validity value of 0.65 – 0.79 and reliability of 0.88 – 0.91, which means good reliability¹⁰.

Univariate analysis was used to obtain the demographic frequency distribution (age, sex, education level, occupational status, and duration of hemodialysis), spiritual level and acceptance of the patients with CRF undergoing hemodialysis. Bivariate analysis was used to determine the relationship of the spiritual level to the acceptance of the patients with CRF undergoing hemodialysis using the Spearman correlation (r) statistical test. The multivariate analysis determined which independent variable has the most influence on the dependent variable using multiple regression linear tests. This study has obtained a research ethics permit from the Ethical Committee of UNISSULA (number: 019 / A.1 / FIK-SA / I / 2019)

RESULTS

Characteristics of Respondents

Table 1 shows that the average age of the respondents is 51 years, all of them are Muslims and coming from Javanese culture, more than a half are male, almost one third of the respondents were highly educated, and did not have occupation, more than half of respondents had undergone hemodialysis during 12-60 months and most of the respondents were accompanied by the family during the hemodialysis process.

Table 1: Distribution of Frequency of Demographic Characteristics of Respondents with Chronic Kidney Failure Underlying Hemodialysis (n = 101)

Characteristics of Respondents	n	%	Mean±SD	Min-Max	Acceptance <i>r</i>	<i>p</i> -value
1. Age			51.5±10.8	28-71	-0.157	0.118
25-35 years	8	7.9				
36-45 years	23	22.8				
46-55 years	30	29.7				
56-65 years	30	29.7				
66-75 years	10	9.9				
2. Gender					0.127	0.205
Male	59	58.4				
Female	42	41.6				
3. Education Level					0.205*	0.039
No school	3	3.0				
Elementary school	12	11.9				
Junior high school	17	16.8				
Senior high school	37	36.6				
D3/S1/S2	32	31.7				
4. Job Status					0.056	0.575
Does not work	28	27.7				
Housewife	22	21.8				
Entrepreneur/Trader	17	16.8				
Artists/Writers/Laborers	3	3.0				
Retired	16	15.8				
Private employees	4	4.0				
Civil servants	11	10.9				
5. Duration of Hemodialysis			63.4±42.6	12-170	0.213*	0.033
12-60 months	57	56.4				
61-120 months	33	32.7				
121-180 months	11	10.9				
6. Families accompanying					0.202*	0.043
Yes	67	66.3				
No	34	33.7				

The Level of Spiritual, Knowledge and Acceptance

Table 2 shows that all variables have a relatively high score.

Table 2: Spiritual Level Frequency Distribution and Acceptance of Patients with Chronic Renal Failure Who Underwent Hemodialysis (n = 101)

Variable	Median	Min-Max
Spiritual Level	67	49 – 88
Knowledge Level	13	10 – 17
Acceptance	54	39 – 67

Min-Max, minimum-maximum.

The Relationships between Spiritual Level, Knowledge Level and the Acceptance Levels

The analysis of the research data in Table 3 shows that there is a significant relationship between the spiritual level and the level of knowledge towards the acceptance of patients with CRF undergoing hemodialysis patients in the hemodialysis room of PKU Muhammadiyah Hospital in Yogyakarta with $p = 0.000$ ($p < 0.05$).

Based on the value of the correlation (r), the spiritual level has an r value of 0.806 and a level of knowledge of 0.711 and both have a positive and strong correlation with acceptance, which means the higher the patient’s spiritual acceptance and the higher the patient’s knowledge, then the higher is their acceptance.

Table 3: Analysis of the Relationship of Spiritual Levels to the Acceptance of Patients with Chronic Renal Failure in Undergoing Hemodialysis (n = 101)

Variable	Acceptance	
	r	p-value
Spiritual Level	0.806**	0.000
Knowledge Level	0.711**	0.000
Spiritual aspects		
1. Relationship	0.532**	0.000
2. Transcendent / spiritual activity	0.417**	0.000
3. Comfort and strength	0.692**	0.000
4. The feeling of peace	0.505**	0.000
5. Feel the help of	0.500**	0.000
6. Feel the guidance	0.379**	0.000
7. Percept and feel God's love	0.422**	0.000
8. Admiration for	0.515**	0.000
9. Appreciation and gratitude	0.543**	0.000
10. Appreciation and gratitude	0.407**	0.000
11. Feel united and close to God	0.310**	0.002

Table 3 also shows each aspects of spiritual level, which all have a significant relationship to the acceptance level.

The Most Influencing Factors Related to Acceptance Level

In this multivariate step several variables that were suspected to be related to the acceptance of patients with CRF who underwent hemodialysis were analyzed including the duration of hemodialysis, spiritual level, and level of knowledge (Table 4). The results of multiple linear regression analysis show that from the three factors analyzed, indicating there are two factors that can influence the increase in acceptance, namely the spiritual level and level of knowledge. The constant value of acceptance without any contribution from other variables was 4.016.

Based on beta values, the spiritual level has a beta value that was greater (0.550) than the level of knowledge (0.413), so it can be concluded that the spiritual level was more influential in increasing the acceptance level compared to the level of knowledge.

The linear regression equation obtained was: $Y = \text{Constants} + a_1x_1 + a_2x_2$: $4,016 + 0.442$ (spiritual) $+ 1.459$ (knowledge), if the spiritual variables and knowledge were 0 then the receipts were 4.016 and for every 1 spiritual level, acceptance will increase by 0.442 and every addition of 1 level of knowledge, the acceptance will increase by 1.459.

DISCUSSION

The respondent’s spiritual level

Based on the DSES score, the higher the DSES score obtained, the higher the spiritual level of a person. The results of this study indicate that respondents have a spiritual level score ranging from 49 to 88 and no one has a low spiritual score. High spiritual will cause respondents to feel optimistic about the existence of guidance and help from God consistently, so that respondents are not easily discouraged in living their lives with their illness. One study shows individuals who have a high level of spirituality are associated with good mental health.

The high spiritual level of respondents can be influenced by several factors such as the stage of development, age, and family role¹¹. Almost one third of the respondents in this study were aged range of 46-55 years and on average were aged 52 years, which is considered in the middle stage of adult development. At the level of adult development, individual spirituality has matured¹². In terms of faith spirituality, the more mature a person is, the more faith they possess, both in terms of knowledge, practice and experience¹³. Generally, the more mature or the older the

Level of knowledge of respondents

This study shows that respondents have a high level of knowledge. Knowledge of respondents can be influenced by age and level of education¹⁴. The maturity of age was significantly correlated with a better understanding and comprehension¹⁵. Moreover, age influences the development of a person’s perception and mindset¹⁶. An increase in a person’s age can affect the increase in knowledge.

The highest number of respondents in this study was at the level of senior high school and higher education. It can be concluded that more than 60% of the respondents have a high level of education, which is based on formal education standards in Indonesia that state the people who have graduated from high school/vocational education can be said to have a high level of education¹⁷.

Research shows that the education level affects knowledge¹⁴⁵. Generally, the higher a person’s education, the easier it will be to receive and absorb information so that more

knowledge will be held^{18, 19}. Patients who have a high level of knowledge will have increased knowledge which can enable patients to be able to control themselves in dealing with the problems they face, have high self-confidence, and easily understand what is suggested by health workers²⁰.

Another factor that can influence respondents' knowledge is the length of undergoing hemodialysis²¹. In this study more than half of the respondents had undergone hemodialysis for 12 - 60 months. This is in line with another result that shows among 20 respondents had undergone hemodialysis greetings 12-60 months (66.7%), the duration of patients undergoing hemodialysis would affect knowledge, attitudes, and dietary compliance¹⁸. Sandra et al. explained that the longer patients undergo hemodialysis, the better their ability to think and be more critical of their disease²².

Acceptance of respondents

Patient acceptance of CRF with dialysis is important in clinical settings and treatment, because active acceptance of patients with CRF tends to lead to favorable health outcomes²³. The results of this study explain that respondents have an acceptance score between 39-67. Generally, the higher the score obtained by respondents, the higher the acceptance.

Patients with high levels of acceptance will show less depression and stress than those with low levels of acceptance^{24, 25}. These results are reinforced by Chan's findings which explained that active acceptance of patients with CRF can reduce the level of depression, reduce maladaptive coping, improve adaptive coping, improve quality of life and increase psychosocial adaptation²³.

Acceptance can be influenced by persistence or enthusiasm and long diagnosis^{6, 24}. Persistence, enthusiasm or motivation of patients who still have hope will receive and carry out care with self-confidence²⁴. Motivation can come from within oneself and family. During hemodialysis 67% of respondents were always accompanied by a family of husband or wife, children or parents.

Partner support in all forms of behavior and positive attitudes given to individuals who are sick or experiencing health problems can provide physical and psychological comfort²⁶. Family presence is considered as a provider of social support, which can reduce stress, because by interacting with others, someone can think more realistically and obtain various perspectives, so that they can better understand the problems faced²⁷.

Family support is one of the main external resources in coping with patients with end-stage kidney disease (ESRD)²⁸. Support obtained by someone in a chronic condition will speed recovery of pain, increase immunity, and can reduce stress and psychological disorders²⁹.

The duration of the respondent diagnosed or undergoing hemodialysis in this study was more than 12-60 months. The longer the patient undergoes hemodialysis, the more information and knowledge gained and the better attitudes and behaviors in overcoming their health problems, accepting the disease they suffer from and carrying out

treatment therapy^{10, 30}. These results are in harmony with Ginting and Wardani (2013) who said that the longer diagnosed, patients will be increasingly able to accept and be willing to undergo predetermined procedures⁶.

Factors associated with patients with CRF undergoing hemodialysis

Based on the results of bivariate and multivariate analysis, it can be seen that the spiritual and knowledge levels have a significant relationship with the acceptance of patients with CRF undergoing hemodialysis with p -value 0,000. Also, the spiritual level has more influence on increasing acceptance compared to the level of knowledge with a beta value of 0.550.

Acceptance means recognizing the need to adapt to chronic diseases while understanding the ability to tolerate the unpredictable and uncontrolled nature of the disease and to deal with the unpleasant consequences of the disease¹⁰. Acceptance is influenced by several factors including: knowledge, persistence or enthusiasm possessed, means or resources²⁴, long diagnosed⁶, and spirituality⁴.

Spiritual Level of Acceptance

The results of the analysis show that the spiritual level has a significant relationship to the acceptance of patients with CRF who undergo hemodialysis with a p -value of 0.000 which means there is a strong and meaningful relationship. Also, based on the coefficient value and correlation strength, the spiritual level is positively correlated with acceptance and has a strong relationship with acceptance as indicated by the r value = 0.806. This result is in line with the results of El Fath's study which showed that there is a positive relationship between spirituality and acceptance of parents who have children with autism with a p -value of 0.029 and $r = 0.03332$.

The spiritual level has a strong relationship with acceptance because spirituality is an inseparable part of one's quality of life³¹. Spirituality is the belief in God and is an important factor for someone in achieving and maintaining health and adapting to their illness³².

Spirituality is something that is believed and useful as a source of support, a guide to life, affecting the level of health, and can become a significant source of strength and healing⁴. Also, it is an adaptive coping strategy to deal with the challenges that occur in life³³. Young and Koopsen explained that the first dimension in spirituality is human relations with the Creator (God)³⁴. The spiritual coping strategy that is most often used by patients with chronic disease to cope with stress due to their illness is to get closer to God.

When a person has a chronic illness, spiritual power can help them toward healing or the development of spiritual needs and attention. The strength of one's spirituality can be an important factor in dealing with changes caused by the disease. Spirituality plays an important role in patients with CRF in thinking and behaving⁴. Spiritual care has a positive effect on reducing depression and increasing meaning in life for patients with CRF undergoing hemodialysis³⁵. Also,

the patients' daily spiritual experiences have a positive relationship with feeling happy, optimistic, respecting oneself, and accepting life³⁶. In addition, the application of religion in daily life will improve the patient's adaptability to their illness. Among Muslims, performing prayers five times a day might help the patient in accepting oneself and her or his illness patiently and steadily⁸.

Level of Knowledge of Acceptance

The results of the analysis showed that the level of knowledge had a significant relationship to the reception of patients with CRF who underwent hemodialysis with a *p*-value of 0.000, which meant that there was a significant relationship. Based on the coefficient value and correlation strength, the level of knowledge is also positively and strongly correlated with acceptance as indicated by the value $r = 0.711$.

There is a strong relationship of knowledge with acceptance because knowledge is very important in shaping one's actions and attitudes³⁷. Increasingly patient knowledge will affect their attitudes and behavior in overcoming their health problems and carrying out treatment therapy³⁸.

Patients who have broader knowledge can better control themselves in overcoming problems, have high self-confidence, experience, and precise estimates of how to deal with events, easily understand what is suggested by health workers, and can reduce anxiety which helps in making decisions³⁹. This is in harmony with Ginting and Wardani who said that good knowledge helps a person understand the prognosis of their illness, which can cause significant anxiety, and thus they can adapt and accept the conditions experienced⁶.

The spiritual level has a greater influence on acceptance than the level of knowledge. This is also seen in the results of the analysis of spiritual aspects that show all aspects have a positive and strong relationship with acceptance (Table 3). The high amount of spiritual influence on acceptance occurs because spirituality is an essential part that cannot be separated from one's quality of life³¹ and becomes an important dimension that must be considered in assessing quality of life because disturbances in spirituality will cause severe psychological disorders including suicidal ideation⁴⁰. Therefore, the spiritual domain is seen as important in health because it includes relationships with higher strength, respect for one's mortality, and fostering self-actualization⁴¹.

Events that occur in one's life are often regarded as trials that God gives to humans to test the strength of their faith¹². Likewise, this happens with the trust of patients who believe in the existence of God. Many patients believe that their disease is a test and trial given by God. God gives disease, so God will heal it, humans can only try and pray¹⁴. This belief is in accordance with the word of Allah SWT in Qs. Asyu'ara (26) verse 80 which means "And when I am sick, He heals me"⁴².

When a disease attacks a person, then the power of spirituality plays an important role in the healing process

and their spiritual needs will increase. Their spirituality can function as a buffer to the stress caused by the disease and a coping strategy to overcome it. The most commonly used spiritual coping is prayer. Praying can provide a variety of goals including coping with stressors by finding meaning and purpose in life and forming strong bonds with God⁴³.

This path of the faithful life is in accordance with the answers of Muslim patients who generally say they believe in the existence of the power of God that will heal and alleviate their suffering, when patients feel pain or other symptoms caused by their illness, patients mention Allah's name, and pray continuously or read Al-Qur'an to ease the pain and after that the patient feels light and calm in their soul, heart and mind. This reflects God's promise in Qs. Ar-Ra'd (13) verse 28 which explained that "Those who believe in ME, their hearts are at peace with the remembrance of Allah. Remember, only with the remembrance of Allah does the heart become peaceful"⁴⁴.

This research has some limitations due to the fact that the location used for research has supported spiritual guidance services for patients undergoing hemodialysis.

CONCLUSIONS

The spiritual level of patients with CRF who undergo hemodialysis has a median of 67, which is close to the value of 90 (maximum value) indicating higher spirituality. The level of knowledge of patients with CRF undergoing hemodialysis has a median score of 13, which approaches the value of 17 (maximum value) indicating the better level of knowledge. Admission of patients with CRF who undergo hemodialysis has a median score of 54, which is close to the value of 72 (maximum value) and indicates the more able the patient is to accept their illness. There is a significant relationship between the spiritual level and the level of knowledge with the acceptance of patients with CRF who undergo hemodialysis. The spiritual level has more influence on the reception of patients with CRF who undergo hemodialysis than the level of knowledge. Thus, it is recommended that dialysis nurses continue to improve their ability to provide spiritual nursing care to patients undergoing hemodialysis.

Ethical Approval

Ethical approval was obtained from the ethical committee of UNISSULA (number: 019 / A.1 / FIK-SA / I / 2019)

Conflict of Interest

None

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