

The Study of Phenomenology: Hemodialysis Patients Experience in Addressing the Psychosocial Changes

Rudini¹, Agus Suradika², Diana Irawati³

¹Akademi Keperawatan Marthen Indey, Jayapura City, Papua, Indonesia

²Faculty of Nursing, Muhammadiyah University, East Jakarta, Indonesia

³Faculty of Nursing, Muhammadiyah University, East Jakarta, Indonesia

Abstract: ***Introduction:** psychosocial Changes in patients hemodialysis (HD) may cause an impact on all aspects of a person's life, where the impact is often posed, among others: a decline in the quality of life, prolonged hospitalization, the cost of care higher, anxiety, depression, stress, social isolation, loneliness, helplessness, despair, suicide attempts, and death. **Objective:** this study aims to explore the experience of HD patients about psychosocial as well as changes in how patients cope with the changes in the PROVINCIAL HOSPITAL in Jayapura. **Methods:** this study uses qualitative research methods with the approach of Phenomenology. The sample is chosen by purposive sampling technique. Interview data were analyzed by using the Colaizzi method. **Results:** the results obtained with the in-depth interview against 6 participants consisting of 3 men and 3 women, age 52 – 66 years with the length of live HD 3 – 6 years. The research results obtained 4 themes, namely: 1) changes the perceived patient HD; 2) how to overcome psychosocial changes HD patients; 3) factor endowments and psychosocial changes in overcoming a barrier to patient HD; 4) HD patients expectations in addressing the psychosocial changes. **Suggestion:** ability of nurses in providing nursing care holistically with psychosocial and spiritual aspects into consideration.*

Keywords: Hemodialysis, the patient's experience of HD, Psychosocial Changes

1. Introduction

Chronic Kidney Disease (CKD) is a problem and a major public health threat around the world in General and developing countries in particular. CKD is a pathophysiological process with mixed etiology, resulting in decreased kidney function that is progressive, and generally ends with the clinical State characterized by a decrease in kidney function such that. Conditions at the final stages with LFG < 15 ml/min/1.73 m² said the patient enters the final stages of kidney disease (End State Renal Disease/ESRD) (Sudoyo et al in Suwitra, 2015). At this stage the patient should get a replacement kidney therapy like dialysis and transplantation. Peritoneal dialysis can be both dialysis and hemodialysis (HD). (Black and Hawks, 2014)

SRD prevalence varies greatly depending the circumstances and data from countries such as the United States Renal Data System (USRDS, 2015) shows the prevalence of ESRD sufferer numbers in 2013 in the United States amounted to 2,043 per 1 million inhabitants, in 250cc of 2,411 per 1 million residents, and in Taiwan of 3,138 per year. Whereas in Indonesia from Basic Health Research results data (RISKESDAS, 2013) shows the prevalence of ESRD based diagnosis doctors in Indonesia amounted to 0.2%. The highest prevalence of Central Sulawesi 0.5%, followed by Gorontalo, Aceh, and North Sulawesi 0.4% respectively. While in Papua Province reached 0.2% of the total population. Based on data received from the PROVINCIAL HOSPITAL Medical Record Jayapura owns disease ESRD calculated from March until December 2016 there is 36 cases.

With respect to the increase in the number of patients with ESRD, it is anticipated that the need for renal replacement therapy will increase significantly in the next few decades later, this method of treatment among HD is one of the common maintenance and success control of kidney disease. Statistics show that there are about 1 million patients worldwide HD (Brenner et al., 2012 in Rahimipour et al., 2015). In the United States, 91.9% of patients undergoing kidney treatment HD in 2009 (Collins et al., 2012 in its Borzou et al., 2014)

In Iran, the HD is also the most common renal replacement therapy and for 50% of the patients undergoing this therapy (Beladi et al., 2012 in Borzou et al., 2014). In Indonesia based on the IRR 2015, there were 17,193 total number of new patients undergoing HD and in 2014 an increase in patients undergoing HD as much 3,857 people so overall there are 21,050 new patients undergo while the HD. Based on data received from Jayapura, the PROVINCIAL HOSPITAL Medical Record of all 100% of ESRD patients using kidney replacement therapy in HD.

Renal replacement therapy is HD done 2-3 times a week with long 4-5 hours aimed at removing the remains of the metabolism of proteins and corrects disorders of electrolyte and fluid balance. Prolonged HD process will cause stress and can cause a variety of psychological and social problems that can cause interference with psychosocial. Common psychosocial changes include changes in body shape, the reliance on technology, and uncertainty of the future (Black and Hawks, 2014).

Volume 6 Issue 10, October 2017

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

The changes are supported by research conducted Valsaraj, et al. (2016) with the title research Cognitive Behavior Therapy for Anxiety and Depression among People Undergoing Haemodialysis: A Randomized Control Trial, in India on a 80 respondents obtained results that the patient's ESRD almost will face complications in every organ system complications and psychological abuse are commonly found as depression, anxiety, dementia, delirium, trouble troubleshooting and problem of marriage or family. This can be confirmed by Lilympaki, et al. (2016) that although HD is the most common treatment methods for kidney failure, but it is a procedure that stress affects all dimensions of life of the patient. Interestingly, patients experience various HD changes and limitations in their daily lives including diet and fluid balance, physical and cognitive disorders as well as the inability to achieve the previous roles, tasks or activities. In addition, patients often have a heavy psychological burden especially anxiety and depression that will give a negative influence on the disease.

In some studies, the high prevalence of psychological disorders has been reported. For example, Mollahadi, et al. (2010) in Iran have reported that 63.9% of patients experiencing anxiety HD, 60.5% are experiencing depression and 51.7% experienced stress. The results of other studies conducted by Devi, et al. (2012) against 50 HD patients in India, that most of the patients (94%) experienced weakness after HD, 92% had concerns about possible complications and 88% have a fear of not being able to working as before, 78% experienced sleep disturbances, 74% feel frustrated with dependency, 68% felt lack of interest in life, 68% are easily distracted and 66% feel rejected because of physical limitations

Psychosocial changes in HD process is not resolved properly will increase the range of risks that affect quality of life, decrease long hospitalization, treatment costs are higher and the death (Kimmel, 2001 in Rahimipour et Al., 2015). In addition the changes can also be associated with psychosocial morbidity, mortality, short lifespan and even worse with a suicide attempt (Kousoula et al., Lilympaki et al in 2015, 2016). This is in accordance with the results of a preliminary study on 5 interview people in HD patients HOSPITALS Jayapura, psychosocial changes obtained significantly, where 2 people (40%) experience a change toward dimensions of physical health, and 3 people (60%) experienced changes to the dimensions of physical health and mental health dimensions also.

Of their risk factors and psychosocial impacts due to changes based on the results of a literature quantitative HD patient, need to get the attention of nurses because of the effect on quality of life of the patient. So need to do in-depth interviews related experience of each patient to improve quality of life. The Purpose is to dig deeper about the patient's experience in addressing the psychosocial change HD. This is in accordance with the theory of Calista Roy i.e. study the adaptability of patients and nurses, thus helping the patient to adapt to changes including psychosocial changes occur within the patient.

Research on psychosocial in patients with HD in Indonesia is

generally done with quantitative methods, and based on the reason that researchers are interested in taking a qualitative research with the use of technical Phenomenology. In the phenomenology of approach need to be able to obtain the information depth, detail and nature of the participants about the perceptions, opinions, and feelings are implied (insight) from the reality of experience addressing psychosocial changes in patients HD.

2. Purpose of Research

This study aims to explore the experience of HD patients about psychosocial as well as changes in how patients cope with those changes. In addition, this research can identify: 1) description of patient characteristics (age, gender, level of education, social status and the old HD in the PROVINCIAL HOSPITAL in Jayapura; 2) Picture of the patient's psychosocial change HD in the PROVINCIAL HOSPITAL in Jayapura; 3) HD patients perception about how to cope with the changes of the their psikosocial in the PROVINCIAL HOSPITAL in Jayapura; 4) things that support and hinder the patient's psychosocial changes address the way HD in the PROVINCIAL HOSPITAL in Jayapura; 5) HD patients expectations in addressing the psychosocial changes at the PROVINCIAL HOSPITAL in Jayapura

3. Methods of Research

This study uses qualitative methods with the phenomenology of approach, which aims to get an overview of the experience of life as seen from the viewpoint of the person examined and to explore and understand the life experience the result is (Moleong, 2013). According to Broccop and Tolsma (1995), qualitative researchers working to exploration or digging, illustrate or develop appropriate knowledge of the reality experienced by someone. In this study the qualitative approach is used to explore the experience of HD patients in addressing psychosocial changes at the PROVINCIAL HOSPITAL in Jayapura. This approach also provides an opportunity for patients to share about his experiences during a live HD therapy based on the perspective of the individual. Therefore, descriptive phenomenology of approach is the most appropriate approach for this research.

4. Result and Discussing

This research resulted in 4 main themes that provide an overview or the phenomenon of the patient experiences in addressing the psychosocial changes HD change the perceived patient HD, how to resolve changes in a patient's psikosial HD, the supporting factors and hinder in addressing the psychosocial changes pasie HD, the HD patient expectations and in addressing the psychosocial changes.

Theme 1: the patient's perceived Change HD

The theme of the perceived changes of patients during undergoing HD retrieved from 3 sub themes, namely physical changes, psychological changes and changes in the pattern of social interaction. Sub themes about physical changes are obtained from the respective expression experienced by

participants who underwent HD with sub-sub themes namely physical weakness, impaired circulation and skin disorders. Sub-sub first theme that is physical weakness. These changes are divided into 4 categories, namely a decrease in activity, diminished energy, tired and limp.

Categories decreased activity reflected in the statement of 4 participants, that since HD is done, the physical changes that most felt is a decrease in the activity of the participants. As shown in the following statement:

"Before washing the blood first i can still work at home because it is still quite strong and could still move around there anyway ... (P1) "I've not been able to undertake the activity as it used to be, ... (P2) "The doctor told me it could lift a maximum load of 3 kg of course now all assisted by boy ... (P2) "Honestly now I can't any more, ... (P3) "The most I felt it before washing the blood can still carry out activity and strong enough and it could be sports, ... (P6) "Now my activity dropped (P6)

Sub-sub second theme namely disorders of the circulation in the form of dizziness, edema, cramps at foot, and anemia. Categories of complaints of dizziness is the most widely presented by participants, as in the various expressions of the following participants:

"I also often complain of dizziness. ... (P1) "I often complaining about washing during her blood was giddy when home washing the blood, so I need to sleep just yet ... (P2) "I also often complain of dizziness, because tensi I like down/low ... (P3) "That's definitely it, when it's wash this blood surely dizzy ... (P4, P5) "Especially after washing the blood there is certainly Vertigo ... (P6)

Sub-subsection of the third theme namely skin disorder. From the results of the interview was obtained by physical changes that have experienced participants who underwent HD is a skin disorder. These changes are divided into 2 categories i.e. itching and discoloration of the skin. In this study it was found that there is a change of physical, psychological and social interaction patterns on the participants. Physical changes experienced by participants during the live HD are physical weakness such as decreased activity, diminished energy, tired and limp. Physical weakness on clients who underwent HD can occur due to anemia, which is caused by decreased production of eritropoetin due to damage kidney function. Anemia is a situation where the red blood cells in the body less than normal. Anemia that typically includes symptoms of tired and lethargic (Widodo, 2008).

The results of this study in accordance with the research conducted by Kring & Crane (2009), namely that more than 91% of clients HD experience fatigue. The results of other studies that argue against physical HD impact IE renders client weak and tired especially after undergoing HD (Sullivan, 2009), and in line with Valsaraj (2016) who found that the existence of a decrease in energy and fatigue experienced by clients and would limit and reduce the ability of the client in activities such as running.

Qualitative research related to physical weakness, performed by Lee (2005) with the aim of participating in the HD

experience in Taiwan. Research results get that physical fatigue is the primary domain that consists of 4 themes, namely fatigue in General, fatigue due to uremia, fatigue due to sleep disorders and physical energy is not enough. The presence of some of the physical changes that occur on the client in this research can affect psychosocial changes. The existence of HD complications would lead to a limitation of activities. To meet its needs, the patient needs help very HD another person or family, so patients feel a dependence of the HD can lose motivation, so that more silence at home. As a result the sufferer cannot perform the role in the family and the surrounding community.

On the sub theme of the latter, namely the existence of a psychological change. On this research identified that the psychological changes of patients undergoing HD experience psychological changes with sub-sub themes namely the psychological response of early emotional disorders and HD. This change can be seen from the statement embodied participants in the following categories: shock, pity, unbelievable, confused, sad, feeling regret, fear, depression (down), is illness beliefs as a test and received.

Categories shock/Shock is the most widely expressed statements of participants. Four participants expressed shock or shock when asked the first response when hearing her chronic renal failure and had to undergo therapy for HD, as revealed in the following participants: *"first it was ...i startled too.. (P1, P2) "Me, husband, kids, all of us is shocked ... (P4) The same response in addition to shock is in shock, as revealed to participants 3: "I am in shock/shock so mas ... (P3)*

On the psychological change, the research indicates that psychological response experienced by all participants; especially early clients expressed kidney failure and had to undergo a wash of blood. See from the length of the client undergo a psychological response early HD, HD from each participant vary greatly, depending on the mechanism of coping. But based on the results of the interviews, researchers concluded that the psychological response very felt in first live HD, although participants say until the third year. This is in accordance with the opinion of Kagan (born 1979 in Gibson, 1995) which is said to be the "honeymoon" phase occurs in the first year clients undergoing dialysis. Psychological response occurs due to the sense of loss. Participants felt the loss will depend on his health and therapy HD throughout his life.

The results of this research also shows that there are wide variations in the psychological response of the very first to know himself suffered kidney failure and had to undergo a psychological Response HD. participants in this study in accordance with the concept of grieving According to Martocchio (Kozier et al. in 1985 (2014) i.e. shock, does not believe is shown with a feeling of guilt, regret, feelings of bewilderment, fear, pity, sadness and depression (down). Distrust or rejection is the impact of a loss.

The next psychological changes that occur on the participants in this research is the existence of a feeling of regret, fear and depression (down). According to Beandlands et al. (2005),

the psychological changes that occur in the participants was angry, frightened, upset, disappointment, and depression. There are several equations that arise from change this psychology, namely fear and stress. Participants expressed fears is the fear of death that befell him. This fear appears conciliatory presence information from relatives and a neighbor who considered diseases of the kidney failure is a severe disease, hard-cured and quickly died.

Psychological changes of psychological disturbance response is further demonstrated by the patient is any change in the form of emotional response is irritable and more sensitive. This is described by Black and Hawk (2009) stating that this psychological disorder occurs due to the onset of chronic disease condition induced stress experienced as well as the treatment like HD should be done throughout the ages with physical changes it entails. Some of the behaviors that are generally become stressor is a feeling of helplessness, lifelong treatment, change in body image.

Sub theme is the third subtema is the change in the pattern of social interaction experienced by participants since diagnosed with chronic kidney disease and had to undergo such Changes is HD. changes of social activity that consists of a decrease in the frequency of socializing, lazy to mosque, limiting travel, afraid to travel, roles in the family.

Categories decreased frequency of socializing are reflected in statement 5 participants, that since blood washing done the most social activity changes the perceived frequency of socializing is a decrease in participants. As shown in the following statement: *"most family gatherings or participate arisan so., although sometimes absent ... (P1, P2, P4, P6) "For me, the interaction, yaa I participate arisan family and study ... Although sometimes I am not present, ... my children are women who replace ... (P3, P5)*

Last changes experienced by participants are the change in the pattern of social interaction that is social activity changes. These changes include a decrease in the frequency of socializing, not to the mosque, not freely socialize, limiting travel, afraid to travel and roles within the family. This change was felt very influential participants in everyday life. According to Suliswati, et al (2005) role is a set of patterns, attitudes, behaviour, values and goals expected by society, associated with the individual functions within social groups. Roles provide a means to play a role in social life and are a way to test the identity by validating the means.

Clients who underwent HD experience changes in social interactions. Before undergoing HD, active clients do activities, such as working outside the home, but after undergoing hemodialysis client activity became limited, more clients at home. So that social interaction patterns have also changed. Clients are more sociable with the environment surrounding the House. To perform remote social interaction becomes limited, but according to the recognition of their participants can socialize in new environments, such as social interaction with neighbors that can hardly be done because bustle of everyday, can now be done. Participants also said with the live HD felt have new social interaction i.e. fellow clients who live HD

Mobility impaired/traveling obtained in this research. All participants in the study underwent HD 2 times in a week, so participants are not capable of traveling more than 3-4 days. The results of this study in accordance with the results of the research conducted by Charuwanno, 2005, Farida in 2010. Participants in this research says when traveling back in time then it should wash blood, when traveling too close-close so as not to disrupt the schedule of HD. There is also a participant who said fear of traveling for fear of suffocation occurred when along the way, while the handling required is wash of blood.

Theme 2: How to tackle psychosocial changes HD patients

How to tackle psychosocial changes made by participants during the live HD obtained 4 subtema consisting of a positive Outlook on life, improves the behavior of worship, behavior reduces complaints due to HD and are always looking for information in addressing the issue. A positive view of life obtained from 5 categories namely spirit to heal/self-motivation, prayers, thankful, and patiently. 3 participant stating how to cope with the changes that occur to him is to always have a positive Outlook on life with motivating himself to the spirit to heal. As revealed in the following participants: *"it is certainly well ... There should be a spirit of ourselves, our own need to motivate that life should continue to be lived ... (P2, P3, P4)*

Next Subtema conducted by participants is improving the quality of spiritual. The action is divided into 3 categories, namely a fixed run of worship, worship and always diligent berzikir. Subsequent Subtema undertaken by the participating organizations in addressing the psychosocial changes is looking for sources of information. There are 5 categories of participants, including the statement: information sources physicians, nurses, family, friends and the internet.

The first category is the source of information from a doctor. As revealed by the following participants: *"Yes I once asked the same question-doctors." Doctors said ... A lot of that old washing his blood up, don't feel the world is up steadily died, many were washing blood so long life ... (P1) "When I Asked to see a doctor ... Doctors say the disease renal failure it can only diterapi with a Wash of blood and kidney transplantation ... (the doctor said). (P1, P2, P3, P4, P5, P6)*

On this research found new meaning how to cope with these changes by the participants after the diagnosis of chronic renal failure and had to undergo a HD that is having a positive view of life, improving the quality of spiritual behavior, reduce complaints due to HD and find the source of the information in the troubleshooting.

Have a positive Outlook on life is experienced by all participants. At the time of the interview participants say always motivate himself so that his passion for medical treatment or diligent washing blood. Other participants also say be thankful because until now still alive. Participants also said that by always pray and ask the Lord God will give them strength. Another participant said that by always remembering to the creator then their minds will focus/quiet, and will feel gritty underwent blood wash. Other participants

said that the way they do is patient and sincere as well as receiving the tawakkal case at this time. The results of this study in accordance with the research done by Gibson, in 1995 Farida, 2010 against 20 people who underwent HD client, which found the same category that is patient as well as iklas received.

How to tackle psychosocial changes in patients next HD with improving the quality of spiritual. The results of this research to find new meaning perceived by participants while in the diagnosis of chronic renal failure and had to undergo a HD until recently. Taylor, Lilis & Lemone (1997) says spirituality is everything offensive about human connection with the source of life force or the most have the power; Spirituality is the process to know, love and serve the Lord; Spirituality is a process that goes through the body or physical boundaries and the experience of the universal energy, where religion may be a part of spirituality.

At the time of the interview participant says always run the worship due to diligently run worship means to feel his faith increased and graphs feel peace of mind and inner feeling close to God. Other participants also revealed that how to resolve changes to their psychological with diligent worship because would thus feel more calm and focus his mind as well as her dear Lord meras. Another participant said that with the always pray so participants will feel is still given the chance to worship and repentance.

Potter & Perry (2005) says that someone will gain great benefits when someone uses their beliefs as a force that can provide support on health. This is in accordance with what was expressed by one of the participants, where participants say that with more closer to God with Diligent worship, always pray and run the service.

How to tackle psychosocial changes in patients of HD i.e. behavior reduces complaints due to HD. As expressed by the participants that the existence of restrictions on does not do the activity with a heavy work, limiting the intake of fluids and nutrients in accordance with the recommended based on his health. Other participants also revealed that way reduce the complaints due to HD is with sleep and the main thing is avidly sought/washing blood routine that was specified in the schedule.

In an effort to meet the needs for information, in this case to increase health, participants tried to find the source of the information to resolve the problem, either from doctors, nurses, family and books/internet. From the behavior of the participants in finding resources to cope with the changes that occur on her show that participants independently search for information, including an initiative to ask doctors, nurses, family and looking for book related disease currently/information from the internet. In addition, the participants seek information by dividing the experiences of fellow patients HD.

Theme 3: Supporting and restricting Factors in addressing the psychosocial changes HD patients

Theme support and restricting Factors in addressing the changes in the patient's psikosial HD retrieved 2 sub themes

namely the factor endowments and a barrier. Sub theme first constituents obtained from the expression of each participant who described the forms of support bring HD patients in addressing the psychosocial changes. From expressions of participants obtained sub-sub themes, namely social support, nursing service support, and support from the Government. On social support obtained two categories namely family support and support environment. As revealed in the following participants:

"Family support, 100% dong supports all ... (P1) "My son is a man deeply know, even I was told to stop working ... just ngontrol enough said ... (P2) "Family support, such as a husband, children and grandchildren. Attention from family and mutual understanding between couples ... oh family is always encouraging ... (P3) "Yaa all help, small families to large family (P4)" Yaa my wife was very supportive ... (P5, P6)

Sub sub theme is nursing service support. A category it brings is good service, nurses work nurses attention maximum, high, give information and motivation. The first category is good service. Sub sub theme next is support from the Government. A category it brings is a free treatment and health coverage. As revealed in the following participants:

"I was greatly helped once with the Government program on this free treatment ... medical guarantee of origin there ... (P1, P2, P3, P4, P5, P6) "I use the BPJS health coverage ... (P1, P2, P3, P4, P5, P6)

The second theme is the sub factor inhibitor obtained from the expression of each participant describing the barriers patients in addressing the psychosocial changes that happen to him. From expressions of participants obtained sub-sub themes i.e. health facilities that are not optimal. A category it brings is a tool breaks, the liquid is discharged and the HD should be out of the region. As several participants expressed the following:

"Once the Prod Pack, 2 times broken ... error said its staff members ... (P1, P2, P3, P4, P5, P6) "Never not wash blood also because he said the fluid runs out ... (P1, P2, P3, P4, P5, P6) "Yes ... If the appliance is faulty or the liquid runs out we have to exit the area as usual, yes in merauke's ... (P1, P2, P3, P4, P5, P6)

Support to address psychosocial changes HD patients identified 1 sub themes namely the factor endowments and 1 sub themes a barrier that is an inhibitor of factor. The results of this research show the support obtained by HD patients is the support of family members. Support and support for treatment programs that do. Social support in the form of family support and support environment. According to Duval and Logan (1986) in Friedman (2010) States that the family is a group of people with ties to a marriage, birth and adoption that aims to create, maintain, and enhance the cultural development of the physical, mental emotional, social and of each family member.

Family support can be translated as provided by other family members so as to provide physical and psychological comfort in people expected in a situation of stress (Tailor, 2006) in Yusra (2011). Support that can be given a family can be a

sense of empathy and concern for someone so make it feel better, gain back his convictions, was owned and loved at the time of stress. On clients who underwent HD which is a therapy that is continuously performed for a lifetime, this condition can affect a person in control of emotions.

Related to this research results, Clarkson and Robinson (2010) that qualitative research about life experience on 10 people the client end-stage chronic renal failure in Oklahoma, American, noted that the respondents identified support system in an attempt to do the mechanisms of adaptation over life changes that occur due to disease that they experience is made up of family, friends and groups.

Another study conducted by Harkness (2000) based on the perception of the participants, clients that support will be able to improve the capabilities in adapting to the changes that occur so that clients who undergo the HD can be optimal. This is in line with the phrase Calsyn and Cuddihee's (1987) in the Harkness (2000) the importance of the role of family members such as spouses will improve client self-esteem compared to clients who do not have a primary support from those closest to that would be give rise to feelings of worthlessness and despair.

The results of this research also indicate the existence of a support obtained by HD patients is the support from the Ministry of nursing. The attitude shown by the nurses in this study refers to the attitude in providing quality nursing services. Where a participant said that the Ministry is already good, nurses work already at the maximum, the nurse responds, helping participants, nurses, and nurses provide information and provide the necessary motivation.

Support from the Government in the form of financial support in the form of free treatment and health coverage that is very important for the patient's lifetime HD do of course need not cost a bit. The support is real, where is the support in the form of direct assistance. With free treatment expected patients HD can be continue to do this therapy. From the results of the study participants were all using the BPJS for medical expenses.

Health facilities is not optimal is one of the factors restricting in addressing the psychosocial changes in patients HD. participant Expression revealed them that health is not optimal because sometimes the tool/machine is corrupted/error the liquid runs out, so when that happens HD patients have to impose himself to do wash the blood out of the town of jayapura. It will make patients experiencing stress enough HD heavy due to the condition.

Theme 4: Patient Expectations in addressing the psychosocial change HD.

Based on the specific purpose of the fourth research namely: patient expectations in addressing the psychosocial changes in HD, it was revealed that participants in need of emotional support, support information and support facilities. Emotional support needed by the participants was the spiritual guidance officer can make participants gain praying and patient as well as it can be uplifting.

In addition to the need for spiritual guidance officers, participants also need support in structured information, needed by participants in this study. As for information required by participants in the form of health education materials, such as cases of the disease, and how to overcome problems faced by patients following HD, an expression of the participant:

"Yaa need information, Just that I can be met only if specifically no, ... If a little drinking a mouthful of aja, so. ... (P2, P5)" need not me alone, meaning that others are also right about the case "(P1, P4, P6)" I was hell already fulfilled, for other friends may need, because they are right do not know how to cope with their problems ... (P3)

Other HD patient expectations in addressing the psychosocial changes is the existence of the facility support optimal health, the condition of the tool a good HD and complete educational material, which contains about food for patients HD

HD patients expectations in addressing the psychosocial changes in this research is the existence of emotional support, support information and facility support optimal health. Emotional support form the need for spiritual guidance officers especially when early participants must undergo blood wash stated. Participants said that the existence of spiritual guidance officer can make participants excited. In addition, according to the participants ' spiritual guidance is necessary because the officer is still there from the client that could not accept the situation and continue to think of his illness.

According to Sheridan & Radmacher (1992), Safarindo (1998) and Taylor (1999) in Arlija (2006) that emotional support is a form of support that can make an individual feel comfortable, confident, heeded and loved by family/others so that individuals can face the problem properly. This support is particularly important in the face of circumstances deemed not controllable.

Support information is also the needs of the participants in this research are expected to obtain health related information. Participants felt the get information from a nurse or other health workers had not yet clearly. Other participants felt not so need information for him because it's been trying myself looking for what is needed, but felt it is necessary to other participants.

Facility support optimal health is also the needs of the expected participants in the study in the form of a good HD tool availability and complete, as well as the need for improved facilities for clients such as the availability of HD live brochure educational material as a diet that contains about food for the patients of HD.

References

- [1] Afiyanti, Y., & Rachmawati, I.N. (2014). *Metodologi Penelitian Kualitatif Dalam Riset Keperawatan*. Jakarta: PT. Raja Grafindo Persada

- [2] Al-hilali, N. (2009). *Complications during Hemodialysis*. Diakses pada tanggal 25 Juli 2017 dari <http://www.dialysistips.com/complications.html>
- [3] Beandlands et al (2005). *Caregiving by Family and Friends of Adults Receiving Dialysis*. *Nephrology Nursing Journal*. Vol. 32. Dec 2005.
- [4] Beladi-Mousavi, S.S., Alemzadeh-Ansari, M.J., Alemzadeh-Ansari, M.H., Beladi-Mousavi, M. (2012). *Long-term survival of patients with end-stage renal disease on maintenance hemodialysis: a multicenter study in Iran*. *Iran J Kidney Dis*. 6 (6), 452–6.
- [5] Bergner, M., Bobbitt, R.A., Carter, W.B., Gilson, B.S. (1977). *Sickness Impact Profile*. The Johns Hopkins University. All Rights Reserved – Internet: <https://eprovide.mapi-trust.org>. Diunduh 26 Maret 2017
- [6] Bergner, M., Bobbitt, R.A., Carter, W.B., Gilson, B.S. (1981). *Scaling and Scoring of The Sickness Impact Profile*. Mapi Research Trust, Lyon, France. Internet: <https://eprovide.mapi-trust.org>. Diunduh 26 Maret 2017
- [7] Bergner, M., Bobbitt, R.A., Carter, W.B., Gilson, B.S. (1981). *The Sickness Impact Profile: development and final revision of a health status measure*. *Med Care*. 19 (8), 787-805
- [8] Black, J.M., & Hawks, J.H. (2014). *Keperawatan Medikal Bedah, Manajemen Klinis untuk Hasil yang Diharapkan*. (Edisi 8). Singapura: Elsevier Pte.Ltd
- [9] Borzou, S.R., Anosheh, M., Mohammadi, E., & Kazemnejad, A. (2014). *Patients' Perception of Comfort Facilitators During Hemodialysis Procedure: A Qualitative Study*. *Iran Red Crescent Med J*. 16 (7): e19055.
- [10] Brenner, B.M., Maarten, W., Taal, G.M., Philip, A., Marsden, K.S., Alan, S.L. (2012). *The kidney*. Vol. 1. 9th ed. Elsevier, p. 2294-6.
- [11] Broccop, D.Y., & Tolsma, M.T.H. (1995). *Fundamentals of nursing research*. Boston : Jones & Bartlett Publishers, Inc.
- [12] CAHS St Joeseph's Hospital (2008). *Muscle cramp and dialysis*, <http://stjoes.ca/media/patientED/K-O/PD%206335%20muscle%20cramps%20dialysis.pdf>, diunduh pada tanggal 27 Juli 2017.
- [13] Clarkson, K.A., & Robinson, K. (2010). *Life on dialysis : A lived experience*. *American Nephrology Nursing Journal*, 37 (1), 29 – 35.
- [14] Creswell, W. John. (2013). *Research Design Pendekatan Kualitatif, Kuantitatif, dan Mixed*. Yogyakarta : Pustaka Pelajar.
- [15] Creswell, J. W. (2013). *Penelitian Kualitatif & Desain Riset*. Edisi ke 3. Yogyakarta : Pustaka Pelajar.
- [16] Daugirdas, J.T., Blake, P.B., & Ing, T.S. (2007). *Handbook of dialysis*. 4th edition. Philadelphia: Lipincott William & Wilkins.
- [17] Devi, E.S., Prabhu, R., Bhanumathi, P.P., Sequiera, L., Mayya, S.S., Bairy, K.L., et al. (2012). *Identification of health problems of patients undergoing hemodialysis using self care deficit theory and application of nursing process approach care*. *Internat J of Nurs Educ*, 4 (1), 15-17.
- [18] Espahbodi, F., Hosseini, H., Mirzade, M.M., & Shafaat, A.B. (2015). *Effect of Psycho Education on Depression and Anxiety Symptoms in Patients on Hemodialysis*. *Iran J Psychiatry Behav Sci*. 9 (1), e227.
- [19] Farida, A. (2010). *Pengalaman klien hemodialisis terhadap kualitas hidup dalam konteks asuhan keperawatan di RSUP Fatmawati*. Jakarta : FIK UI
- [20] Friedman, M.M., Bowden, V.R., & Jones, E.G. (2010). *Keperawatan Keluarga; Riset, Teori dan Praktek*. Jakarta : EGC
- [21] Gibson, M.H (1995). *The quality of life of adult hemodialysis patients*. Austin : The University of Texas
- [22] Gorji, M.A.H., Davanloo, A.A., & Heidarigorji, A.M. (2014). *The efficacy of relaxation training on stress, anxiety, and pain perception in hemodialysis patients*. *Indian Journal of Nephrology*. Vol 24, Issue 6
- [23] Harkness, D.J. (2000). *Woman's experience of hemodialysis and sexuality: a qualitative study*. www.proquest.com/ppqweb. diunduh tanggal 25 Juli 2017.
- [24] Haryono, R (2012). *Keperawatan Medikal Bedah*. Yogyakarta: Rappa Publishing.
- [25] Headley, C.M & Wall, B.M (2000). *Nursing care plans : Nursing diagnosis and intervention*, 6th edition, Mosby : Elsevier.
- [26] Headley, C.M & Wall, B.M (2007). *Flash pulmonary edema in patients with chronic kidney disease and stage renal disease*, <http://findarticles.com/p/articles/mi.0ICF/is.1.34/ai.27172531>, diunduh pada tanggal 27 Juli 2017
- [27] Holley, J.F., Berns, J.S., & Post, T.W. (2007). *Acute complication during hemodialysis*. <http://www.uptodate.com/patient/contents/to-pickey-G/p55S8w8sQDwqG>. Diunduh tanggal 26 Juli 2017
- [28] Ignatavicius, D.D., & Workman, M.L. (2009). *Medical Surgical Nursing: Patient – centered collaborative care*. Sixth Edition, 1 & 2 . Missouri: Saunders Elsevier
- [29] Incekara, F., Kutluhan, S., Demir, M., Sezer, T. (2008). *Dialysis headache : A case report*. <http://edergi.sdu.edu.tr/index.php/sdutfd/article/viewFile/1255/1374> diunduh tanggal 27 Juli 2017.
- [30] Irawati, D. (2011). *Studi Fenomenologi: Pengalaman Disfungsi Seksual Pasien Penyakit Ginjal Kronik Tahap Akhir Yang Menjalani Hemodialisa Di Rumah Sakit Islam Jakarta*. Jakarta: Universitas Indonesia.
- [31] Kallenbach, J.Z., Gutch, C.F., Stoner, M.H, Corea, A.L. (2003). *Review of Hemodialysis for Nurses and Dialysis Personal*. Ed.7. St. Louis: Elsevier Mosby.
- [32] Kimmel, P.L., Cukor, D., Cohen, S.D., Peterson, R.A. (2007). *Depression in end stage renal disease patients: A critical review*. *Adv Chronic Kidney Dis*. 14, 328-34.
- [33] Kozier, B., Erb, G., Berman, A., & Snyder, S.J. (2004). *Fundamentals of nursing*. Canada: Printice Hall Inc.
- [34] Kousoula, G., Lagou, L., Lena, M., Alikari, V., Theofilou, P., Polikandrioti, M. (2015). *Quality of life in hemodialysis patients*. *Mater Sociomed*. 27 (5), 305-9.
- [35] Kring, D.L., & Crane, P.B. (2009). *Factors affecting quality of life in persons on hemodialysis*. *Nephrology Nursing Journal*, 36, 15 – 24.
- [36] Lee, B.C., Lin, C.C., Chaboyer, W.C., Hung, C.C (2005). *The fatigue experience of hemodialysis patient in Taiwan*. Taiwan : Kaohsiung Medical University.
- [37] LeMone, P. Burke, K.M & Bauldoff, G. (2015). *Buku Ajar Keperawatan Medikal Bedah*. Ed.5. Jakarta: EGC.

- [38] Lilympaki, L., Makri, A., Vlantousi, K., Koutelekos, L., Babatsikou, F., & Polikandrioti, M. (2016). *Effect Of Perceived Social Support On The Levels Of Anxiety And Depression Of Hemodialysis Patients*. *Mater Sociomed*. 28 (5), 361-365.
- [39] Moleong, L.J. (2006). *Metodologi Penelitian Kualitatif*. Bandung: PT. Remaja Rosdakarya.
- [40] Moleong, L. J. (2013). *Metodologi Penelitian Kualitatif*. (Edisi Revisi). Bandung: PT. Remaja Rosdakarya.
- [41] Mollahadi M., Tayyebi, A., Ebadi, A., Daneshmandi, M. (2010). *Comparison of anxiety, depression and stress among hemodialysis and kidney transplantation patients*. *Iran Journal of Critical Care Nursing*. 2, 153-6.
- [42] Muttaqin, A., & Sari, K. (2012). *Asuhan Keperawatan Gangguan Sistem Perkemihan*. Jakarta: Salemba Medika
- [43] NAAC, (2010). *Monograph : Anemia & cronic kidney disease*, <http://anemia.org/proffesional/monograph/cronickidneydisease>. diunduh pada tanggal 25 Juli 2017
- [44] Nursalam & Batticaca, F.B. (2011). *Asuhan Keperawatan pada Pasien dengan Gangguan Sistem Perkemihan*. Jakarta: Salemba Medika.
- [45] PERNEFRI, (2015). *8th Report Of Indonesian Renal Registry*. <<http://www.indonesianrenalregistry.org/data/INDONESIAN%20RENAL%20REGISTRY%202015.pdf>>. Diunduh tanggal 6 Februari 2017
- [46] Polit, D.F., & Hungler, B.P. (1999). *Nursing research: Principles and methods* (6th ed). Philadelphia: Lippincott Williams & Wilkins.
- [47] Polit, D.F., & Beck, C.T. (2012). *Nursing Generatiing and assessing evidence for nursing practice*. Ninth Edition. St.Louis: Mosby
- [48] Potter, P.A., & Perry, A.G. (2005). *Fundamental of nursing concept, process and practice*. 4th edition. St Louis: Mosby Company.
- [49] Prasad, N. & Jha, V. (2015). *Hemodialysis in Asia*. *Kidney Dis*. S. Kager AG, Basel. 1, 165-177.
- [50] Price, S.A & Wilson, L.M (2005). *Patofisiologi: Konsep Klinis Proses-Proses Penyakit*. Ed.6. Jakarta: EGC.
- [51] Rahimipour, M., & Shahgholian, N., & Yazdani, M. (2015). *Effect of hope therapy on depression, anxiety, and stress among the patients undergoing hemodialysis*. *Iranian Journal of Nursing and Midwifery Research*. Vol. 20, Issue 6
- [52] Rahardjo. Terapi Hemodialisis. In: Sudoyo, A.W, Setyohadi, B. Alwi, I, K MS, Setiati S, editors. (2015). *Buku Ajar Ilmu Penyakit Dalam*. Led. Jakarta: Pusat Penerbitan Departemen Ilmu Penyakit Dalam; FKUI.
- [53] RISKESDAS, (2013). *Riset Kesehatan Dasar tahun 2013*. <www.depkes.go.id/resources/download/general/Hasil%20Riskasdas%202013.pdf>. Diunduh tanggal 6 Februari 2017
- [54] Robinson, J.P. (2000). *Phase of the qualitative research interview with institutionalized elderly individuals*. *Journal of Gerontological Nursing*. 26 (11), 17-23
- [55] Santos, P.B., Junior, J., Cavalcanti, J.U., Vieira, A., Rocha, A.R.M. (2012). *Quality of life among women with sexual dysfunction undergoing hemodialysis: a cross sectional observational study*. *Health and quality of life outcomes*.10, 1-5.
- [56] Saryono. (2011). *Metodologi Penelitian Kesehatan*. Yogyakarta: Mitra Cendikia Press.
- [57] Schrag, W.F. (2008). *What Do Caregiver Need?. Aakp The Voice of All Kidney Patients*. http://content.ebscohost.com/pdf18_21/pdf/2007/GRT/01Feb2007/. diunduh tanggal 25 Juli 2017
- [58] Smeltzer, S.C & Bare, B.G (2008). *Brunner and Suddarth's Teksbook of medikal surgical nursing*. Philadelphia Williams dan Wilkins.
- [59] Speziale, H.J.S., & Carpenter, D.R. (2003). *Qualitative research in nursing: advencing the humanistic imperative*. (3rd Ed). Lippincott: Philadelphia.
- [60] Streubert, H. J. & Carpenter, D. R. (2011). *Qualitative Research in Nursing : Advancing The Humanistic Imperative*. (5th ed). Philadelphia : Lippincou Williams & Wilkins.
- [61] Sullivan, D & McCarthy, G (2009). *Exploring the symptom of fatigue in patients with end stage renal disease*. *Nephrology Nursing Journal*. 36, 38 – 40.
- [62] Suwitra, K. Penyakit Ginjal Kronik. In: Sudoyo, A.W, Setyohadi, B. Alwi, I, K MS, Setiati S, editors. (2015). *Buku Ajar Ilmu Penyakit Dalam*. Led. Jakarta: Pusat Penerbitan Departemen Ilmu Penyakit Dalam; FKUI.
- [63] Sylvia, A, Price & Wilson, L.M. (2009). *Pathophysiology: Clinical Consepsts of Disease Proses*. (6thed). Vol.2 Mosby. Elsevier
- [64] Tezel, A; Karabulutlu, E & Sahin, O. (2011). *Depression and Perceived Social Support From Family in Turkish Patients with Chronic Renal Failure Treated by Hemodialysis*. *J Res Med Sci*. Vol. 16 (5)
- [65] Thomas, N. (2003). *Renal nursing* 2th edition. Philadelphia: Elsevier Science.
- [66] Tomey, A.M & Alligood, M.R (2010). *Nursing Theorist and Theeir Work*. (7thed). Mosby Elsevier.
- [67] USRDS Annual Data Report, (2015). *ESRD in the United States: Volume 2*. <https://www.usrds.org/2015/download/vol2_USRDS_ESRD_15.pdf>. Diunduh tanggal 6 Februari 2017
- [68] Valsaraj, B.P., Bhat, S.M., & Latha, K.S. (2016). *Cognitive Behaviour Therapy for Anxiety and Depression among People Undergoing Haemodialysis: A Randomized Control Trial*. *Journal of Clinical and Diagnostic Research*. Vol.10 (8), VC06-VC10.
- [69] Videbeck, S.L. (2001). *Psychiatric Mental Health Nursing*. USA. Lippincott Williams & Wilkins
- [70] Widodo. (2008). *Zat besi dan peranannya pada pasien penyakit ginjal kronik* <http://ika.or.id/print.php?id=325>, diunduh tanggal 25 Juli 2017
- [71] Wijaya, A. (2005). *Kualitas hidup pasien penyakit ginjal kronik yang menjalani hemodialisis dan mengalami depresi*. Jakarta : Fakultas Kedokteran Universitas Indonesia.

Author Profile

Names Rudini was born in Bunja, May 10 1987. He is working in Akademi Keperawatan (Nursing Academy) of Marthen Indey, Jayapura City, Papua, Indonesia. He graduated as Bachelor of Nursing Science from Nani Hasanuddin Institute of Health Then Had Master of Nursing (M.Kep) from Muhammadiyah University, Jakarta, Indonesia in 2017. Now he is an active as vice director for Student Affair in Marthen Indey.