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The Relationship Between Stress Levels and Health-Seeking Behavior in Hemodialysis Patients

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Abstract

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Background: Kidney dysfunction causes disruptions in the body, necessitating long-term treatment to replace the kidneys' role and function. This can lead to lifelong dependence on dialysis machines. These changes in patients can trigger stress, such as withdrawing from others and suicidal thoughts. The purpose of this study was to analyze the relationship between stress levels and health-seeking behavior.

Methods: This study used a correlational design with a cross-sectional approach. The population used was hemodialysis patients at a hospital in Mojokerto City, meeting the inclusion criteria. Respondents in this study were 83 hemodialysis patients selected using a purposive sampling technique. Data collection was carried out using the DASS questionnaire and the Health-Seeking Behavior Questionnaire. The collected data were analyzed using the Rank Spearman statistical test.

Results: The results of the study concluded that respondents experienced moderate stress levels of 49.2%, mild stress of 38.1%, and severe stress of 12.7%. The behavior of seeking health assistance for CKD patients undergoing hemodialysis was 26% going to the hospital, 22% going to the doctor/clinic, 21% going to the community health center, 17% taking medication purchased at the pharmacy, 4% taking medication purchased at the shop, 4% taking herbal medicine/medicine, 4% resting/sleeping and 2% just left alone. There is a weak negative relationship where the lighter the stress level, the better the behavior of seeking health assistance.

Conclusion: There is a weak negative correlation, where lower stress levels lead to better health-seeking behavior. It is hoped that the management of Mojokerto City Hospital can plan or develop a program to reduce stress levels for patients and their families by providing health education about CKD and appropriate health-seeking behavior to prevent complications.

Keywords: CKD, Health-Seeking, Stress

INTRODUCTION

Chronic kidney failure is a disease that arises from kidney damage that occurs gradually, over time, is irreversible, and is permanent, resulting in the kidneys being unable to function normally. Kidney failure can cause disruptions in the body, necessitating long-term treatment or therapy to replace the role and function of the kidneys, improve quality of life, and prevent the emergence of new problems or diseases (Anita, 2020).

Treatment options include kidney transplantation or hemodialysis therapy, which is performed lifelong, with therapy frequency ranging from two to three times a week (Suprihatiningsih & Andika, 2019). Changes occur in the patient's life related to their lifelong dependence on the dialysis machine and adjustment to their condition. These changes can trigger or trigger stress, which can be identified as stressors. Stress occurs because the patient will perceive or feel that the stressor is considered a serious threat related to his life (Sandra et al., 2012). The results of a preliminary survey conducted on February 10, 2021 on chronic kidney failure patients undergoing hemodialysis therapy at Mojokerto City Hospital obtained 17 respondents, it was found that the majority of respondents experienced normal stress levels, then the second experienced mild stress levels, and the third experienced moderate stress levels, and the last was severe and very severe stress levels.

Stressors experienced by patients with chronic kidney failure undergoing hemodialysis can cause stress. In addition to the stress of an incurable disease, prolonged stress also arises from the thought of lifelong therapy, which can be lengthy and require a single therapy session, reducing activities, social engagement, and work (Ohrnberger et al., 2017). This situation impacts inappropriate health-seeking behavior. The stress experienced will impact health-seeking behavior. Patients with kidney failure who require regular hemodialysis can become bored and lead to inappropriate health-seeking behaviors (Potter et al., 2020). Behavioral changes occur, such as withdrawing from others and all forms of social relationships or interactions. In the most severe cases, it can trigger thoughts of suicide or suicide at high levels of stress (Haryanti & Khairun, 2015). This study aims to identify the relationship between stress and health-seeking behavior in hemodialysis patients.

METHODS

This study used a correlation design with a cross-sectional approach to determine the relationship

between two variables measured simultaneously (Hidayat, 2017). The independent variable in the study was stress level and the dependent variable was health-seeking behavior. The population used was hemodialysis patients at a Mojokerto City Hospital with the inclusion criteria being undergoing hemodialysis therapy twice a week and being willing to be respondents. Respondents in this study were 83 hemodialysis patients selected using a purposive sampling technique. Data collection was carried out using the DASS questionnaire (Yuliani, 2022) (Yuliani, 2022); (Ali et al., 2021) and the Health-Seeking Behavior Questionnaire (Tuliao & Velasquez, 2014). The collected data were analyzed using the Sperman rank statistic test using the SpSS software for Windows.

RESULTS

The following presents general data regarding the characteristics of the 63 respondents in this study.

Table 1: Respondent Characteristics

Demographic data	F	(%)
Age		
20 – 35 year old	3	4.8
>35 year old	60	95.2
Gender		
Male	42	66.7
Female	21	33.3
Last Education		
Elementary School	20	31.7
Junior High School	15	23.8
Senior High School	23	36.5
University	5	7.9
Pekerjaan		
Sivil Servant	8	12.7
Self employed	30	47.6
Retiree	5	7.9
Unemployed	20	31.7
Length undergoing Hemodialysis		
<12 months	37	58.7
>12 months	26	41.3
Frequency of Hemodialysis	63	100
1 Time/weeks		
Cost guarantor during hemodialysis	63	100
BPJS	36	57.1
Companions during hemodialysis	1	1.6
Husband/Wife	17	27.0
Parent	9	14.3
Children		
Family		

Based on table 1, it can be seen that of the 63 respondents of chronic kidney failure patients undergoing hemodialysis therapy in the hemodialysis unit of Mojokerto City Hospital, based on age characteristics, 3 respondents were found to be in the age range of 20-35, while 60 respondents were in the age range >35 years. Male gender with a total of 42 respondents and 21 respondents were female, in the last educational characteristics, 20 respondents were elementary school, 15 respondents were junior high school, 23 respondents were high school and 5 respondents were college. Occupational characteristics consisted of 8 respondents working as civil servants, 30 respondents as self-employed, 5 respondents as retirees and 20 respondents were unemployed, related to the length of time undergoing hemodialysis, 37 respondents were <12 months and 26 respondents were >12 months. A total of 63 respondents underwent hemodialysis with a frequency of 2 times/week and the cost guarantor during hemodialysis was BPJS. Companions during hemodialysis: 36 respondents were accompanied by their husband/wife, 1 respondent was accompanied by their parents, 17 respondents were accompanied by their children and 9 respondents were accompanied by their family.

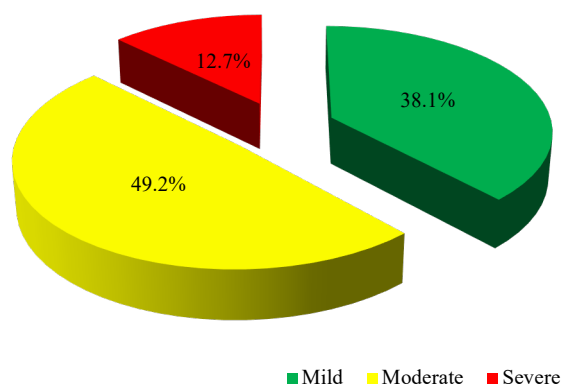


Diagram 1. Stress levels of hemodialysis patients at Mojokerto City Hospital, May 2021

Diagram 4.1 above shows that of the 63 respondents with chronic kidney failure undergoing hemodialysis therapy at the Mojokerto City Hospital hemodialysis unit, 31 respondents (49.2%) experienced moderate stress, 24 respondents (38.1%) experienced mild stress, and 8 respondents (12.7%) experienced severe stress.

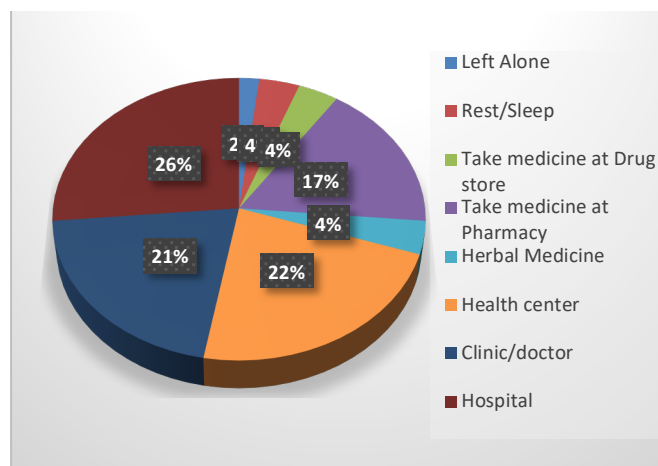


Diagram 2. Healthcare-seeking behavior of hemodialysis patients at Mojokerto City Hospital in May 2021

Diagram 4.2 shows that healthcare-seeking behavior among CKD patients undergoing hemodialysis included 26% going to the hospital, 22% to a doctor/clinic, 21% to a community health center, 17% taking medication purchased at a pharmacy, 4% taking medication purchased at a drugstore, 4% taking herbal medicine, 4% resting/sleeping, and 2% simply leaving the situation alone.

Hypothesis testing was conducted using the Spearman Rank test and analyzed using SPSS 24 for Windows software to find the relationship between Stress Levels and health-seeking behavior of Chronic Kidney Failure patients. $P = 0.025$ was obtained with a value of $\alpha = 0.05$ where $p < \alpha$ means H_0 is rejected and H_1 is accepted, indicating that there is a relationship between Stress Levels and health-seeking behavior of Chronic Kidney Failure patients with a correlation coefficient of -0.282, which means it has a weak negative relationship where the lighter the stress level, the better the health-seeking behavior.

DISCUSSION

In terms of the length of hemodialysis therapy, respondents who underwent therapy for <12 months experienced moderate stress levels of 80.6%. Patients who are medically diagnosed with chronic diseases must undergo therapy in relation to treatment to improve and support their quality of life that lasts for a long time, even for a lifetime, and requires time for the process of adjustment or adaptation to the therapeutic actions that must be undergone (Isroin, 2017). Patients who have just undergone long-term therapy or treatment will experience higher levels of stress due to feeling anxious not only thinking about their condition but also thinking about the long-term therapy or treatment that must be undergone for the rest of their life, while patients who have undergone

therapy or treatment for a long time will experience lighter levels of stress because the patient has been able to adapt or can adjust to the condition and also the therapy or treatment that must be undergone (Isroin, 2017). Based on the facts and theories above, the researcher argues that related to patients who are medically diagnosed with chronic diseases and the duration of hemodialysis therapy <12 months experience moderate stress. This is consistent with research by Suprihatiningsih & Rully (2019), which found that respondents who were in the early stages of therapy (less than 12 months) experienced higher levels of stress. This was due to anxiety about their condition and the therapy they would undergo. Meanwhile, patients who had been in therapy for longer, or more than 12 months, were already in the acceptance phase of their condition, resulting in significantly lower or milder stress levels.

Regarding family support, 14 respondents who sought medical care at the hospital received it. Health-seeking behavior is the act of seeking assistance from others perceived to have the necessary skills to resolve health problems. This health-seeking behavior is divided into three types: emotional support in the form of attention, acceptance, and motivation/support; informational support; and instrumental support (Sinaga et al., 2021). The study found that respondents who received emotional support from their families when facing health problems sought appropriate medical care, going to the hospital.

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remedies.

CONCLUSION

From the results of the study, it can be concluded that respondents experienced moderate stress levels of 49.2%, mild stress of 38.1%, and severe stress of 12.7%. Health-seeking behavior of CKD patients undergoing hemodialysis 26% went to the hospital, 22% went to the doctor/clinic, 21% went to the community health center, 17% took medication purchased at the pharmacy, 4% took medication purchased at the stall, 4% took herbal medicine, 4% rested/slept and 2% just left alone. There is a weak negative relationship where the lighter the stress level, the better the health-seeking behavior.

SUGGESTION

It is hoped that the management of Gatoel Hospital can plan or develop a program to reduce the stress levels of patients and families by providing education in the form of health education about CKD and education related to the behavior of seeking appropriate health assistance to prevent complications and the importance of family support for patients during lifelong hemodialysis therapy to reduce their stress levels

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