

Self-efficacy and quality of life among patients undergoing continuous ambulatory peritoneal dialysis

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ABSTRACT

Background: Continuous Ambulatory Peritoneal Dialysis (CAPD) is a form of chronic peritoneal dialysis for patients with chronic kidney disease. It is carried out 3-5 times per day, 7 days per week with each time the dialysis fluid in the peritoneal cavity (dwelltime) for more than 4 hours. Through so many procedures to go through in each dialysis, it is not uncommon to affect the patient's quality of life.

Objectives: To find out the correlation between self-efficacy and the quality of life among patients undergoing continuous ambulatory peritoneal dialysis.

Methods: This study is quantitative research with a cross-sectional research design. The population employed all chronic kidney failure patients undergoing CAPD at Kasih Ibu Surakarta Hospital in 2023, with a total of 42 patients. The sample involved 42 samples selected using total sampling technique. Data collection used a self-efficacy questionnaire and quality of life questionnaire which its test consisted of univariate and bivariate using Chi-square test

Results: The number of respondents having self-efficacy in the good category as many as 25 respondents (59,5%); the number of respondents with a quality of life in the good category is 29 respondents (69,0%); the Chi Square test results reveal that the amount of p-value obtained is 0,011 (p-value less than 0,05) means there is a correlation between self-efficacy and the quality of life among patients undergoing Continuous Ambulatory Peritoneal Dialysis (CAPD) at Kasih Ibu Surakarta Hospital.

Conclusions: There is a correlation between self-efficacy and the quality of life among patients undergoing Continuous Ambulatory Peritoneal Dialysis (CAPD) at Kasih Ibu Surakarta Hospital with a p-value of 0,018 (<0,05).

KEYWORD: chronic kidney disease; quality of life; self-efficacy;

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INTRODUCTION

Chronic kidney failure is characterized by a gradual (chronic) deterioration in kidney function, typically resulting from various kidney diseases. This condition progresses over time and typically does not reverse. Consequently, the body's ability to maintain metabolic balance and fluid electrolytes fails, leading to the accumulation of uremic toxins or uremia (1). Chronic kidney disease itself is a non-communicable disease that has a major impact on morbidity, mortality, and socioeconomics of the people. More attention is necessary regarding to this condition (2).

According to the data released by the World Health Organization (WHO) in 2022, it is known that the prevalence of chronic kidney failure in the world had reach 10% of the total population (3). The total number of individuals suffering from chronic kidney failure with stages 1-5 in the world is estimated at 843,6 million (4). In Indonesia, the number of people suffering from kidney failure has increased from 0,20% in 2013 to 0,38% in 2018 (5). This indicates that as many as 713.783 people in Indonesia were diagnosed with chronic kidney failure (6). Patients with end-stage chronic kidney disease must immediately receive renal replacement therapy to maintain their lives (7). This therapy can be in the form of haemodialysis (HD), peritoneal dialysis consisting of Continuous Ambulatory Peritoneal Dialysis (CAPD), and Continuous Cyclic Peritoneal Dialysis (CCPD) or kidney transplantation (8). Continuous Ambulatory Peritoneal Dialysis (CAPD) represents a

method of chronic peritoneal dialysis for patients with chronic kidney disease. This dialysis employs a semi-permeable peritoneal membrane as the primary dialysis membrane. The basic concept of CAPD is the ultrafiltration process, which occurs between the dialysis fluid entering the peritoneal cavity and the plasma in the blood. Continuous Ambulatory Peritoneal Dialysis (CAPD) is performed three to five times per day, seven days per week with each time the dialysis fluid in the peritoneal cavity (dwelltime) is more than 4 hours. The dwell time during the day is usually 4-6 hours, while the night time is 8 hours (9). Continuous Ambulatory Peritoneal Dialysis (CAPD) itself has several advantages when compared to other chronic kidney failure therapies, including a simpler method, no machines used, costs less, and does not require certain public facilities (10). However, CAPD can also cause complications that trigger several problems, such as psychological problems, lifestyle, physical and social problems, which in turn can affect the quality of life of patients (11).

Quality of life is a state where a person gets satisfaction and enjoyment in their daily life. It involves physical health and mental health, which means that if a person is physically and mentally healthy, that person will achieve satisfaction in life (12). Quality of life is also defined as a person's level of satisfaction with their life. Therefore, in order to achieve a good quality of life, one must be able to maintain a healthy body, mind, and soul. This way all functions can be performed

without interference (13). Quality of life itself is also an important part of health care interventions as a reference for the success of an action, intervention or therapy, especially in chronic diseases because improving quality of life can reduce complications caused by therapy in chronic diseases (14).

The quality of life of chronic kidney failure patients undergoing dialysis therapy is influenced by various factors ranging from gender, age, education level, marital status, employment status, economic status, individual perceptions, motivation, expectations, and standards that become individual beliefs (self-efficacy) of the patient (15). One of the factors that plays an important role in the quality of life of chronic patients undergoing dialysis therapy is self-efficacy (16). It is defined as a belief that determines how a person thinks, motivates himself, and how he finally decides to perform a behaviour to achieve the expected goal (17). Patients with confidence in their ability to perform self-care will be more likely to perform the task. Therefore, individuals with high self-efficacy will be better able to manage their quality of life (18). In addition, self-efficacy can also support a person's compliance in treatment so that it can increase the level of recovery and self-confidence. With good self-confidence, it can improve one's quality of life (19).

The results of research conducted by (20) regarding the correlation between self-efficacy and the quality of life of patients with chronic kidney failure undergoing haemo-

dialysis in the Kuranji Public Health Center/ Puskesmas work area in Padang City, found that there was a significant correlation between self-efficacy and the quality of life of patients with chronic kidney failure undergoing haemodialysis in the Kuranji Puskesmas work area in Padang City. The results of other research conducted by (21) found that there is a significant correlation between self-efficacy and the quality of life of chronic kidney failure patients undergoing haemodialysis. Self-efficacy that is instilled in the chronic diseases patients, in this case kidney failure is proven to be able to improve the quality of life kidney failure patients undergoing CAPD therapy. Therefore, it can be concluded that the better the self-efficacy, the better the quality of life by the individuals.

Based on the results of preliminary studies conducted by researchers at Kasih Ibu Surakarta Hospital in November 2023, it is known that related to aspects of patient quality of life, each patient undergoing continuous ambulatory peritoneal dialysis has a different quality of life, where some patients undergoing CAPD therapy revealed that they often experienced sleep disturbances, shortness of breath, stress, and are unable to carry out daily activities due to the disease experienced. Some other patients also feel bored with CPAD therapy as they feel they are not getting better, so they can only surrender to God. In addition, there are also some patients who have confidence that the CAPD therapy performed will be able to cure the disease suffered, these patients

always routinely undergo CAPD therapy at Kasih Ibu Surakarta Hospital.

MATERIALS AND METHODS

This was quantitative research with a descriptive correlation research design using a cross-sectional approach. This design was adjusted to the objectives for determining the correlation between self-efficacy and the quality of life among patients undergoing continuous ambulatory peritoneal dialysis. This research was conducted at Kasih Ibu Surakarta Hospital which is located at Jalan Slamet Riyadi, No.404, Purwosari, Laweyan, Surakarta City, Central Java in December 2023. The population in this study involved all patients with chronic kidney failure who underwent CAPD at Kasih Ibu Surakarta Hospital in 2023, as many as 42 patients because it used the total sampling technique. The instrument used to assess self-efficacy is the self-efficacy questionnaire which has been tested for validity and reliability by previous research, namely (22) with the title Malnutrition score and Body Mass Index as nutritional screening tools for hemodialysis patients, which stated that 25 items were valid with a calculated r value of 0.843 to 0.901 and reliable with an alpha value of 0.941. Quality of Life in patients undergoing CAPD was measured using The World Health Organization Quality of Life (WHOQOL)-BREF questionnaire taken from Amanda's research in 2022 entitled "Determinants of Quality of Life of Chronic Kidney Failure Patients Running Hemodialysis at General Regional

Hospital/RSUD Harapan Dan Doa Bengkulu City in 2022". The questionnaire had previously been tested for validity and reliability with the results stating that 26 question items are valid with an r value of 0,765 to 0,973 and reliable with an alpha value of 0,841. Univariate analysis was used to produce frequency distribution and percentage results of self-efficacy and quality of life variables, while bivariate analysis used Chi Square test.

Table 1. Characteristics of respondent

Characteristics	Category	Frequency (f)	Percentage (%)
Age	< 25 years	4	9.52
	26-35 years	16	38.1
	36-45 years	14	33.33
	46-56 years	8	19.05
Gender	Male	22	52.4
	Female	20	47.6
Education	Junior High School	7	16.7
	Senior High School	30	71.4
	D3	2	4.8
	Bachelor Degree	3	7.1
	Occupation	Unemployed	7
Occupation	Private	21	50
	Self-employed	12	28.57
	Civil Servant/PNS	2	4.76
	Duration of CAPD	< 1 years	7
Duration of CAPD	years	12	28.57
	> 2 years	23	54.76
Total		42	100%

Source: Primary data (2023)

RESULTS AND DISCUSSION

RESULTS

Characteristics of respondents based

on age, gender, education, occupation, and duration of CAPD can be seen in **Table 1**. Based on the results of univariate analysis, it is known that the description of self-efficacy among patients undergoing CAPD can be seen in **Table 2**.

Table 2. Frequency distribution of respondents' self-efficacy and quality of life

Category	Frequency (f)	Percentage (%)
Self-Efficacy		
Less	17	40.5
Good	25	59.5
Total	42	100%
Quality of Life		
Less	13	31
Good	29	69
Total	42	100%

Source: Primary data (2023)

Based on **Table 2**, it is known that 17 respondents (40,5%) have poor category self-efficacy. Meanwhile, the number of respondents who had good category self efficacy is 25 respondents (59,5%). The number of respondents with a quality of life in the poor category is 13 respondents (31,0%). While respondents with a good quality of life were 29 respondents (69,0%).

Bivariate analysis in this study aims to determine the correlation between self-efficacy and the quality of life among patients undergoing CAPD. Bivariate analysis was performed using the Chi-Square test. The results of the Chi Square test can be seen in **Table 3**.

Based on **Table 3**, it can be seen that the number of respondents who have less

self-efficacy and have a poor or less quality of life category is 9 respondents (21,4%). Meanwhile, respondents who have less self-efficacy, but have a good quality of life are 8 respondents (19,0%). Then, respondents who have self-efficacy in the good category, but have a poor quality of life category are 4 respondents (9,5%). Respondents who have self-efficacy in the good category and have a good quality of life are 21 respondents (50,0%). The Chi Square test results reveal that the amount of p-value obtained is 0,011 (p-value less than 0,05) means there is a correlation between self-efficacy and the quality of life among patients undergoing Continuous Ambulatory Peritoneal Dialysis (CAPD) at Kasih Ibu Surakarta Hospital

Table 3. Test Results of Chi-Square

Self-Efficacy	Quality of Life of CAPD Patients				P-Value
	Less		Good		
	f	(%)	f	(%)	
Less	9	21.4	8	19	0.011
Good	4	9.5	21	50	
Total	13	31	29	69	

Source: Primary data (2023)

DISCUSSION

Based on **Table 1**, it is known that the majority of respondents are between 26-35 years old as many as 16 respondents (38,10%) (23). The majority of gender respondents are male as many as 22 people (52,4%). Based on the latest education level, the majority of respondents have the latest education at the high school level with a total of 30 people (71,4%). The classification of

employment characteristics is known that the majority of respondents have private jobs with a total of 21 respondents (50,0%). Furthermore, based on the length of CAPD therapy, the majority of respondents have undergone CAPD therapy for more than 2 years as many as 23 respondents (54,76%) (24).

One of the factors that influence the number of patients with self-efficacy in the good category in this study is the age of the respondents, the majority of whom are 26-35 years old or the early adult stage. Where at that age, there are several changes in the physical, physical and psychological aspects and in the level of thinking of a person is maturing. This is in line with the opinion of (25), which explains that the factors that influence self-efficacy are cognitive processes, motivational processes, affective processes, and selection processes. In someone who enters the adult phase, there are changes in the physical, physical, and psychological aspects, a person's level of thinking is more mature. So that there is an increase in self-efficacy for the better quality.

According to the researcher's assumption, the number of respondents who had less self-efficacy in this study was influenced by occupational factors, where most patients undergoing CAPD had private jobs. This led to the complexity of the tasks faced by the respondents, where the respondents still had to work and undergo CAPD therapy, which was quite time consuming. So that there is task complexity for CAPD patients which has an impact on low self-efficacy (26). Explains

that when dealing with difficult tasks, individuals are busy thinking about their shortcomings, the disturbances they face, and all the results that can harm them. This has an impact on their low self-efficacy. This is in line with the results of research conducted by [20], which found that there were more than half (69,6%) of respondents who had good self-efficacy; there is a positive correlation between home health care and patient self-efficacy (27).

One of the factors that influence the number of patients who have a good quality of life in this study is the education factor. Most respondents have a high school education level (SMA). The quality of life of patients with chronic kidney failure undergoing dialysis therapy is influenced by educational factors where the higher the level of education the better the patient's quality of life (28). The high significance of the comparison of highly educated patients increased in functional limitations related to emotional problems over time compared to patients with low education and found a better quality of life for highly educated patients in the physical and functional domains, particularly in physical function, energy/fatigue, social function, and limitations in role function related to emotional problems.

In addition, according to the results of the study, it is also known that one of the factors influencing the presence of respondents with low quality of life in this study is the length of dialysis therapy, where most respondents have undergone CAPD

therapy for > 2 years(15). Explains that dialysis therapy refers to a factor associated with the quality of life of patients with chronic kidney failure. Where the longer haemodialysis carried out by CKD, the worse the quality of life experienced, while patients who have just undergone haemodialysis therapy have a good quality of life. This is in line with the results of the researcher's initial study, which found that some patients undergoing CPAD therapy felt bored as they felt they were not getting better, so they could only surrender to God. The results of this study are in line with the results of research conducted by (20) which found that more than half of respondents (63,6%) had a good quality of life. Where the majority of respondents who have a good quality of life are due to respondents' understanding of kidney failure and the importance of haemodialysis is very good. Quality of life is understood to be both subjective and multidimensional. Because it is subjective, it is best measured from the patient's perspective. Because it is multidimensional, its measurement requires the investigator to inquire about a range of areas of the patient's life (29). This is related to the quality of life of patients, especially physiological quality.

Based on **Table 2** results of the analysis, it is known that the majority of patients undergoing CAPD at Kasih Ibu Surakarta Hospital have self efficacy in the good category with a percentage of 59,5%. Meanwhile, the remaining of 40,5% have less category self-efficacy. This is the result of

interactions between the external environment, self-adjustment mechanisms and personal abilities, experience, as well as education (30). Self efficacy is also defined as a belief that determines how a person thinks, motivates himself, and how he finally decides to perform a behaviour to achieve the expected goal (17). Several factors that influence the formation of self-efficacy include experiences of success, experiences of others, social persuasion, and physiological and emotional states (31).

Self-efficacy is also defined as a belief that determines how a person thinks, motivates himself and how he finally decides to perform a behaviour to achieve the desired goal (32). Patients who have confidence in their ability to perform self-care will be more likely to perform the task. Therefore, individuals with high self-efficacy will be better able to manage their quality of life (18). In addition, self-efficacy is also able to support a person's compliance in treatment so that it can increase the level of recovery and self-confidence. With good self-confidence, it can improve one's quality of life (19).

The results of this study found that the majority of patients undergoing CAPD at Kasih Ibu Surakarta Hospital had a good quality of life with a percentage of 69%. Meanwhile, the remaining of 31% had a poor quality of life. It is a condition that makes a person get satisfaction or enjoyment in daily life, which involves physical health and mental health (15). Quality of life is also defined as the degree to which a person

enjoys satisfaction in his life. To achieve quality of life, a person must be able to maintain a healthy body, mind and soul, so that a person can carry out all activities without any interference (13). Quality of life becomes a predictor in patients with chronic diseases, making it the main target in long-term patient management(33) while the predictor factor that affects quality of life is the patient's past medical history (34).

Quality of life is the degree of satisfaction due to the fulfilment of external needs and individual perceptions of their position in life, in the context of the culture and value system in which the individual lives, and the relationship to goals, expectations, living standards and desires that are combined in full including physical health, psychological, independent level, social relationships, and relationships with the surrounding environment. So there is a term concludes that the lower the stress, the higher the quality of life (35). There are several factors that affect the quality of life of patients with chronic kidney failure, including gender, age, education level, marital status, employment status, economic status, individual perceptions, motivation, expectations, and standards that become individual beliefs (self-efficacy) of the patient himself (15).

Based on **Table 3** results of the analysis, it is known that the magnitude of the p-value obtained in the bivariate test is 0,011. Since the p-value is less than 0,05 ($0,018 < 0,05$), then H_a is accepted, which means that there is a correlation between self-efficacy

and the quality of life among patients undergoing Continuous Ambulatory Peritoneal Dialysis (CAPD) at Kasih Ibu Surakarta Hospital. Self-efficacy is an individual's belief in facing and solving the problems the individual faces in various situations and being able to determine actions in completing certain tasks or problems, so that the individual is able to overcome obstacles and achieve the expected goals. In patients with chronic kidney failure, self-efficacy is defined as a person's confidence in the success of self-care to produce ideal results (32).

Patients with chronic kidney failure who have high self-efficacy, self-care training will be easier to follow the treatment system for their illness, so that it will build compliance with the treatment provided. Meanwhile, someone who has low self-efficacy has an attitude that easily gives up, negative mindset, cheap anger, and a sense of constantly blaming himself for a failure and problem. In addition, self-efficacy can also support a person's compliance in treatment and can increase the level of recovery and self-confidence. With good self-confidence, it can improve one's quality of life (19).

The results of this study are in line with the results of research conducted by (20) regarding the correlation between self-efficacy and the quality of life of patients with chronic kidney failure undergoing haemodialysis in the Kuranji Puskesmas work area in Padang City. It was found that there is a significant correlation between self-efficacy and the quality of life of patients with chronic

kidney failure undergoing haemodialysis in the Kuranji Puskesmas work area in Padang City. The results of other research conducted by (21) also revealed that there is a significant correlation between self-efficacy and the quality of life of patients with chronic kidney failure undergoing haemodialysis, so it can be concluded that the better the self-efficacy, the better the quality of life of individuals.

CONCLUSION AND RECOMMENDATION

The conclusion drawn from this study indicates a significant relationship between self-efficacy and the quality of life among patients undergoing Continuous Ambulatory Peritoneal Dialysis with a p-value of 0,018 (<0,05). These findings suggest the potential for further research with expanded participant pools across different locations. Additionally, incorporating additional variables, such as family support and socio-economic factors related to the quality of life of patients with kidney failure could enhance the generalizability of the results.

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