

## Original Research Article

## Self-Efficacy of Chronic Kidney Disease Patients Undergoing Hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang in 2024

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**Abstract:** Self-care of Chronic Kidney Disease (CKD) patients undergoing Hemodialysis (HD) at RSUD Prof. Dr. W.Z. Johannes Kupang has not been carried out optimally by patients. The low self-care of patients has an impact on the quality of life of patients which includes the domains of physical health, psychological, social relationships, and low spiritual environment. Therefore, the purpose of this study was to develop a social support-based self-care model to improve the quality of life of Chronic Kidney Disease (CKD) patients receiving Hemodialysis (HD). The research method used was an explanatory study to develop the model. The Phase I sample consisted of 115 patients, while Phase II involved 17 informants (patients, patients' families, health workers, religious leaders, and community leaders). Research variables include Basic Conditioning Factor (BCF), social support, care agency, self-care agency, self-care needs, self-efficacy, self-care management, and quality of life of CKD patients. The model development process was also supported by qualitative data obtained from Phase II through Focus Group Discussions. The results showed that the social support-based self-care model sourced from family, health workers, religious leaders, and community leaders can improve the quality of life of Chronic Kidney Disease (CKD) patients with Hemodialysis (HD) indirectly through self-efficacy variables. Therefore, it can be concluded that self-efficacy is very important in providing support and motivation to patients through their families and partners so that they can improve the quality of life of CKD patients undergoing hemodialysis.

**Keywords:** Self-efficacy, strength, magnitude, generality, chronic kidney disease patients, hemodialysis, quality of life.

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## INTRODUCTION

Chronic Kidney Disease (CKD) is both a medical and public health issue with increasing prevalence worldwide. CKD patients suffer from disproportionate morbidity and mortality before or after dialysis. About 90% of CKD patients undergoing haemodialysis (HD) to maintain survival. The decline in physical and mental health in CKD patients results in lifestyle changes, dependence on machines for survival, and psychological and social instability, which leads to reactive behaviours such as depression, withdrawal, anxiety, and negatively impacts social relationships with their surroundings (Budhiana *et al*, 2024). Family support plays a crucial role as the main support system, providing various forms of emotional, physical, and social assistance. Strong family support can enhance the quality of life of the family and help the sick member

cope with the illness more effectively. Families are often involved in decision-making related to treatment and care (Chusmeywati, 2016). Healthcare providers offer essential support, both physically and psychologically. This support can include attention, appreciation, assistance, information, and emotional support. Support from healthcare providers can improve patient comfort during treatment, such as haemodialysis. Collaboration between family support and healthcare providers is vital in improving the quality of life for patients with chronic illnesses. The support from both parties complements each other and provides a positive impact on the patient, both in dealing with the illness and undergoing treatment (Wahyuni, 2023).

The provision of social support from community leaders is divided into four categories:

emotional support, which involves motivating CKD patients to become more active in self-care; recognition support, where community leaders show appreciation and attention to CKD patients to keep them engaged in community activities in their neighbourhoods; instrumental support, offering practical help; and informational support, providing the necessary information to patients for better health management (Casas *et al*, 2022). Researchers have observed the collaboration of social support provided by families, religious leaders, community leaders, and healthcare workers in the areas of appreciation, instrumental support, informational support, and emotional support. This is because of the complexity of the issues faced by CKD patients (Silva *et al*, 2016).

The importance of family support in enhancing the self-efficacy of patients so they can perform self-care is critical. Good social support significantly contributes to the improvement of self-care management in CKD patients undergoing HD therapy, thereby helping patients achieve better health outcomes. The four figures—family, healthcare workers, religious leaders, and community leaders—play an essential role in enhancing self-care management for CKD patients. Their involvement is crucial in supporting the self-care management abilities of CKD patients (Savi *et al*, 2024).

The description above provides the rationale for this study, which aims to model the most suitable social support-based self-care approach for haemodialysis patients in Kupang City. This research identifies social support from families, healthcare providers, religious leaders, and community leaders that influences self-care and the interaction between self-efficacy, self-care agency, self-care demand, and nursing agency among CKD patients. The goal of this study is to develop a Social Support-Based Self-Efficacy Model for Self-Care in Chronic Kidney Disease Patients in Kupang City.

## METHOD

The first phase of the study is an analytical observational research with a cross-sectional design. The

population of CKD patients on HD is 108. The sample size for Phase I is 115 patients, and for Phase II, it is 17 respondents. The sampling technique for Phase I was conducted through interviews, while Phase II used Focus Group Discussions (FGD), both employing non-probability sampling. The sample used was the total population. This approach was chosen because total sampling provides more representative data of the actual situation, reflecting the real conditions during the conclusion process.

Data collection techniques in this study: In Phase I, a questionnaire that has been tested for validity and reliability was used. In Phase II, FGD guidelines were employed. The data collection instruments for this study in Phase I included a questionnaire that had been validated and tested for reliability, and in Phase II, FGD guidelines were used.

The data analysis technique for this study model will be analysed using the Partial Least Square (PLS) method and assisted by SmartPLS 3.2.9 software. Partial Least Square (PLS) is an alternative method to Structural Equation Modeling (SEM), which can be used to address issues in relationships between variables that are very complex but where the sample size is small (30–100 samples). SmartPLS uses the bootstrapping method to estimate the standard error under the assumption that the population distribution is unknown.

The study received ethical clearance approval from the Research Ethics Commission of FKM UNDANA (Approval ID No: 2024070 - KEPK). The research also requires permission to conduct research from several related institutions. In addition, the study will also use an informed consent sheet given to participants involved in the study. The researcher guarantees the confidentiality of all interview information and is only used for research purposes.

## RESULTS

**Table 1: Distribution of Respondents based on Characteristics of Chronic Kidney Disease Patients Undergoing Hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City**

Variable	Sample Quantity	Percentage
<b>Age</b>		
15-25 y.o	4	3,5%
26-35 y.o	8	7,0%
36-45 y.o	8	7,0%
46-55 y.o	22	19,1%
56-65 y.o	48	41,7%
66-75 y.o	25	21,7%
<b>Total</b>	<b>115</b>	<b>100%</b>
<b>Gender</b>		
Male	62	53,9%
Female	53	46,1%
<b>Total</b>	<b>115</b>	<b>100%</b>

Variable	Sample Quantity	Percentage
<b>Mariage Status</b>		
Married	107	93,0%
Unmarried	8	7,0%
<b>Total</b>	<b>115</b>	<b>100%</b>
<b>Education Level</b>		
Not Educated	1	0,9%
Elementary School	18	15,7%
Junior High School	6	5,2%
Senior High School/Vocational	47	40,9%
Undergraduated/Graduated	43	37,4%
<b>Total</b>	<b>115</b>	<b>100%</b>
<b>Occupation</b>		
Self-Employed	10	8,7%
Private Sector	23	20,0%
Civil Servant	28	24,3%
Stated-Owned Enterprise Employee	0	0,0%
Military/Police	2	1,7%
Retired	17	14,8%
Housewife	35	30,4%
<b>Total</b>	<b>115</b>	<b>100%</b>
<b>Duration of Hemodialysis</b>		
<1 year	35	30,4%
1-3 years	37	32,2%
>3 years	43	37,4%
<b>Total</b>	<b>115</b>	<b>100%</b>
<b>Diseases before Hemodialysis</b>		
Hipertension	52	45,2%
Diabetes Mellitus	24	20,9%
Hipertension and Diabetes Mellitus	23	20,0%
Cholesterol	1	0,9%
Uric Acid	4	3,5%
Kidney Disease	11	9,6%
<b>Total</b>	<b>115</b>	<b>100%</b>

The distribution of respondents based on patient characteristics was quite diverse as shown in Table 1. The largest age group was those aged between 56 and 65 years, comprising 48 people (41.7%) of the total sample. For gender, the majority of respondents were male, which amounted to 62 people (53.9%). Most respondents had completed senior high school/vocational school, with a total of 47 people (40.9%). In terms of occupation, most respondents were housewives, as many as 35

people, or 30.4%. Finally, in terms of the length of time undergoing hemodialysis, the largest group of respondents had undergone hemodialysis for more than three years with 43 people (37.4%). Regarding pre-dialysis conditions, the most common disease reported by respondents with Chronic Kidney Disease (CKD) undergoing hemodialysis at Prof. Dr. W.Z. Johannes Hospital in Kupang is hypertension, which affects 52 individuals, or 45.2% of the respondents.

**Table 2: Distribution of Respondents based on Physical Health, Psychological, Social Relationships and Environmental Health Domains in Chronic Kidney Disease Patients Undergoing Hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City**

No.	Quality of Life	n	Percentage (%)
<b>Domain of Physical Health</b>			
1.	Bad	59	51,3%
2	Good	56	48,7%
<b>Psychological Domain</b>			
1.	Bad	27	23,5%
2.	Good	88	76,5%
<b>Domain of Social Relationship</b>			
1.	Bad	32	27,8%
2.	Good	83	72,2%

No.	Quality of Life	n	Percentage (%)
<b>Environmental Health Domain</b>			
1.	Bad	20	17,4%
2.	Good	95	82,6%
<b>Total</b>		<b>115</b>	<b>100%</b>

Table 2 shows that the majority of respondents reported poor quality of life with 21 people (18.3%). The physical health domain showed the largest group with poor physical health, with a total of 59 respondents (51.3%). While the psychological health domain also indicated that most respondents had poor mental health,

totaling 27 people (23.5%). Meanwhile, the social relations domain showed that most respondents reported difficulties with 32 people (27.8%) indicating poor social relations. The last domain, environmental health, also reflected challenges with 20 people (17.4%) reporting poor environmental health.

**Table 3: Distribution of Patients Based on Self-Efficacy Dimensions in Chronic Kidney Disease Patients Undergoing Hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City**

<b>Self efficacy</b>		
Low	29	25,2%
High	86	74,8%
<b>Total</b>	<b>115</b>	<b>100%</b>
<b>Strength</b>		
Low	28	24,3%
High	87	75,7%
<b>Total</b>	<b>115</b>	<b>100%</b>
<b>Magnitude</b>		
Low	67	58,3%
High	48	41,7%
<b>Total</b>	<b>115</b>	<b>100%</b>
<b>Generality</b>		
Low	32	27,8%
High	83	72,2%
<b>Total</b>	<b>115</b>	<b>100%</b>

Table 3 shows the distribution of patients based on the self-efficacy dimension. The results found in the self-efficacy dimension were 29 respondents (25.2%) had low self-efficacy, while the remaining 86 respondents (74.8%) reported high self-efficacy. For the strength dimension, 28 respondents (24.3%) showed low strength, while 87 individuals (75.7%) showed high

strength. Regarding the magnitude dimension, 67 respondents (58.3%) showed low magnitude, while 48 individuals (41.7%) had high magnitude. Finally, in the generality dimension, 32 respondents (27.8%) showed low generality, while 83 respondents (72.2%) showed high generality.

**Table 4: The Relationship of Self-Efficacy with Quality of Life of Chronic Kidney Disease (CKD) Patients Undergoing Hemodialysis at RSUD Prof. Dr. W.Z. Johannes Kupang City**

Variable	Quality of Life				Total		p-value
	Poor		Good		n	%	
	n	%	n	%			
<b>Strength</b>							
Low	21	18,3%	7	6,0%	28	24,3%	0,001
High	0	0%	87	75,7%	87	75,7%	
<b>Total</b>	<b>21</b>	<b>18,3%</b>	<b>94</b>	<b>81,7%</b>	<b>115</b>	<b>100%</b>	
<b>Magnitude</b>							
Low	19	16,5%	48	41,7%	67	58,3%	0,001
High	2	1,8%	46	40,0%	48	41,7%	
<b>Total</b>	<b>21</b>	<b>18,3%</b>	<b>94</b>	<b>81,7%</b>	<b>115</b>	<b>100%</b>	
<b>Generality</b>							
Low	21	18,3%	10	8,7%	31	27,0%	0,001
High	0	0%	84	73,0%	84	73,0%	
<b>Total</b>	<b>21</b>	<b>18,3%</b>	<b>94</b>	<b>81,7%</b>	<b>115</b>	<b>100%</b>	

Among the respondents, 21 individuals (18.3%) who had low strength also reported poor quality of life (KH), while 7 individuals (6.0%) with low strength reported good quality of life. No respondents with high strength reported poor quality of life, and 87 respondents (75.7%) with high strength reported good quality of life. The Chi-square test yielded a p-value of 0.001 ( $< 0.05$ ), indicating a significant relationship between quality of life and strength.

For the magnitude dimension, 19 respondents (16.5%) with low magnitude reported poor quality of life, while 48 respondents (41.7%) with low magnitude reported good quality of life. Among those with high magnitude, 2 respondents (1.8%) reported poor quality of life, and 46 respondents (40.0%) with high magnitude reported good quality of life. The Chi-square test again yielded a p-value of 0.001 ( $< 0.05$ ), indicating a significant relationship between quality of life and magnitude.

As for the generality dimension, 21 respondents (18.3%) with low generality reported poor quality of life, while 10 respondents (8.7%) with low generality reported good quality of life. No respondents with high generality reported poor quality of life, and 84 respondents (73.0%) with high generality reported good quality of life. The Chi-square test showed a p-value of 0.001 ( $< 0.05$ ), which indicates a significant relationship between quality of life and generality.

## DISCUSSION

### **The Relationship Between Strength and the Quality of Life of Chronic Kidney Disease Patients Undergoing Hemodialysis at Prof. Dr. W.Z. Johannes Hospital, Kupang**

Based on the results of the chi-square test conducted on the variable *strength* and the quality of life (QoL) of Chronic Kidney Disease (CKD) patients undergoing hemodialysis at Prof. Dr. W.Z. Johannes Hospital in Kupang, the p-value was found to be 0.001 ( $p < 0.05$ ). This indicates a significant relationship between *strength* and QoL for these patients. The findings of this study align with research by Wakhid et al., (2018) titled "The Relationship Between Self-Efficacy and Quality of Life in Chronic Kidney Disease Patients Undergoing Hemodialysis," which reported a p-value of 0.000 ( $p < 0.05$ ), confirming a significant relationship between self-efficacy (SE) and QoL for CKD patients undergoing hemodialysis.

In this study, it was found that 7 patients had low strength but reported good QoL. Interviews revealed that some patients with low expectations or beliefs about their health, especially those who were newly undergoing hemodialysis, initially doubted that the treatment would lead to recovery. This doubt arises because they are aware of the many potential risks associated with hemodialysis. Risks include the long treatment schedule, which requires patients to undergo

hemodialysis twice a week for 4-5 hours per session, and the dependency on medication or medical intervention. These factors can reduce the patients' hope and confidence in their health.

On the other hand, 84 patients with high strength reported good QoL. Interviews with these patients revealed that those who had high hopes or strong beliefs in their recovery were more likely to engage in social relationships and interactions with others, including fellow patients. This engagement positively impacted their QoL. The *strength* dimension is closely linked to the social domain, which includes support from family, relatives, and partners in the form of care, assistance, and empathy. This support system strengthens patients' hope and belief in their ability to face various challenges, such as trusting that healthcare providers can manage the side effects of hemodialysis, believing they can control their emotions and cope with the disease during treatment, and having confidence that hemodialysis will improve their health status and prolong their life. Moreover, patients with high levels of confidence are more likely to maintain a good quality of life.

The researcher assumes that the *strength* variable is one of the risk factors influencing the QoL of CKD patients undergoing hemodialysis. Patients with high strength are more likely to have a positive impact on their QoL, as evidenced by their ability to address and overcome the challenges they face. The study also identified patients who maintained good social relationships with others, though some patients, due to physical limitations, were unable to engage in social or physical activities with others, particularly during or after hemodialysis sessions when their condition worsened.

CKD patients undergoing hemodialysis heavily rely on support from family and partners through companionship during treatment. However, some patients do not receive this support, either because they feel capable of handling the treatment on their own or because family members are preoccupied with other obligations. Therefore, it is essential to provide both encouragement and support from family and partners to boost patients' confidence and adherence to the treatment regimen. In conclusion, patients who receive support and motivation, as well as those who can maintain positive social relationships, are more likely to sustain their lives and, in turn, improve their QoL during hemodialysis.

### **The Relationship Between Magnitude and the Quality of Life of Chronic Kidney Disease Patients Undergoing Hemodialysis at Prof. Dr. W.Z. Johannes Hospital, Kupang**

Based on the results of the chi-square test conducted on the relationship between the magnitude and quality of life (QoL) of chronic kidney disease (CKD) patients undergoing hemodialysis at Prof. Dr.

W.Z. Johannes Hospital, the p-value obtained was 0.001 ( $p$ -value  $< 0.05$ ). This indicates a significant relationship between magnitude and QoL in CKD patients undergoing hemodialysis at the hospital. This study is consistent with research conducted by Wahyuni (2023) in a study titled "Development of a Social Support-Based Self-Care Model to Improve the Quality of Life of Chronic Kidney Disease Patients Undergoing Hemodialysis at Prof. Dr. W.Z. Johannes Hospital, Kupang." The results from that study showed that self-efficacy (SE), including its indicators such as magnitude, generality, and strength, is the only variable that has a direct effect on the QoL of CKD patients undergoing hemodialysis.

The study findings revealed that there were 48 patients with low magnitude but good QoL. Interviews with these patients revealed that low magnitude occurs when patients are unable to accept and adapt to their illness and the need for hemodialysis. Despite undergoing hemodialysis twice a week for 4-5 hours each session, some patients struggled to accept their condition, possibly because of the negative impact of hemodialysis on their health. The magnitude dimension is closely related to the physical domain of the patients' QoL, particularly for those undergoing hemodialysis.

Furthermore, interviews indicated that some patients with good QoL were able to maintain it due to strong support from family, healthcare professionals, and partners, which motivated them to stick to their hemodialysis schedule. Patients who receive good support are usually accompanied by their family or partner during the hemodialysis process. The forms of support include attention to the patient's physical appearance, such as hair condition, the ability to perform daily physical activities like eating, drinking, and interacting with fellow patients during hemodialysis. This support helps provide physical comfort and strengthens patients' confidence in their ability to adhere to hemodialysis, thereby improving their QoL.

However, there were also cases where patients with high magnitude but poor QoL were identified, with 2 patients falling into this category. These patients, despite having high self-belief in their ability to perform daily activities and cope with difficulties, still experienced poor QoL due to factors such as non-compliance with hemodialysis or fluid restriction diets. This was often due to a lack of support from family, healthcare workers, and partners, which hindered their ability to perform everyday physical activities and meet their daily needs, leading to poor QoL during hemodialysis.

Additionally, there were 46 patients with high magnitude and good QoL. These patients exhibited strong confidence in overcoming difficulties associated with hemodialysis, such as side effects like nausea, vomiting, and dizziness. With high self-efficacy, these

patients felt confident that they could overcome these challenges. Some patients also expressed a strong belief that it was essential for them to adhere to regular hemodialysis sessions because they felt their role in the family was vital, which was motivated by support from their family, healthcare workers, and partners. This support helped them increase their confidence, enabling them to cope with the side effects of hemodialysis, engage in daily physical activities, accept their physical condition after treatment, and interact well with others.

The study assumes that the magnitude variable is a risk factor influencing the QoL of CKD patients undergoing hemodialysis. This is consistent with the self-efficacy development framework proposed by Dahlan (2015), which suggests that patients' cognitive processes can influence their commitment to the efforts they make in facing challenges. The higher the magnitude, the more committed the patient will be to the treatment process and the stronger their efforts to achieve good QoL. Patients with higher magnitude tend to receive better support from their family, partner, and healthcare professionals.

During the research, some patients expressed experiencing physical pain, difficulty accessing medical therapy, dissatisfaction with their sleep quality, and an inability to perform daily physical activities. In these cases, family support—such as expressing love, paying attention to their diet, and providing assistance during hemodialysis—was crucial. Some patients, due to their weakened physical condition, needed family accompaniment for activities such as using a wheelchair or undergoing hemodialysis while being hospitalized. Such patients required support from healthcare professionals, family members, and partners.

In conclusion, the study suggests that CKD patients undergoing hemodialysis who receive adequate support and motivation from their family, partner, and healthcare providers will experience an improvement in their magnitude, which in turn leads to better QoL. This underscores the importance of a strong support system in managing the challenges of hemodialysis and improving patients' overall quality of life.

### **The Relationship Between Generality and Quality of Life of Chronic Kidney Disease Patients Undergoing Hemodialysis at RSUD Prof. Dr. W.Z. Johannes, Kupang City**

Based on the results of the chi-square test conducted on the variable generality and quality of life (QoL) of Chronic Kidney Disease (CKD) patients undergoing hemodialysis at RSUD Prof. Dr. W.Z. Johannes in Kupang City, the p-value obtained was 0.001 ( $p < 0.05$ ), indicating a significant relationship between generality and the QoL of CKD patients undergoing hemodialysis at this hospital.

This study aligns with research conducted by (Nurhayati *et al*, 2022), titled "The Relationship Between Self-Efficacy and Quality of Life in CKD Patients Undergoing Hemodialysis." The data analysis using the chi-square test showed a p-value of 0.001 ( $p < 0.05$ ), which means there is a significant relationship between self-efficacy (SE) and QoL in CKD patients undergoing hemodialysis. This research explains that high SE in CKD patients undergoing hemodialysis has a positive impact on QoL, particularly in managing the challenges of hemodialysis. It is demonstrated through actions that address each problem encountered, learning from past mistakes, and not being overwhelmed by the need for routine hemodialysis. Therefore, the positive impact experienced by patients can improve their QoL.

The results of this study show that there are 10 patients with low generality but good QoL. This dimension of generality is closely related to the psychological domain of QoL in CKD patients undergoing hemodialysis. Patients with low generality tend to experience negative feelings, hopelessness, resignation, and a lack of strong commitment to accept their illness while undergoing hemodialysis. However, with support from family members, healthcare providers, and partners, these patients can receive motivation and encouragement, which enables them to endure and regularly undergo hemodialysis. Compliance with hemodialysis is essential to sustain life, and failure to adhere to the treatment can have severe consequences on QoL, leading to worsening health problems and a further decline in QoL (Sagala, 2019). Therefore, it is crucial that patients receive the necessary support to improve their QoL, even when they have low generality.

There are 84 patients with high generality and good QoL. This is because these patients have a strong hope to view hemodialysis as a lifelong habit. This hope helps reassure CKD patients to stay committed to their goals and trust that they can manage and overcome unexpected problems during hemodialysis. When faced with difficulties, patients are confident they can find solutions to the challenges that arise during hemodialysis. This behavior is carried out with a strong commitment, full awareness, optimism, peace, and joy that emerge within the patients as they undergo hemodialysis. The positive impact of this mindset motivates other CKD patients undergoing hemodialysis to improve their resilience, as they perceive their role within the family as crucial (Mulia *et al*, 2018).

The researcher assumes that the generality variable is a risk factor that affects the QoL of CKD patients undergoing hemodialysis. Patients with high generality tend to have better QoL. According to the study findings, some patients, especially those who have been undergoing hemodialysis for less than one year, experience psychological weakness. These patients must adapt to the routine and prolonged process of hemodialysis, which can lead to stress, depression,

hopelessness, difficulty concentrating, and dissatisfaction with their physical appearance. Additionally, patients may feel burdened by the strict treatment schedule, lifestyle changes, and limitations on physical activities (Ishak *et al*, 2024).

This study also found patients undergoing hemodialysis for less than one year who were non-compliant due to difficulty adapting. However, these patients received support from their families, healthcare providers, and partners, which helped them realize that continuing hemodialysis would improve their QoL. Patients who had undergone hemodialysis for more than three years often had lower anxiety levels because they had learned to generalize their belief that if they did not follow the hemodialysis routine, their health would deteriorate, and they would not be able to perform daily activities. This would negatively impact their QoL. It can be concluded that when patients can generalize these beliefs, it encourages them to adhere to hemodialysis routines, leading to better QoL (Kurniawan *et al*, 2024).

## CONCLUSION

Self-efficacy is very important in providing support and motivation to patients through family and partners. Afterthought provides an influence on being able to establish good relationships or interactions with other people, as well as motivation to survive and improve the quality of life of CKD patients undergoing hemodialysis.

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