THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND DEATH ANXIETY IN THE ELDERLY UNDERGOING HEMODIALYSIS

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ABSTRACT

Background. Hemodialysis therapy can raise stressors which are able to cause death anxiety due to the occurrence of comorbidities after renal failure which are unavoidable even though undergoing hemodialysis. The purpose of this study was to investigate the relationship between family support and death anxiety in the elderly who were undergoing hemodialysis. **Method.** This study used a quantitative research technique with a cross-sectional approach. To determine the sample, a total sampling technique was adopted with the sample size of 43 people. **Results.** The measurement instruments used in this study were the family support questionnaire to measure family support with the (r) value of 0.97 and reliability value of 0.85, and the death anxiety questionnaire to measure death anxiety with the validity value of 0.367-0.724 and reliability value of 0.806. The respondents consisted of 32 elderly men and 11 elderly women. Hypothesis testing using Chi Square with the analysis between family support and death anxiety revealed the p value = 0.000, which means that there was a relationship between family support and anxiety level in the elderly who were undergoing hemodialysis. **Conclusion.** Family support has an important role in reducing the level of pressure in dealing with problems. Optimal family support can reduce death anxietyin the elderly who are undergoing hemodialysis.

Keywords: death anxiety, family support, elderly undergoing hemodialysis

INTRODUCTION

Physical or biological deterioration is a normal process caused by the aging process and can lead to decreased organ function. The decline that occurs is a decrease in the sensory system, the musculoskeletal system, cardiovascular system, respiratory system, urinary system, digestive system and reproductive system so that it can disrupt health stability and cause disease vulnerability in the elderly (Padila, 2013). Factors causing the elderly to suffer from chronic renal failure besides the decreased body function are hypertension with the prevalence of 34.1%, obesity with the prevalence of 21.8%, and diabetes mellitus with the prevalence of 8.5%.

Riskesdas 2018 reported that the prevalence of renal failure in Indonesia has increased from 0.2% in 2013 to 0.38% in 2018. Increasing age is also the highest prevalence of a person suffering from renal failure; the age of 55-77 years has the highest prevalence in 2018, that is, 7.21-8.23%, while the age of 75 years and over

has 7.48% of people with renal failure (Riskesdas, 2018). The Indonesia Renal Registry revealed that the highest proportion of patients are those who are 46-64 years old (IRR, 2018).

Hemodialysis therapy can cause stressors which are able to raise death anxiety due to the occurrence of comorbidities after experiencing renal failure which cannot be avoided even though undergoing hemodialysis (Sopha and Wardhani, 2016). Deaths in patients undergoing hemodialysis during 2015 were recorded as 1,243 people with the highest life expectancy of only 6-12 months; therefore, this resulted in very low life expectancy in the elderly due to renal failure and hemodialysis (Infodatin, 2017). According to Erikson, the elderly in their development stage have a duty to prepare themselves for their death, thereby raising awareness about death and making someone prepare themselves to face the death process.

The elderly who are undergoing hemodialysis need proper social support, one of which is family. Family has developmental tasks to maintain the relationships with children and the community, and accept and prepare for death. These family roles are obviously crucial. Family support is needed for family members who are undergoing hemodialysis since it can provide assistance to them such as attention, empathy, support, input or advice, and knowledge (Sahara, 2013).

METHODS

This research was a type of quantitative study with a cross-sectional approach. The sampling technique adopted total sampling with the sample size of 43 people. This research has gone through an ethical feasibility test at the Faculty of Nursing, Universitas Jember with the letter number 3557 / UN25.1.14 / SP / 2020. The measurement instrument used in this study was the family support questionnaire compiled by Hezlin Ivana Marbun (2017) consisting of 20 questions with 4 components based on the concept of family support, namely instrumental support questions (1-5), informational support questions (6-10), emotional support questions (11-15), and assessment support questions (16-20). The score for "always" response to the questions is 4, "often" is 3, "rarely" is 2, and "never" is 1. In addition, another instrument was the death anxiety questionnaire compiled by Anneke Dewina (2018) consisting of 15 questions with some indicators, namely thought about death (1-6), representation of death (7-11), subject of death (12-14), and anxiety about the future (15). The score for "strongly disagree" responseis 1, "neutral" is 3, and "strongly agree" is 5.

The validity test on the death anxiety questionnaire obtained the range value (r) of 0.367-0.724. Meanwhile, the family support questionnaire hadthe (r) value of 0.97. The reliability test of the death anxiety questionnaire using the alphacronbach test resultedin the value of 0.806. With this result, death anxiety instrument was declared reliable. The family support questionnaire obtainedthe reliability value of 0.85.

RESULTS
Characteristics of Respondents

The general data in this study describe the characteristics of each respondent who was undergoing hemodialysis. The elderly who became respondents in this study were 43 people. The description of the characteristics of the elderly is shown in table 1.1 as follows.

Table 1. The Characteristics of the Elderly Who Were Undergoing Hemodialysis (n = 43)

Variable	Frequence (person)	Percentage (%)
Age :		
Early Elderly (46-55 Years Old)	20	46.5
Late Elderly (56-65 Years Old)	18	41.9
Senior (66-90 Years Old)	5	11.6
Total	**43**	**100.0**
Gender :		
Male	32	74.4
Female	11	25.6
Total	**43**	**100.0**
Last Education :		
No school	2	4.7
Primry School	12	27.9
JHS	9	20.9
SHS	9	20.9
College	11	25.6
Total	**43**	**100.0**
Pekerjaan:		
Private	5	11.6
Entrepreneur	11	25.6
Civil servant	11	25.6
No work	16	37,2
Total	**43**	**100.0**

Family Support

An overview of family support for the elderly undergoing hemodialysis at RumahSakit Perkebunan JemberKlinikcan be seen in table 2 below:

Table 2. The overview of family support for the elderly undergoing hemodialysis (n = 43)

Characteristics	Frequence (person)	Percentage (%)
Family Support :		
Less (20-40)	3	70
Sufficient (40-60)	9	20.9
Good (60-80)	1	72.1
Total	43	100

The results of the study showed that most of the elderly respondents undergoing hemodialysis (31 people/72.1%) received proper family support. The family also provided emotional support by waiting beside the client's bed during the hemodialysis process; having a chat with the client; feeding the client while eating; preparing food according to the client's dietary pattern; and fetching toileting needs such as a potty. Instrumental support provided by the family involved taking clients to the hospital with their own vehicles or by renting vehicles; preparing health insurance for the continuity of the hemodialysis therapy process; and

preparing documents for administrative purposes.

The supporting information obtained by the researchers during the research process is that the family mingled when the client communicated with fellow hemodialysis clients, and the family supported the client to socialize with the surrounding community. However, during the pandemic, the family always reminded the client not to frequently have contact with the surrounding people. Cognitive support recorded by the researchers during the interview process with the client is that the family provided information related to the client's diet, reminded the client to maintain a diet and avoid prohibited foods, and always involved the client in some matters that must obtain approval.

Death Anxiety

The description of death anxiety in the elderly undergoing hemodialysis can be seen in table 3 below:

Table 3. Description of the Distribution of Anxiety Facing Death in the Elderly Underwent Hemodialysis (n = 43)

Characteristic	Frequence (Person)	Percent age (%)
Kecemasan Menghadapi Kematian :		
Death anxiety Low (15-35)	31	72.1
Death anxiety Suciffient (36-55)	9	20.9
Death anxiety High (56-75)	3	7.0
Total	43	100

The results of the study showed that most of the elderly respondents (31 people/72.1%) who were undergoing hemodialysis had a low level of death anxiety. During the research process, the clients said that they were sincere in dealing with the therapy process, and were resigned to undergoing it. This is because the therapy is a procedure that must be followed, and there is nothing to regret.

The Relationship between Family Support and Death Anxiety in the Elderly Undergoing Hemodialysis

The bivariate analysis aimed at analyzing the relationship between family support and death anxiety in the elderly undergoing hemodialysis. The analyzed two variables had an ordinal data scale, thus the data analysis adopted a non-parametric test with the Chi Square test. Analysis of the relationship between family support and death anxiety in the elderly undergoing hemodialysis is presented in table 4 below:

Table 4. relationship between family support and death anxiety in the elderly undergoing hemodialysis

Characteristic Family Support	Death Anxiety						Total		p value
	Death anxiety Low (15-35)		Death anxiety Sufficient (36-55)		Death anxiety High (56-75)		f	%	
	f	%	f	%	f	%			
Less (20-40)	0	0	0	0	3	7,0	3	7,0	
Sufficient (40-60)	31	72,1	9	20.9	0	0	9	20,9	0,000
Good (60-80)	0	0	0	0	0	0	31	72,1	
Total	**31**	**72,1**	**9**	**20,9**	**3**	**7,0**	**43**	**100**	

DISCUSSION
Family Support for the Elderly Undergoing Hemodialysis

Based on the results of this study, it is known that high family support for the respondents affected the level of the elderly's death anxiety. If families provide maximum support for the elderly, they will feel loved. On average, family support for the respondents was good; the elderly were brought to the hospital for hemodialysis, and were provided both material and social support.

In line with previous studies, family support has an important role in the process of treating various chronic diseases, and plays an important role in individual mental health. Family support is crucial in reducing the level of pressure in dealing with problems. High family support is significant in coping with problems compared to those without family support (Sahara, 2013).

Family support is a functional form of social support. Family support is a type of interpersonal relationship which has the aim of increasing the ability of individuals to adapt themselves to problems by providing a supportive function; that is, by giving assistance to individuals either directly or indirectly. According to Sahara (2013), when individuals face a stressor, families will have a significant role in inhibiting, reducing, and preventing the negative effects of the stressor. The ties that exist in the family will have a buffering effect on the impact of the stressor. This effect will appear when families are able and ready to provide supportive sustenance to individuals, and provide the feeling of mutual love.

This study found that family support for hemodialysis patients plays an important and influential role in dealing with individuals' problems since it is an interpersonal relationship which is able to increase adaptation in coping with problems, comfort, care, and reward. Family support also makes hemodialysis

patients able to accept their conditions and prevent the effect (Wiliyanarti and Muhith, 2019). Family is an support that can be empowered, because it is an inseparable part of the individual. Family is a part of humans who are always in touch with individuals every day. It is clinical when a person experiences various kinds of problems, one of which is disorder which can be a disease. Family involvement in client care decision making improves outcomes as a result of way and family support to work together (Stuart & Laraia, 2007). Behavior change is influenced by some factors such as need, motivation, attitude, and belief. Direct family empowerment, which is supported by sufficient knowledge and positive attitude, will increase the family's ability to care for clients (psychomotor ability) (Siswoyo and Holil, 2016).

Death Anxiety in the Elderly Undergoing Hemodialysis

In this study, the results showed that there were 3 elderly people who experienced high death anxiety. Elderly men experience high death anxiety. The respondents with high death anxiety were in the range of early elderly, late elderly, and elderly. In the early elderly, a man is the one who is responsible to meet the family's needs; as a result, the stressors faced are heavier and are compounded by the illnesses. The late elderly respondents experienced a transition period and still had the responsibility of being the head of the household. Then, the elderly who experienced the loss of a partner encountered excessive stressor level; this affected the level of death anxiety in elderly respondents.

A study conducted by Ika (2017) showed that 70.4% hemodialysis patients were in the level of not anxious. This study revealed that death anxiety was in the low category in which the occurring anxiety did not interfere with the hemodialysis process. This is because the respondents already had

resignation in facing death. In addition, the elderly had a positive perception of death as revealed by Wijaya et al. (2006). The elderly will prepare themselves better sincedeath is natural for every living thing in this world. This makes the elderly calmer and more prepared in facing death. In addition, the family support they received was excellent so that the elderly were more open and calm in facing death (Safitri, 2006).

The Relationship between Family Support and Death Anxiety in the Elderly Undergoing Hemodialysis

The elderly who had less family support possessed high level of death anxiety, while the elderly who received sufficient family support had moderate death anxiety, and the elderly who obtained good family support had low death anxiety. In line with Khorni's (2017) research, family support is integral in the concept of healthy illness in the elderly. Family plays a role as a support system providing direct care for the elderly who are sick.Thus,family can produce a good impact on physical, psychological, social, and environment.

Fotner & Neimeyer (1999) predicted that a person's physical condition can cause death anxiety. In addition, Kastenbaum (2000) stated that the level of death anxiety can increase if a person experiences stress or threats, such as problems, illness, or the death of someone he knows. According to Satiadarma & Zamarlita (2008) death anxiety can appear in patients with chronic diseases along with the weakening physical and psychological conditions.

Family support is central in the process of treating various chronic diseases, and it is pivotal in the individuals' mental health. Family support is able to reduce the level of pressure in facing problems. High family support is vital in coping with problems (Sahara, 2013).

CONCLUSION

There was a relationship between family support and death anxiety in the elderly undergoing hemodialysis with the p value of 0,000. The results of this study are expected to be a reference for nursing students to carry out further research using qualitative methods, or involve demographic data from patients such as BPJS, income, length of hemodialysis, distance from the patient's home, and marital status. The results of this study can strengthen information about family involvement in providing support to the elderly who experience death anxiety. Health workers are able to provide additional interventions to families and patients to prevent the elderly from experiencing death anxiety.

REFERENCES

Al Aziz, I. H. dan S. Sudiro. (2017). Hubungan dukungan keluarga dengan tingkat kecemasan pada pasien gagal ginjal kronis yang menjalani hemodialisis di rsud dr. soehadi prijonegoro sragen. *(Jkg) Jurnal Keperawatan Global*. 2(1):56–61.

Fortner BV &Neimeyer R.A. (1999). *Death Anxiety In Older Adults: A Quantitative Review.*; 23: 387-411.

Kementrian Kesehatan RI. (2017). *INFODATIN: Pusat Data dan Informasi Kementerian Kesehatan RI SituasiPenyakitGinjalKronis*. http://www.depkes.go.id/download. php?file=download/pusdatin/infoda tin/infodatin ginjal 2017.pdf-Diakses Desember 2019.

Padila.(2013). *Buku Ajar KeperawatanGerontik*.Yogyakarta : NuhaMedika.

Riset Kesehatan Dasar Riskesdas(2018). *Badan Penelitian dan*

Pengembangan Kesehatan Kementerian RI tahun 2018. http://www.depkes.go.id/resources/download/infoterkini/materi_rakorpop_2018/Hasil%20Riskesdas%202018.pdf–Diakses Desember 2019.

Sahara, M, Suryaningsih. (2013). HubunganDukunganKeluargaDenganDepresi pada PasienPenyakitGinjalKronikDiruangHemodialisis Blu RSUP Prof. Dr. RD. Kandou Manado. *EjournalKeperawatan*: Vol 1

Satiadarma, M. P. &Setiadji. S. V.(2008). HubunganantaraKecemasanterhadapKematian dan Resiliensi pada PenderitaPenyakitJantungKoroner.

Siswoyo, B. S. dan A. Holil. (2016). Terapi Psikoedukasi Menurunkan Kecemasan Keluarga Dalam Merawat Anggota Keluarga Yang Menderita Katarak. *NurseLine*. 1(2):237–245.

Sopha, R. F. dan I. Y. Wardhani. (2016). Stres dan tingkat kecemasan saat ditetapkan perlu hemodialisis berhubungan dengan karakteristik pasien. *Jurnal Keperawatan Indonesia*. 19(1):55–61.

Stuart & Laraia. (2007). *Principle and Practice of Psychiatric Nursing*. New York Press

Wijaya, F. S. dan R. M. Safitri. (2006). Persepsi terhadap kematian dan kecemasan menghadapi kematian pada lanjut usia. *Fakultas Psikologi, Universitas Mercu Buana, Yogyakarta*. 7.

WijayantiDyah, Dinarwiyata, dan Tumini. (2017). Self Care Management PasienHemodialisaDitinjaudariDukunganKeluarga di RSUD Dr. Soetomo Surabaya.*JurnalIlmu Kesehatan* Vol.6 No.1