



# The Life Experience of Patient Chronic Kidney Under Hemodialysis Treatment at Bandar Lampung Adventist Hospital

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## ABSTRACT

Chronic Kidney Failure (CKD) is a global health problem that shows a very high mortality rate. The one of the treatments in patients with chronic kidney failure is hemodialysis. Hemodialysis (HD) is very important for patients with chronic kidney failure because hemodialysis is uses to sustain life for people with chronic kidney failure and can prevent death but hemodialysis will not cure the kidney disease itself. Patients with chronic renal failure should undergo lifelong hemodialysis therapy. Patients' experience under hemodialysis therapy is very phenomenal because have a number of important problems both physically and psychologically as the effect of hemodialysis therapy. The objective of the research was to find out the life experience of patients chronic kidney failure under hemodialysis treatment. The research was a phenomenological descriptive study. The data were gathered by conducting in-depth interviews. The samples were 5 people, they were 3 male and 2 female, participants age ranged between 25- 60 years, with duration of received maintenance hemodialysis least one year. The samples taken by using purposive sampling technique. The interview was conducted at the hemodialysis room in Bandar Lampung Adventist Hospital. The result of the interviews was analyzed by using Creswell method. It was found that there were eight categories. The categories found in this research are cognator, regulator, role function physiological-physical, change of self-concept, role function, interdependence, development of self-efficacy and adaptive. The life experience of patients with chronic kidney failure and the coping mechanism they use is a way to develop knowledge in treating patients with chronic kidney failure comprehensively.

**Keywords:** Chronic Kidney Failure, Hemodialysis, The Life Experience

## INTRODUCTION

The kidneys are important organs for the body, because the kidneys have the function to regulate fluid volume, maintain acid-base balance, excrete metabolic remnants and a hormone regulating system (Kirnanoro&Maryana, 2017). Chronic Kidney Failure occurs due to failure of kidney function in maintainingthe metabolism and fluid balance of electrolytes due to progressive destruction of kidney structure with manifestations of metabolic (toxic uremic)

accumulation in the blood (Muttaqin& Sari, 2011). Chronic Kidney Failure is a progressive decrease in kidney function caused by systemic diseases such as hypertension and diabetes mellitus or kidney disease itself such as: chronic glomerulonephritis, chronic pyelonephritis, and obstruction. The diagnosis of chronic renal failure is made if the glomerular rate of  $\leq 60$  ml / minute /  $1.73m^2$  occurs  $> 3$  months (McCance, Huether, Brashers, & Rote, 2013).

Chronic Kidney Failure (CRF) is a world health problem that shows a very high mortality rate (National Kidney Foundation, 2015). Chronic Kidney Failure (CRF) occurs due to damage of the structure and kidney function that lasts  $\geq 3$  months along with a decrease in Glomerular Filtration Rate (GFR)  $< 60$  ml / minute /  $1.73m^2$  (Indonesian Renal Registry, 2011). According to data from the Indonesian Renal Registry (2015), it was shown that in 2014 the largest age group of patients with CRF was age 45–54 years and 55–64 years, whereas in 2015 the largest age group of patients with CRF was between the ages of 46–64 year. Based on data from the Global Burden of Disease Study between 2005-2015 the prevalence of kidney disease increased 39.5% globally, and Latin America was the country with the most kidney disease (International Society of Nephrology, 2015). Indonesia is a country with a high rate of CRF. According to data from the Indonesian Nephrology Association in 2014 there were 11,689 patients undergoing dialysis and in 2015 it increased to 30,554 patients (Indonesian Renal Registry, 2015).

There are many factors that cause chronic kidney failure, including diabetes and high blood pressure. Other than the medical conditions, inherited diseases are also included as etiology. That is, individuals may be born with abnormalities that can affect their kidneys. The following are the most common types and causes of kidney damage: Diabetes, high blood pressure, glomerulonephritis, polycystic kidney disease, kidney stones, urinary tract infections, genetic diseases, drug induction and exposure to environmental toxins (Lusiana, 2017). Uremia is a syndrome that occurs due to decreased kidney function, and causes the final product of protein metabolism which should be excreted in the urine buried in the blood. The more piles of waste products, the more severe the symptoms will be (Brunner &Suddarth, 2013).

Dialysis is the process of removing fluids and waste products from the body when the kidneys are unable to carry out their functions. The purpose of dialysis is to maintain the life and well-being of patients until kidney function is restored. Treatment methods include hemodialysis, hemofiltration and peritoneal dialysis (Brunner &Suddarth, 2013). Hemodialysis is a process used in terminal stage kidney disease patients who need permanent therapy. A semipermeable synthetic membrane will replace the glomerulus and renal tubules that work as a filter for the

kidneys, when their functions have been disrupted (Brunner & Suddarth, 2013). Hemodialysis is done if the patient has reached the fifth degree of chronic renal failure by looking at the LFG value  $<15 \text{ ml / min / } 1.73 \text{ m}^2$ , then renal replacement therapy is needed to replace kidney function (Suhardjono, 2014).

Roy's Adaptation Model describes humans as open systems and adaptive systems that will respond to any event or change that occurs in the environment both internally and externally. The response can be in the form of an adaptive and maladaptive response, in accordance with coping mechanisms used by patients in dealing with the stressors they face. Roy also views the environment as an internal and external condition that can be arranged by nurses in order to help patients recover. Nursing activities are directed at creating an environment that enables healing and recovery of health. Besides that, nursing activities are also expected to be able to maintain and enhance the ability of the client's adaptation process to the stimulus in a more positive direction (Hasan, 2012). In nursing care, according to Roy as recipients of nursing care are individuals, families, groups, communities that are seen as "Holistic adaptive systems" in all aspects (bio, psycho, social) which are one unit. The system is a unit that is connected because of its function as a unit for several purposes and the interdependence of each of its parts. The system consists of input, output, control and feedback processes (Hasan, 2012).

Input (stimulus), Humans as a system can adjust to receive input from the outside environment and the environment in the individual itself. Broadly speaking, the stimulus can be divided into two types, namely: Internal Stimulus is the state of mental processes in the human body in the form of experience, emotional ability, personality and biological stressor processes originating from within the individual body and External Stimulus can be physical, chemical or psychological received by individuals as a threat (Kusuma, 2017). The control process is a coping mechanism that is manifested by ways of adjusting. Every effort is directed at managing stress, including efforts to resolve direct problems and self-defense mechanisms. There are 2 (two) coping mechanisms, namely: innate coping mechanism, which is determined by the genetic traits possessed and coping mechanisms that are learned, namely developed through learning strategies or experiences encountered during life (Kusuma, 2017). This control mechanism is divided into regulators and cognators which are subsystems. 1) Regulatory subsystem: An overview of responses related to changes in the nervous system, body chemistry, and endocrine organs, and is the main working mechanism that responds and adapts to environmental stimuli. and 2) cognator subsystem, a description of the response that is related to cognitive and emotional changes, including perceptions, information processes, learning,

making excuses and emotional. In maintaining one's integrity, regulators and cognators often work together. The level of one's adaptation as a system of adaptation is influenced by the development of the individual itself, and the use of coping mechanisms. By using the coping mechanism maximally, it develops a person's level of adaptation and increases the range of stimulus in order to respond positively (Hasan, 2012). These system responses can all be seen in four changes that exist in humans as adaptive systems, namely: physiological functions, self-concept, role function and interdependence.

Bandura defines self-efficacy as a person's self-assessment of his ability to plan and implement actions that lead to achieving certain goals. A person's beliefs about one's abilities also function as a way of how the individual behaves, has a mindset, and reacts emotionally to situations that are being experienced (Arova, 2013). Bandura states that self-efficacy can be obtained, studied, and developed from four sources of information. Basically, the four sources are stimulation or events that can provide inspiration or positive generation to try to solve the task or problem at hand. The sources of self-efficacy are: 1) Experience of Success and Achievement of Achievement, namely the source of self-efficacy expectations that are important because it is based on direct individual experience. 2) Other People's Experience is to observe the behavior and experience of others as individual learning processes. 3) Verbal Persuasion, namely an individual gets persuasion or suggestion to believe that he can overcome the problems he will face. 4) Physiological and psychological conditions, namely situations that suppress emotional conditions (Supayan, 2013). The purpose of this study is to examine more deeply the life experience of patients with chronic kidney failure who undergo hemodialysis and coping mechanisms used.

## **METHODS**

The method used is descriptive qualitative with a phenomenological approach. A descriptive phenomenology approach is based on everyday life experiences. The population of this study was CRF patients undergoing hemodialysis treatment at the Bandar Lampung Advent Hospital. There are 5 participants consisting of 3 men and 2 women, aged 25-60 years. The subjects of the study were CRF patients who underwent hemodialysis treatment 2x a week at Bandar Lampung Advent Hospital, had undergone at least 1 year of hemodialysis, used simino, and patients were in a state of compositional awareness. The study uses purposive samples, participants must have the same experience in accordance with the phenomenon to be studied and must be able to convey it clearly. This research variable is the experience of CRF patients

undergoing hemodialysis treatment while the related variables are Chronic Kidney Failure, Hemodialysis, and Factors that affect CKD patients in fulfilling self-care. The interview method used in this study. The tools used by researchers are: Tape recorders, stationery, mobile phones and research records. The interview results were analyzed by Creswell's method, namely: determining the phenomena studied through literature studies, collecting descriptions of phenomena through interviews and writing them in the form of transcripts or data in the form of photographs, reading all descriptions of the phenomena that have been conveyed by participants and citing various meaningful, organizing statements various collections of meanings are formulated into the form of interconnected categories and write them into a description, complete in research reports so that the reader is able to understand the life experience of patients with Chronic Kidney Failure undergoing hemodialysis therapy.

## RESULTS

The characteristics of each participant in this study will be described as follows:

Table 1. **Characteristics of Participants**

| Initials      | Age      | Work         | Last education      | Duration of Hemodialysis | Frequency of Hemodialysis (a week) |
|---------------|----------|--------------|---------------------|--------------------------|------------------------------------|
| Mrs S (K1)    | 54 Years | Housewife    | Junior High Schools | 1 Years                  | 2x a week                          |
| Mrs H (K2)    | 57 Years | Housewife    | Senior High Schools | 3 Years                  | 2x a week                          |
| Mr S (K3)     | 53 Years | The farmer   | Primary Schools     | 5 Years                  | 2x a week                          |
| Mr R (K4)     | 37 Years | entrepreneur | Senior High Schools | 3 ½ Years                | 2x a week                          |
| Bapak SN (K5) | 56 Tahun | Retired      | Junior High Schools | 5 Years                  | 2x a week                          |

Table 2. **Analysis of Category 1**

| Statements of Participant  | Categorical   |
|--|---|
| <p><i>"Well, confused, sad (laugh) ..." K1</i></p> <p><i>- "Yes, I'm surprised ..." K2</i></p> <p><i>- "Yes actually, how about it, actually I'm afraid (laugh) ..." K3</i></p> <p><i>- "Firstly I was obviously shocked. From a small age, as far as I remember, I never entered a hospital. So, I actually never had a severe illness. Flu is just normal, except fever. So, from birth I never touched the hospital. But once I</i></p> | <p>Cognator:</p> <p>-Be confused, shocked, sad, scared, shocked, angry, stressed, desperate, not calm mind calm</p> |

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| <p><i>entered the hospital, Igotin with conditions like this, of course surprised, first shock, there is also anger (coughing). Then, uh, more problems, actually psychological problems, huh. Psychologically fatal (coughing) ... "K4</i></p> <p><i>- "Yes, sad, stress is clear. But what else can I do? I have tried medical care there - here ... "K5</i></p> <p><i>- "Indeed, if you have severe kidney failure. Moreover, first of all, though, his mind is not confused, stressed, already broken up."K5</i></p> |  |
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**Table 3. Analysis of Category 2**

| Statements of Participant  | Categorical  |
|--|--|
| <p>- "Just at that time it was already discovered. I don't want to get dialysis, so for 3 months I just walked around. Just go back and forth to the hospital, go for a normal treatment. Well, when it was short of breath, I was taken to the hospital. Brought here, to Advent. From here, because I didn't realize it, so I got dialysis .. "K2</p> <p>- "Oh yeah, first of all, I don't think there's anything. Well I did get a little out of breath. So this feeling, yes that's it. Actually I'm afraid of that, you know. Because no, I don't usually feel like this, but then I felt like how come I can't sleep for three nights ... "K3</p> <p>- "Yes, the first dialysis was, obviously dizzy. When it was dizzy, I was shivering, and kind of out of breath, but after the second dialysis, the third one finally I had a rather good change .. "K5</p> <p>- "Yes, indeed yes, it's a bit better. But in fact, as time passed by, the more swollen, the worse the sleep is. Eating is also difficult. Every time I smell rice and vegetables, suddenly I just want to vomit. But after eating good food, the sleep is good ... "K5</p> | <p>Regulator:<br/>Shortness of breath, swelling, no sleep, dizziness, eating difficult, vomiting</p> |

**Table 4. Analysis of Category 3**

| Statements of Participant   | Categorical   |
|---|---|
| <p>- "Well, I just feel a bit more better. Usually after I went to dialysis, I felt my body got lighter and healthier. But if my treatment was a little late, it's going to be hard for you, like out of breath, and you got weaker... "K1</p> <p>- "There are no weaknesses. Yes, but that's the point. We have to, just have to be enthusiastic. Well the weakness is just that we are weak. We can't do works. Usually</p> | <p>Changes in physiological functions:<br/>- Short of breath, weakness, insomnia, lack of appetite, fever, disturbed vital signs, dizziness, shivering when first undergoing hemodialysis</p> |

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| <p>we go to the fields, we can work whatever, now we can't. So, sometimes it's kind of a hassle. We can't help it. It seems like how it is ... "K3</p> <p>- "Oh yeah, initially, yeah, it doesn't have anything. Just yes, it was miserable. Actually I'm afraid of that, you know. Because no, I don't, it's not usually like this, but how come I couldn't have sleep for three nights ... "K3</p> <p>- "Yes, the first dialysis was, obviously dizzy. When it was dizzy, I was shivering, but after the second dialysis, the third one finally had a rather good change .. "K5</p> <p>- "Yes, indeed yes, it's a little better. But in fact, as time passed by, the more swollen, the worse the sleep was. I felt like a little out of breath and I couldn't eat well. When I smell vegetables, the smell of rice, it makes me want to vomit continuously. After eating good food, the sleep was good ... "K5</p> |  |
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Table 5. **Analysis of Category 4**

| Statements of Participant   | Categorical   |
|---|---|
| <p>- "Yes, I have to keep the spirit, so I can take care of the children. Eh, so I want to be diligent, the important thing is that there is someone who can help them ... "K1</p> <p>- "So, it's not just a cure. So you have to keep up the spirit. From there, because I don't have to be passionate about it. From the beginning, at home, I got help when bathing, urinate, take care of the children. From there, what do I say, I don't want to trouble my children for life? Uh, that's where I'm excited, how do I have to get up ... "K2</p> <p>- "Yes, because of what? Maybe, this is my part. It's my fate. So if we imagine our condition now, then we should more grateful. Death, only GOD who knows. Even healthy people can, especially those of us who are sick. Then we just have to be enthusiastic, just take out time for treatment. We have to, just have to get treatment like that ... "K3</p> <p>- "The first is, wants to stay alive. That is the simplest answer then rather than regretting and being angry with God is not clear and</p> | <p>Change in self-concept:<br/>                     -Want to stay passionate for the family, the desire to survive, the desire not to bother the family, the desire to be grateful, do good for themselves and others</p> |

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| <p>with what has happened, my principle, is to appreciate life more. If God still gives you the opportunity to do something good for yourself, for friends, for others, I am very grateful ... "K4</p> <p>- "It is enough for myself to experience this kind of disease. If possible, all of my family should not experience this.</p> <p>- Well, I have to endure it by myself. "K5</p> |  |
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**Table 6. Analysis of Category 5**

| Statements of Participant  | Categorical  |
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| <p>- "Well, it's OK. Ah, it's a bit controlled now (laugh) ... "K1</p> <p>- "Yesl. Uh, no. No, because usually after dialysis, I felt kind of weaker. But if for example if I didn't do the treatment, yes, usually I'am more enthusiasted, then what activities do I do every day. Indeed, I am still active in the village, so (laugh). If for example,going to meetings or upgrading are still capable, I am so. Still, from the sub-district or to the regency, I still go back and forth. My routine every day. Because of this, what am I? It's stressful at home when it's at home. So if it were, be it now. In the past, it was indeed looking for money, if now it's not looking for money anymore, the important thing is I can get well like that. So the enthusiasm is the same with friends when meeting, all kinds of things like that. There are still many people who have never been sick. Uh, that kidney really is a strange disease. Back then I never felt pain in my waist.But then suddelny i was convicted of the disease ... "K2</p> <p>- "There are no weaknesses. Yes, but that's the point. We have to, just have to be enthusiastic. Yes, just, we are weak. Weak can't do business just like that right. Usually we go to the fields, we can work or whatever, now we can't. So, sometimes it's kind of a hassle when working at the field. We can't help it. "K3</p> <p>- "The women are the ones who ave to deal with eeverything in the house. Thinking of the fields, thinking that someone is sick</p> | <p>Change of role function:</p> <p>-Able to do his role in the social environment, unable to work can only do light work</p> |



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| <p>right? Make money. So, yes, that's what I think. Sometimes my feelings are like that ... "K3</p> <p>- "Well, he really is more about the job actually. When working, look for work that is not regular at the clock, so if you rest, tired, then take a break, if it's strong, then, work again ...</p> <p>- "I felt better. I can work again like before. Even if I have retired, I still work in the fields ... "K5</p> <p>- "Can work with my rubbers to produce money right? Back then, I was jobless. Just sit, sleep, eat, finally don't feel like eating. Now my work continues ... "K5</p> |  |
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**Table 7. Analysis of Category 6**

| Statements of Participant  | Categorical   |
|--|---|
| <p>"My husband, and parents. All the family... "K1</p> <p>- "Well they told me to keep my spirit, so I can take care of the children. I just have to be diligent ... "K1</p> <p>- "Well it's the children. No matter what happens I just have to do the treatment so I have to be enthusiastic. My husband isn't there, so these kids are the ones. My children are all in Java, but at this house there is only one middle schooler and some are already householders. Because my child is still in school, how do I do it, help them with their schools? I just have to get well ... "K2</p> <p>- "Yes, that is it. There are neighbors, also brother. Because I'm usually at home sometimes, now I can't just go home. Yes, sometimes meet friends, and chatting, bro. Ladies and gentlemen, yes, that gives me enthusiasm ... "K3</p> <p>- "(silent) Who supports it? Certainly parents support. Also, I friends, yeah, I mean friends, if in Lampung there aren't too many friends. But I still have a lot of old friends in Manado, periodically, they are still, still in contact, still chatting, still asking, still giving advices. Yes, it's normal, because indeed ... "K4</p> | <p>Changes in independence:</p> <p>-In the family environment, friends are always needed to continue to undergo hemodialysis.</p> |

**Table 8. Analysis of Category 7**

| Statements of Participant  | Categorical   |
|--|---|
| <p>"My husband, and parents. All the family...<br/>"K1<br/>- "Well they told me to keep my spirit, so I can take care of the children. I just have to be diligent ... "K1<br/>- "Well it's the children. No matter what happens I just have to do the treatment so I have to be enthusiastic. My husband isn't there, so these kids are the ones. My children are all in Java, but at this house there is only one middle schooler and some are already householders. Because my child is still in school, how do I do it, help them with their schools? I just have to get well ... "K2<br/>- "Yes, that is it. There are neighbors, also brother. Because I'am ususally at home sometimes, now I can't just go home. Yes, sometimes meet friends, and chatting, bro. Ladies and gentlemen, yes, that gives me enthusiasm ... "K3<br/>- "(silent) Who supports it? Certainly parents support. Also, I friends, yeah, I mean friends, if in Lampung there aren't too many friends. But I still have a lot of old friends in Manado, periodically, they are still, still in contact, still chatting, still asking, still giving advices.... "K4<br/>- "</p> | <p>Development of self efficacy:<br/>-Self high efficacy so as to be able to react positively to natural situations</p> |

Table 9. Analysis of Category 8

| Statements of Participant   | Categorical  |
|---|--|
| <p>- "First we must keepn our spirit. Continue to have dialysis routine. We shouldn't delay the treatment. Well I have delayed it once, because of blood transfussion. But it's not a big matter. Everythings fine."K2<br/>- "He, Eh, no. No, if it's after dialysis it seems like it's soft. But if for example it is not washed like that, yes, usually it is spirit, then what activities do I do every day. Indeed, I am still active in the village, so (laugh). If for example, ee, meetings or upgrading are still capable, I am so. Still there, just like that, from the sub-district or the district, I still paced. My routine every day, eee, he.</p> | <p>Adapt to yourself:<br/>Accept conditions with resignation and being able to adapt to family support</p> |

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| <p>Because of this, what am I? If it's at home it's stressful for us. So if it were, be it now. In the past, it was money, if now the important thing is out. So it's the spirit of friends when meeting, like people who have never been sick. Usually cumin because, just item. Too much of this item becomes visible. If it's a rich person, normal people ... "K2</p> <p>- "Maybe at first we're still in a good shape. But after that, we must control our eating and drinking, we must not be sloppy. Like, if he asks for my opinion, I'll tell him not to eat this or that, and you have to be strong. We don't know death for sure, because even healthy people can die suddelny like that, especially we sick people. Just accept our fate."K3</p> <p>- "Well, right now I'am not as shocked as before, and not in the position when people still told me that I am trying to refuse the reality. Now I'am just doing what I have to do."K4</p> |  |
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**Table 10. Analysis of Category 9**

| Statements of Participant   | Categorical  |
|---|--|
| <p>- "I don't think so. The nurses are fine, the treatment is good ... "K1</p> <p>- "In here, from the doctors to the nurses, there is no lacking. Because it seems, I'am very satisfied. Because it's like, it's like we just lie down, haven't slept yet. The bed has been installed, it's all ready. Because I've been in other hospitals. Initially we have been to, Immanuel continued to the public hospital. But it is as good as being in the other hospitals, it seems like this place is just gives you a different feeling... "K3</p> <p>- "This is in general, I think this is just my suggestion for the nurses here in HD. Patients that came here everyday are different, some came with a good feeling, and some came with frustrations. So we should be interpersonal. And well, there are senior nurses here that already did very well while interacting with the patients."K4</p> | <p>Adaptation to health workers at the hospital: Participants were able to adapt to health workers so that participants felt helped by good health care staff and were friendly in undergoing hemodialysis treatment. Participants also hoped that health workers could further enhance interpersonal skills and be able to respond more quickly to complaints from participants</p> |

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| <p>- "Well, for health workers, whatever the complaints from the patients are, it must be responded." K5</p> <p>-"Because of what? Here. The nurses here are friendly. Like our own family, like my own children. I always ask them to bring me this, bring me that, and they always helped me with care for sure."K6</p> |  |
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## DISCUSSION

In table 2, describes the Cognator category, where from the results of interviews found one of the participants expressed a feeling of shock, knowing that they had to wash their blood and despair not to wash the blood, two participants expressed fear because they had dialysis which had no time limit, two participants expressed feelings of shock because they knew about the disease and the dialysis process to be undertaken, another participant expressed feelings of sadness and stress due to the illness he experienced.

This is in accordance with the research conducted by Sandra Dewi and Dewi (2012) which states that patients undergoing hemodialysis therapy experience a change of feeling from moderate to severe in the form of stress on the illness suffered and treatment to be undertaken. Patients generally have a change in negative feelings when they first learn to suffer from Chronic Kidney Failure and must undergo routine hemodialysis treatment. Negative feelings that arise consist of feeling shocked, afraid to undergo dialysis for life, shock and confusion. Feelings of sadness, despair and stress also arise due to the treatment process that will be undertaken. based on Roy's Adaptation Theory and Self-Efficacy Theory, Cognator is a picture of the response that is related to cognitive and emotional changes, including perceptions, information processes, learning, making excuses and emotional.

In Table 3, describing the category of regulators, is a picture of the response that is related to changes in the nervous system, body chemistry, and endocrine organs, and is the main working mechanism that responds and adapts to environmental stimuli. This is in accordance with the research conducted by Simatupang, Nurmaini&Siregar (2014) that various attempts at hemodialysis patients to deal with problems that arise due to disease and even due to hemodialysis. In this study it was found that participants tried to find alternative treatments, trying to survive without having to undergo hemodialysis and trying to seek treatment in various other health facilities.

Table 4 describes the categories of changes in physical function. In this study, changes in physiological functions such as shortness of breath, weakness, insomnia, decreased appetite, edema, black skin and feeling uncomfortable, disturbed physical activity, feeling dizzy, feeling shivering when first undergoing hemodialysis. All participants experience changes in physiological function. The existence of physical changes will lead to physiological adaptations to maintain balance. The components of the physiological adaptation system include oxygenation, nutrition, elimination, activity and rest, integrity of the skin, senses, fluids and electrolytes, neurological function and endocrine function. This is in accordance with the research conducted by Septiwi (2011) which states that hemodialysis patients will experience decreased levels of Hb and albumin which cause a decrease in oxygen levels which can lead to weakness in activities.

Table 5 in the category of Change in self-concept, in this study, there was a change in self-concept in the form of the desire to remain enthusiastic for the family, the desire to survive, be grateful, do good for oneself and others, desire not to bother the family and hope that there is no more family member suffering from the same disease. The concept of self is related to psychosocial with a specific emphasis on the psychosocial and spiritual aspects of humans. The need for self-concept relates to psychic integrity, including perceptions, mental activities and expressions of feelings. Self-concept according to Roy consists of two components, namely the physical self and the personal self. The physical self, which is how a person perceives himself to be related to his bodily sensations and body image. Difficulties in this area are often seen when feeling lost. The personal self, which is related to self-consistency, self-ideal, moral-ethical and spiritual self-person. Anxiety, loss of strength or fear are severe in this area. This is in line with the research conducted by Farida (2010) which states that the patient's condition will make patients improve in performing worship.

Table 6 categories of role function changes, in this study it was found that 2 participants were still able to perform their roles well, 1 participant was still able to perform his role in the social environment and there were also participants who were no longer able to fulfill their duties optimally. Participants have not been able to work to produce costs in fulfilling their daily lives, participants can only do light work, some even have roles as family heads replaced by wives. Imbalance will affect a person's function and role. The role function recognizes the patterns of one's social interaction in relation to others, which are reflected in the primary, secondary and tertiary roles. The focus is on how a person can portray himself in the community according to his position. This is consistent with the research conducted by Hagita, Bayhakki & Woferst

(2013) that changes in social interactions arising from physical weakness occur in patients who have undergone hemodialysis.

Table 7 categories of Change in Interdependence, in this study it was found that all participants desperately needed family, friends and relatives to undergo hemodialysis. Interdependence is the final part of the mode described by Roy. The focus is interaction to give and receive love / affection, attention and mutual respect. Interdependence is the balance between dependence and independence in accepting something for himself. Dependency is indicated by the ability to be affiliated with others (Hasan, 2012). Independence is shown by the ability to take the initiative to take action for him. The inability of a person to integrate each component into a unified whole. This is in line with the research conducted by Aurova (2013) which states that social support sources of patients undergoing hemodialysis are obtained from husband / wife, family, friends. And according to Ratna's research (2010) that family support is an important factor for someone when facing health problems. Family support is very necessary to help reduce patient anxiety and increase morale.

Table 8 in the category of Development of self-efficacy, the results of this study found that all participants had high self-efficacy so that participants were able to react positively to the situation experienced. Bandura states that self-efficacy develops regularly. Babies begin to develop self-efficacy as an effort to train the influence of the physical and social environment. They begin to understand and learn about their abilities, physical abilities, social abilities aimed at the environment. The beginning of the growth of self-efficacy is centered on parents then influenced by siblings, peers, and other adults. Self-efficacy in adulthood includes adjustments to marital problems and career advancement. While self-efficacy in the elderly is difficult to form because at this time there was a decline in mental and physical, retired work and withdrawal from the social environment. So that self-efficacy starts from the baby, then develops into adulthood until the advanced age Self high efficacy will be able to spur active involvement in an activity or task which will then improve one's competence. Conversely, low self-efficacy can encourage someone to withdraw from the environment and activities so that it can hinder the development of their potential. This is consistent with research conducted by Raziansyah, Widyawati and Utarini (2012) that the expectations of individual patients are oriented to the ability to live everyday life.

Table 9 and 10 categories of Adaptation, the level of adaptation of a person is In the results of this study that finally all participants were able to adapt to the situation they experienced. Participants have been able to accept their conditions and undergo resignation, participants are

able to adapt to the environment in which participants undergo hemodialysis and are able to adapt to their health personnel. Constant changes that are formed from stimulus. Nursing service recipients are humans as adaptive systems that receive stimuli from internal and external environments. This is in line with the research of Zurmeli, Bayhakki&Utami (2015) that the longer patients undergo hemodialysis, the more adaptable the patient is to his condition because the patient has reached the accepted stage with family support.

## **Conclusion**

From the results of research on phenomenological studies of life experiences of chronic renal failure patients undergoing hemodialysis treatment at Advent Bandar Lampung Hospital, 8 categories were obtained: cognators, regulators, changes in physiological functions, changes in self-concept, role function changes, interdependence changes, development of self-efficacy and adaptation. The longer the patient undergoes hemodialysis, the more adaptable the patient is to his condition because the patient has reached the accepted stage with family support. The categories found in the study have many similarities between theoretical and reality found in the life experience of patients with kidney failure who undergo hemodialysis treatment at the Bandar Lampung Advent Hospital. The researcher can then examine the experiences of patients with Chronic Renal Failure who undergo hemodialysis towards the patient's values and beliefs as well as education. It can also be done in the same context of research in other places with the same characteristics, because the possibility of different contexts will produce different statements.

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