THE CORRELATION BETWEEN FAMILY SUPPORT AND SELF-CONCEPT IN CHRONIC RENAL FAILURE PATIENTS IN HEMODIALYSIS UNIT PKU MUHAMMADIYAH HOSPITAL OF YOGYAKARTA

Final Student Research Project

This Final Student Project is Arranged to Fulfill One of the Requirements to Reach the Nursing Degree in the School of Nursing Faculty of Medicine Muhammadiyah University of Yogyakarta

AYX LATIFAH MUTMAINAH

20040320023

SCHOOL OF NURSING

FACULTY OF MEDICINE

MUHAMMADIYAH UNIVERSITY OF YOGYAKARTA

2008

APPROVAL PAGE

Final Student Research Project

THE CORRELATION BETWEEN FAMILY SUPPORT AND SELF-CONCEPT IN CHRONIC RENAL FAILURE PATIENTS IN HEMODIALYSIS UNIT PKU MUHAMMADIYAH HOSPITAL OF YOGYAKARTA

Have been Defend in front of the Advisers and Acceptanced as the Requairement to get the Nursing Degree in the School of Nursing Faculty of Medicine Muhammadiyah University of Yogyakarta

Has succefully pass the examination on

June, 3rd 2008

AYX LATIFAH MUTMAINAH

20040320023

Advisers:

1. Adviser I : Azizah Khoiriyati, S.Kep, Ns (.....)

2. Adviser II : Uswatun Khasanah, MNS (.....)

Dean Faculty of Medicine
Muhammadiyah University of Yogyakarta

(dr. H. Erwin Santosa, Sp.A., M.Kes)

MOTTO

"Karena sesungguhnya sesudah kesulitan itu ada kemudahan maka apabila kamu telah selesai dari suatu urusan, laksanakanlah pekerjaan berikutnya dengan sungguh-sungguh. Dan hanya kepada Allah-lah kamu berharap dan berserah diri."
(QS. Alam Nasyrah : 5-8)

"Barang siapa bertaqwa kepada Allah, maka Allah akan menjadikan segala urusan menjadi mudah."
(QS. Ath Thalaq : 3)

Jadilah kamu manusia yang pada kelahiranmu semua orang tertawa bahagia, tetapi hanya kamu yang menangis. Dan pada kematianmu semua orang menangis bersedih, tapi hanya kamu sendiri yang tersenyum
(Mahatna Gandhi)

"walaupun usia cinta lebih tua dari manusia,
cinta tidak pernah membosankan,
bahkan senantiasa hangat dan memberikan rona keceriaan
yang membekas dalam kehidupan manusia"
(Sofy Al-Jafaly)

THIS PAPER PROUDLY PRESENT TO:

ALLAH SWT
My biggest inspiration who always give me guidance to face my life, who always leads my life and gives me love..

My parents (Mr. Jumbadi and Mrs. Poniyem)
Thanks for taking care of me (and also my brothers and sister) until I grow up and be one of your pride. Thanks for your support, perspire, and also pray which never stop for me. Now, at least I can step a head to reach my dream and I promise to fulfill your expectation of me. It is my pride to be one of your children.
I love you Mom..
I love you Dad..

My young brothers and sister (Arif, Ahmad, and Husnul)
Thanks for all of beautiful moments and also for the nice brother and sisterhood.
I miss you all. Let's make our parents proud of us. Never make them disappointed. Okay...

Nurmuslim, SH and family
Thanks for the support and the chance that have given to me, to be a part of your family. Thanks for your love, attention, and also happiness that you give for me. You came when I want to start my step, until now.. Your spirit makes me become steadier to reach my dream.. Love you so much... Let's make our dream come true...

My Big Family in Klaten and Bontang
Thank you very much for everything

My best friend, Willy Nugraita Okta S (SH Candidate)
Thank you for the nice sisterhood for four years.
Never stop our sisterhood ya...

And come on "bibi", finish your Final Assignment as soon as possible.
Don't you shy because I graduate first? He..he..he.. ☺

My rent house friends, Ambar & Yuni
Thank you guys,, because of you, I have a spirit to finish this paper as soon as possible. Keep our friendship and hopefully we'll always be a harmonious family.

Sari, Wahyu, Andi, Nita, Sara, Iwat, Hanung
Although we can't repeat all of our nice moments, I promise that I'll always keep our moments as my best moments in my life..
Thank you guys...

Entire friends in Nursing Science 2004
Be proud of our friendship and all the best for us..

PREFACE

بسم الله الرحمن الرحيم

Assalamu'alaikum Wr. Wb

First of all, writer would like to express thank to ALLAH SWT who give the ability to accomplish this scientific paper with the topic **"The correlation between family support and self-concept in chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta"** that arranged as the requairement to get the Nursing Title in the School of Nursing Medical Faculty Muhammadiyah University of Yogyakarta. The writer also would like to express sincere thanks to:

1. Mr. dr. Erwin Santosa, Sp.A., M.Kes, as the School of Nursing principal and also the dean of Medical Faculty Muhammadiyah University of Yogyakarta.
2. The Director of PKU Muhammadiyah Hospital of Yogyakarta that already give a chance to the writer to this research.
3. Mrs. Azizah Khoiriyati, S. Kep,. Ns as my adviser who give the valuable comments, suggestion, support and also material for the writer to finish this project.
4. Mrs. Uswatun Khasanah, MNS as my examiner who give valuable comment and also support material for the writer to finish this project.
5. Entire of the nurse in the Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta who gives a chance and support for the writer to do this research.
6. Entire of the respondent in the Hemodialysis Unit PKU Muhammadiyah hospital of Yogyakarta, may God bless all of you.

7. Entire of the staff and occupation of PKU Muhammadiyah Hospital of yogyakarta who give support for the writer to do this research.
8. The School of nursing staffs when the writer conducts the allowance for this research.
9. My parents (Mr. Jumbadi and Mrs. Poniyem) who always pray and support the writer to do the best.
10. My brothers and sister (Arif, Ahmad, and Husnul), thank you for the support and also the nice brother and sisterhood.
11. My classmates in the Nursing 2004, all the best for us and thank for the beautiful friendship.

Finally, this scientific paper is still far from perfect. Thus the comments from the reader are highly encouraged. The writer hopes that this scientific paper will give many advantages for the reader especially for the nursing science.

Wassalamu'alaikum Wr. Wb.

Yogyakarta, June 2008

Ayx Latifah Mutmainah

CONTENTS

FIGURE LIST

TABLE LIST

APPENDICES LIST

Mutmainah, Ayx Latifah. (2008). The correlation between family support and self-concept in chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta. Student Research Project. School of Nursing. Muhammadiyah University of Yogyakarta.

Adviser:

Azizah Khoiriyati, S.Kep., Ns.

ABSTRACT

Chronic renal failure is one of the most common health problems and the prevalention is always increases each year. The patient will always depend on the dialysis machine and their dependence on the machine can affect their self-concept. One of the most important factors that can build self-concept is family support.

This research aim is to know how is the correlation between family support and self-concept in chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta.

This study included the non experimental study with cross-sectional approach. The sample of the study consisted of 32 chronic renal failure patients and 32 families who accompanied them during hemodialysis therapy. Data were collected by questionnaires. The data of this study was tested by using the Rank Spearman test with significancy $p<0,05$. This research was done on March-April 2008 in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta.

The findings of the study revealed that most of the families give high level of family support for chronic the patients about 96,9%. Most of the chronic renal failure also have high level of self-concept about 56,3%. Statistically, there is no cerrelation between family support and self-concept in chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta ($p=0,439$ and coefficient correlation is 0,142; $p<0,05$).

Conclusion of this research is there is no correlation between family support and self-concept in chronic renal failure patients in hemodialysis unit PKU Muhammadiyah Hospital of Yogyakarta. The hospital leader should give comfortable hemodialysis seats for the patients and their family. The family should always give the support for the chronic renal failure patients so they will have high level of self-concept.

Key words: Family Support, Self-Concept, Chronic Renal Failure

Mutmainah, Ayx Latifah. (2008). *Hubungan Antara Dukungan Keluarga dan Konsep Diri Pada Pasien Gagal Ginjal Kronik di Unit Hemodialysis RS PKU Muhammadiyah Yogyakarta. Karya Tulis Ilmiah. Program Studi Ilmu Keperawatan, Universitas Muhammadiyah Yogyakarta.*

Pembimbing:

Azizah Khoiriyati, S.Kep., Ns.

INTISARI

Gagal ginjal kronik merupakan salah satu penyakit yang menjadi masalah kesehatan utama dan prevalensi dari penyakit ini selalu meningkat setiap tahun. Pasien gagal ginjal kronik akan tergantung pada mesin dialysis dan ketergantungan mereka pada mesin akan mempengaruhi konsep diri pasien tersebut dan salah satu faktor yang berperan panting dalam pembentukan konsep diri adalah dukungan dari keluarga.

Tujuan dari penelitian ini adalah untuk mengetahui hubungan antara dukungan keluarga dan konsep diri pada pasien gagal ginjal kronik di Rumah Sakit PKU Muhammadiyah Yogyakarta.

Penelitian in merupakan penelitian non eksperimen dengan pendekatan cross-sectional. Sampel pada penelitian ini adalah 32 orang pasien gagal ginjal dan 32 orang keluarga yang menemani mereka selama proses hemodialysis. Data dianalisis dengan menggunakan Rank Spearman test dengan tarif signifikansi $p<0,05$. Penelitian ini dilaksanakan pada bulan Maret sampai April 2008 di Unit Hemodialysis Rumah Sakit PKU Muhammadiyah Yogyakarta.

Hasil penelitian ini menunjukkan bahwa dukungan keluarga yang diberikan pada pasien gagal ginjal kronik adalah tinggi yaitu sebanyak 32 orang (96,9%). Pasien memiliki konsep diri kategori tinggi yaitu sebanyak 18 orang (56,3%). Hasil uji statistic menunjukan bahwa tidak ada hubungan antara dukungan keluarga dan konsep diri pada pasien gagal ginjal kronik di Unit Hemodialysis RS PKU Muhammadiyah Yogyakarta ($p=0,439$ dan koefisien kerelasi 0,142; $p<0,05$).

Dari hasil penelitian dapat disimpulkan bahwa tidak ada hubungan antara dukungan keluarga dan konsep diri pada pasien gagal ginjal kronik di unit hemodialisa RS PKU Muhammadiyah Yogyakarta. Pimpinan rumah sakit hendaknya menyediakan fasilitas atau tampat yang nyaman bagi pasien dan keluarga selama menjalani terapi hemodialysis. Keluarga perlu memberikan dukungan kepada pasien gagal ginjal kronik agar merea menpunyai konsep diri yang tinggi.

Kata Kunci: *Dukungan keluarga, konsep diri, gagal ginjal kronik*

CHAPTER I

INTRODUCTION

A. Background of the problem

Chronic renal failure is one of the most common health problems and the prevalention of this disease is always increase each year. Chronic renal failure defined in Seventh Report of The Joint National Committee on The Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, with estimated of the Glomerular Filtration Rate (GFR)<60 ml/minute/1,73m^2 or found of Clinical Proteinuria (>300mg/day or 200 mg/g kreatinin) (Anonim, 2006).

In United State of America, there are 20 million people or one ninth adults have chronic renal failure. The others 20 million people have high risk to get chronic renal failure (Anonim, 2006). There are 50.000 people death caused by chronic renal failure each year (Brunner & Suddarth, 2002).

Suhardjono (2004) stated that the sufferer of chronic renal failure in Indonesia is always increases and now the number of sufferer is in a great number. In 2004, there are 4500 cases of chronic renal failure disease. The number of chronic renal failure patients in Indonesia is always increases about 20 % each year**.**

Chronic renal failure is a progressive and irreversible renal function's disturbance which is ability of the body fails to maintain metabolism and fluid and electrolyte balance (Brunner & Sudarth, 2002). Most people in the early stages of renal disease are unaware with their condition. A national health survey queried individuals whether they had ever been told by their physician that they had "weak or failing kidneys". The result showed that most of them are unaware that they had renal dysfunction until they reached stage 5 or end stage renal disease when they would become dialysis dependent (Urden, et al 2006).

Huddak & Gallo (1996) said that a range of renal replacement therapies are available for the treatment of renal failure. These include intermittent hemodialysis therapy (IHD) and continuous renal replacement therapy (CRRT), and peritoneal dialysis (PD).

According to Urden, et al (2006), hemodialysis roughly translates as separating from the blood. As a treatment, hemodialysis literally separates and removes from the blood the excess electrolytes, fluids, and toxins by use of hemodialysis. Although hemodialysis is efficient in removing solutes, it does not remove all metabolites. Furthermore, electrolytes, toxins, and fluids increase between treatments, necessitating hemodialysis on a regular basis dependent.

Hemodialysis therapy is intermittent. Each dialysis treatment takes 3 to 4 hours. In the acute phases of renal failure, dialysis is performed

daily. The dialysis frequency gradually decreases to three times per week as the patient moves into a more chronic phase of kidney failure.

Chronic renal failure patients will need hemodialysis therapy during their lifetime. This condition will cause so many disturbances in their life such as disturbances in their self-concept. Patients will get the difficulties to do their job, depression, and afraid of the death (Brunner & Suddarth, 2002).

Taylor, et al. (2005) described that an individual's self-concept is crucial to his or her health and well-being throughout life. One's self image or self-concept has the power to either encourage or thwart personal growth. People with deficient self-concept might lack to motivation to learn self care behaviors in response to illness, injury, or trauma. Some patients observing aspects of their negative self-concept that affect their heath behavior might desperately want to make medications but have no idea to do so. The experience of illness, diagnosis testing, and treatment can severely threaten the self-concept of the patient.

According to Huddak & Gallo (1996), chronic renal failure patients need dialysis to maintain their life and their life will depends on machines or fluids. Renal failure disease and its therapy will make a changing on someone's self-concept. Their dependence on machines or fluids resulting in body disfigurement, altered functioning, or life crises that arrest development and thwart the achievement of life goals are at high risk for problem related to self-concept.

Kimmel (2001) said that social support is the perception that an individual is a member of a complex network in which one can give and receive affection, aid, and obligation. Social support can be received from family members, friends, pastors, acquaintances in the workplace, and medical personnel, and is well recognized as an important factor in the patient's adjustment to chronic and acute illness. Family support is very important for chronic renal failure patients because family support will influence patient’s behavior and their behavior will influence their health status. Family support has been consistently linked to improved health outcomes in numerous studies from the U.S. and abroad as well as in populations with varying chronic illnesses characterized by different geographic settings, socioeconomic status, and ethnic backgrounds.

Mc. Daniel, et al (2003) described that families are the primary caretaker for patients with chronic illness. Families are also the primary sources of emotional and social support; the one with whom to share the frustrations, discouragements, and despair of living with chronic illness. Families are certainly stressed by these experiences, but they can also be resources that are often overlooked.

According to pilot study on December 27, 2007 in hemodialysis unit PKU Muhammadiyah Hospital of Yogyakarta, found the data that there are 160 renal failure patients who get hemodialysis treatment in PKU Muhammadiyah Hospital of Yogyakarta. Hemodialysis unit in PKU

Muhammadiyah Hospital of Yogyakarta held three sessions of dialysis everyday and each session consist of 21 patients. Dialysis care in PKU Muhammadiyah Hospital of Yogyakarta divided to three groups. They are *Askes Gakin* group, *Askes PNS* group, and *Askes Swasta* group.

According to the interview result, 3 of 5 chronic renal failure patients said that they feel humble with their self because their life always depends on dialysis machine. Three of five patients were accompanied by their family. Three patients said that they feel so happy because their family always accompanying them during hemodialysis therapy. The other two patients said that sometimes they feel sad because their family can not accompanying them during hemodialysis therapy. It is because their family works in other place.

Based on the background of the problem explanation above, the writer interested to take a research about: "The correlation between family support and self-concept in chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah of Yogyakarta".

B. **Research Question**

From the explanation in the background of the problem above, so problem formulation of this research is, "Is there any correlation between family support and self-concept in chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta?"

C. Objective of the Study

1. General Objective

   To know how is the correlation between family support and self-concept in chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta.

2. Specific Objective

   a. To know how is family support on chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta.

   b. To know how is self-concept of chronic renal failure patients in Hemodialysis Unit PKU Muhamadiyah Hospital of Yogyakarta.

D. Significance of the study

1. For the hospital leaders

   By knowing the correlation between family support and self-concept of chronic renal failure patients, hopefully it can improve family based care in hemodialysis unit for the clients and their family.

2. For the client's family

   Give an advice for the family member to support clients with chronic renal failure in their condition so the clients with chronic renal failure always feel comfort beside their family and they have high self-esteem.

3. For other researcher

   This research result can be the reference for other related research.

E. Authentic of the research

As far as researcher knows, the research about the correlation between family support and self concept on chronic renal failure patients in hemodialysis unit PKU Muhammadiyah of Yogyakarta has not been conducted yet. The researches that are related with this research are:

1. Dwi Susanti (2007) *"Dukungan keluarga (pasangan) dan tingkat stress pada klien gagal ginal kronik di Unit Hemodialisa RS PKU Muhammadiyah Yogyakarta"*. This is non experimental research with cross-sectional approach. Result of this research shows that couple support is in high level (56,7%) and stress level of chronic renal failure patients is in level III (40%). Correlation value of this research is – 0,789 and significance value is 0,000.
2. Asri Prabawani (2005) "*Hubungan dukungan sosial dengan tingkat depresi pasien yang menjalani terapi hemodialisis"*. This is non experimental research with cross-sectional approach. Result of this research shows that 30 (93,75%) patients have high level of social support. Majority about 12 (37,5%) patients get social support from primary and secondary resources. The result also shows that 1 (3,1%) respondent get high level of depression, 11 (34,4%) respondents get moderate level of depression, and 20 (62,5%) respondents get low level of depression. The correlation coefficient result from two variables are r= - 0,521 with significance level of p= 0,03.

CHAPTER II

LITERATURE REVIEW

A. Family

1. Definition of family

Friedman, et al (2003) defined family as any group of people who live together. Families exist in all sizes and configurations and are essential to the health and survival of the individual family members, as well as to society as a whole. The family is a buffer between the needs of the individual members and the demands and expectations of society. The role of the family is to help meet the basic human needs of its members while also meeting the needs of society.

According to Department of Health RI *cit* Effendi, N. (1998) family is a smallest unit of the society that contains of leader of the family and a few persons who live together in one area and in a dependence condition. Duval (1997) defined a family as two or more people who are related through blood, marriage, adoption, or birth. Friedman (1992) expanded that definition by including two or more people who are emotionally involved with each other and live together (Taylor, et al. 2005).

Family is any group of people who are related through blood, marriage, adoption, or birth and they live together in one area in a dependence condition.

2. Functions of family

Friedman et al (2003) stated that families have functions that are important in how individual family members meet their basic human needs and maintain their health. The family provides the individual with necessary environment for development and social interactions. Families also are important to society as a whole because they provide new and socialized members for society. Five major functions of the family are as follows:

a. Affective function

The affective function is a central basic for both the formation and the continuation of the individual family unit, and it thus constitutes one of the most vital functions of families.

b. Socialization and social placement function

Socialization of family member is a universal, cross-cultural functional requisite for societal survival. It refers to the myriad of learning experiences provided within the family aimed at teaching children how to function and assume adult social roles such as those of husband–father and wife–mother. Social placement or status conferring is the other aspect of the socialization function. Conferring of status on children refers to passing on of the traditions, values, and privileges of the family.

c. Reproductive function

One of the basic functions of the family is to insure continuity of the intergenerational family and of society-that is, provide recruits for society. In the past, marriage and the family were designed to regulate and control sexual behavior as well as reproduction. These aspects (i.e., the control of sexual behavior, contraception, and reproduction) are now less important functions of the family.

d. Economic function

The economic function involves the family's provision of sufficient resources–financial, space, and material–and their appropriate allocation by decision-making processes.

e. Physical function

The physical functions of the family are met by the parents providing food, clothing, shelter, health care, and protection against danger, the family also provides a safe, comfortable environment necessary for growth, developmental, and rest or recuperation.

B. Family Support

1. Definition

Family social support is an aid or support that given by family to the family member in which that support as a moderator variable which shows the coping facilities (Smith, 1994). Individual believe that family social support can help them to face the problem and to know that its

problem can make the pressure for themselves (Rosenbaum *cit* Solikin, 1992).

Caplan cit Friedman (2003) explains that the family has four supportive functions including informational support (the family serves as a collector and disseminator of informational about the world); appraisal support (the family acts as a feedback guidance system, guides and mediates problem solving, and is a source and validator of member identity); instrumental support (the family is a source of practical and concrete aid); and emotional support (the family serves as a haven for rest and recuperation and contributes to emotional mastery).

2. Sources of family support

According to Caplan cit Friedman (2003) there are three general sources of social support. These consist of spontaneous, informal networks; organized supports not directed by professional health care workers; and organized efforts by health care professionals. Of these, the informal social network (defined as family's social network) is viewed as the group providing the greatest amount of help in times of need.

Family social support refers to the social supports that are perceived by family members to be available/accessible to the family (the social support may or may not be used, but family members perceive that supportive person are ready to provide aid and assistance if needed). Family social support can either be internal family social support, such as

spousal support or sibling support; or external family social support–the social support external to the nuclear family (within the family's social network).

3. Benefits of family support

Family social support is a process that occurs over the life span, with the nature and type of social support varying in each of the family life cycle stages. For instance, the types and quantity of social support during the stage of marriage (before a young couple have children) is drastically different than the social support types and amount needed when the family is in the last stage of life cycle. Nevertheless, in all life cycle stage, family social support enables the family to function with versatility and resourcefulness. As such, it promotes family adaptation and health.

C. Self-Concept

1. Definition of self concept

Stuart & Sundeen (1995) defined self-concept as all the notions, beliefs, and convictions that constitute an individual's self-knowledge and that influence relationships with others. It includes the individual's perceptions of personal characteristics and abilities, interactions with other people and the environment, values associated with experiences and objects, and goals and ideals.

Taylor, et al (2005) defined self-concept as the mental image or picture of self. All the feelings, beliefs, and values associated with “I” or “me” compose self-concept.

According to Rowlins, et al (1992) self concept is the individual’s mental composite of all aspects of self of which one is aware. It includes all of one’s self perception including physical, emotional, intellectual, social, and spiritual dimensions. It is assessed on a continuum from positive to negative self esteem is one’s judgment of personal worth. It is derived from two primary sources-the self and others. It is assessed on a continuum from high to low.

Most theorists agree that self-concept does not exist at birth. The self develops gradually as the infant recognizes and distinguishes others and begins to gain a sense of differentiation from others (Stuart & Sundeen, 1995). After adolescent, self concept is less amenable to changes and is more constant than self esteem. It is more internally regulated. However, in general self concept and self esteem are correlated. That is, a person with a positive self concept usually has high level of self esteem, while the person with a negative self concept has a low self esteem (Taylor, et al., 2005).

2. Components of self-concept

The following are five components of self concept according to Stuart & Sundeen (1995):

a. Body Image

Body image can be defined as the sum of the conscious and unconscious attitudes the individual has toward his body. It includes present and past perceptions as well as feelings about size, function, appearance, and potential. Body image is a dynamic entity because it is continually being modified by new perceptions and experiences. It serves as a target or screen on which the person projects significant personal feelings, anxieties, and values.

b. Self-ideal

The self-ideal is the individual's perception of how one should behave based on certain personal standards. The standard may be either a carefully constructed image of the type of person one would like to be or merely a number of aspirations, goals, or values that one would like to achieve. The self-ideal creates self-expectations based in part on society's norms to which the person tries to conform.

Formation of the self-ideal begins in childhood and is influenced by significant others who place certain demands or expectations on the child. With time, the child internalizes these expectations, and they form the basis of his own self-ideal. New self-ideals that may persist throughout life are taken on during adolescence, formed from

identification with parents, teachers, and peers. In old age additional adjustments must be made that reflect diminishing physical strength and changing roles and responsibilities.

Various factors influence self-ideal. First, a person tends to set goals within a range determined by abilities. One does not ordinarily set a goal that is accomplished without any effort or that is entirely beyond one's abilities. Self-ideal are also influenced by cultural factors as the person compares his self-standards with those peers. Other influencing factors include one's ambitions and the desire to excel and succeed, the need to be realistic, the desire to avoid failure, and feelings of anxiety and inferiority.

c. Self-esteem

Self-esteem is the individual's personal judgment of his own worth obtained by analyzing how well his behavior conforms to his self-ideal. The frequency with which his goals are achieved will directly result in feelings of superiority (high self-esteem) or inferiority (low self-esteem).

If a person is repeatedly successful, he tends to feel superior. But if he fails to live up to his expectations, he feels inferior. High self-esteem is a feelings rooted in unconditional acceptance of self, despite mistakes, defeats, and failures, as an innately worthy and important being. It involves accepting complete responsibility for one's own life.

d. Role performance

Roles are sets of socially expected behavior patterns associated with an individual's functioning in various social groups. Identity emerges from self-concept and is evident as role behavior. The individual assumes various roles that he attempts to integrate into one functional pattern. Because these roles overlap, an understanding of the person requires the nurse to see him in the context of the several roles he occupies.

On the basis of the perception of role adequacy in the most "ego-involved" roles, the individual develops a level of self-esteem. High self-esteem results from roles that meet needs and are congruent with one's self-ideal.

e. Personal identity

Identity is the awareness of "being oneself", as derived from self-observation and judgment. Identity is different from self-concept in that it refers to a feeling of distinctness from others. It implies consciousness of oneself as an individual with a definite place in the general scheme of things.

The person with a sense of identity feels integrated, not diffuse. When a person acts in accordance with his self-concept, his sense of identity is reinforced; when he acts in ways contrary to his self-concept, he experiences anxiety and apprehension. The person with a strong sense of identity sees himself as a unique individual.

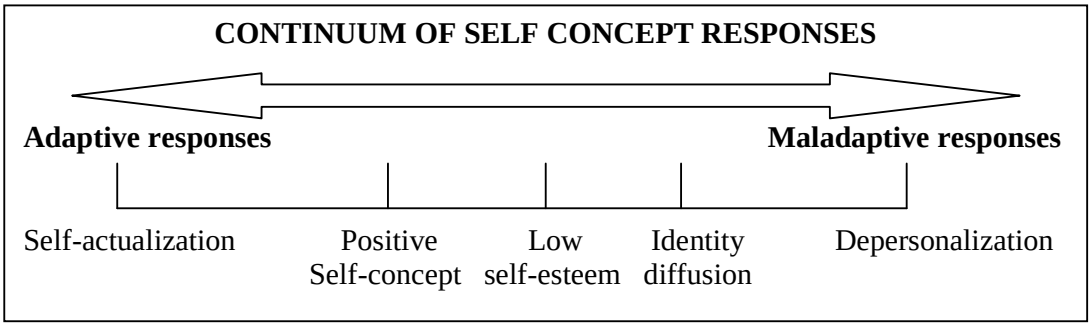

Figure 1 Continuum of self-concept response

3. Factors affecting self-concept

Based on Taylor, et al (2005), almost any life experiences can influence a person's self-concept. Key factors include developmental considerations, culture, internal and external resources, history of success and failure, and illness or trauma.

a Developmental consideration

As a person matures, the criteria that mark the experiences necessary for a positive self-concept change. Although the infant needs a supportive environment in which all human needs are met. The growing child needs the freedom to explore and develop the ability to meet increasing personal need.

b. Culture

As a child internalizes the values of parents and peers, culture begins to influence a sense of self. If the culture is relatively stable, little tension might be experienced between what culture expects of the child and what the child expects of self. When parents, peers, and the

adult world confront the child with different cultural expectation, the sense of self might be confused.

c. Internal and external resources

The personal strengths an individual recognizes, develops, and uses are powerful but subjective determinants of self-concept. The degree to which an individual integrates healthy, useful internal resources or personal strengths is associated with how well a person has been able to establish a positive self-concept in the context of nurturing experiences. Self-concept is also associated with the ability to identify and use external resources such as a network of support people, adequate finances, and organizational supports.

d. History of success and failure

People with a history of repeated failure might perceive themselves as failures and actually perpetuate this image by unconscious encouraging others to treat them this way. On the other hand, a series of successful experiences, especially when experienced in the context for accepting, nurturing, caring relationship might condition a person to strive for the next success, and a positive self-concept might be forged that expects success and takes it happen.

e. Crisis or life stressors

Stressors or crises might be call forth a personal response and mobilize an individual's talents, resulting in good feelings about one self, or it might result in emotional paralysis with diminished self-

concept. People vary greatly in their perception of what constitutes a crisis or stressor, as well as the degree to which

f. Aging, illness, and trauma

Many people take a healthy body for granted. Society encourages a kind of denial of the eventuality of aging, chronic illness, and the necessity to integrate crisis and change throughout each person's lifetime. People vary greatly in their response to aging, illness, and trauma. This is due to the threats to self-concept and internal beliefs about the self that these conditions may pose.

D. Chronic Renal Failure

1. Definition

According to Timby & Smith (2006), chronic renal failure is associated more often with intra renal conditions or is a complication of systemic diseases such as diabetes mellitus and disseminated lupus erythematosus. In chronic renal failure, the kidneys are so extensively damaged that they do not adequately remove protein by product and electrolytes from the blood and do not maintain acid-base balance.

Based on Brunner & Suddarth (2004), chronic renal failure is a progressive and irreversible deterioration in renal function in which the body's ability to maintain metabolic fluid and electrolyte balance fails, resulting in uremia or azotemia (retention of urea and other nitrogenous wastes in the blood). According to deWit (1998), chronic renal failure is

progressive loss of the kidney function that develops over the course of many months or years. In the early stages of the disease, renal function can remain adequately but the wastes product is normally filtered out by the kidney and excreted in the urine begin to accumulate in the plasma.

2. Stages of Chronic Renal Failure

According to Timby & Smith (2006), there are three stages of chronic renal failure.

a. Stage 1

Reduced renal deserve, characterized by a 40 % to 75 % loss of nephron function. The patient usually does not have symptoms because the remaining nephrons are able to carry out the normal function of the kidney.

b. Stage 2

Renal insufficiency occurs when 75% to 90% of nephron function is lost. At this point, the serum creatinine and BUN rise, the kidney loses its ability to concentrate urine, and anemia develops. The patients may report polyuria and nocturia.

c. Stage 3

End-stages renal disease (ESRD), the final stage of chronic renal failure, occurs when there is less than 10% of nephron function remaining. All of the normal regulatory, excretory, and hormonal functions of the kidney are severally impaired. ESRD is evidenced

by elevated creatinine and BUN levels as well as electrolyte imbalances. Once the patient reaches this point, dialysis usually is indicated. Many of the symptoms of uremia are reversible with dialysis.

E. Hemodialysis

1. Definition

Based on Pellico, L.H., (2004), Hemodialysis removes toxic wastes and other impurities from the blood of a patient with renal failure. In this technique, the blood is removed from the body through a surgically created access site, pumped through a dialyzing unit to remove toxin, and then returned to the body.

Hemodialysis requires transporting blood from the client through a dialyzer, a semi permeable membrane filter in a machine. The dialyzer contains many tiny hollow fibers. Blood moves through the hollow fibers. Water and wastes from the blood move into the dialysate fluid that flows around the fibers, but protein and RBCs do not. The filtered blood is returned to the client. The entire cycle takes4 to 6 hours and is performed three times a week (Timby & Smith, 2006)

2. Dialyzer

Based on Lewis, et. al (2004), the dialyzer is a long plastic cartridge that contains thousands of parallel hollow tubes or fibers. The fibers are the semi permeable membrane made of cellulose-based or other synthetic materials. The blood is pumped into the top of the cartridge and is dispersed into all of the fibers. Dialysis fluid (dialysate) is pumped into the bottom of the cartridge and bathes the outside of the fibers with dialysis fluid.

Ultra filtration, diffusion, and osmosis occur across the pores of this semi permeable membrane. When the dialyzed blood reaches the end of the thousands of semi permeable fibers, it converges into a single tube that returns it to the patient. Dialyzers available differ in regard to surface are, membrane composition and thickness, clearance of waste product, and removal of fluid.

3. Settings for hemodialysis

Hemodialysis can be done in an inpatient (hospital) or outpatient (clinic or hospital) setting. Inpatient dialysis is used for treating hospitalized patients. In outpatient dialysis the patients comes to the unit for treatment. The patient may choose to do self-care with backup support from trained personnel if needed. Self care patients put in the dialysis needles, set up the machine, and monitors the course of the treatment (Lewis, et. al., 2004)

According to Timby & Smith (2006) hemodialysis can also be done at home. One of the main advantages of home hemodialysis is that it allows greater freedom in choosing dialysis times. Today home hemodialysis is the treatment choice for more patients because it is less technically demanding, it requiresless specialized equipment, and no water treatment system is needed.

Most people sleep, read, talk, or watch television during dialysis. Treatments usually last 3 to 5 hours and are done three times per week to achieve adequate clearance and maintain fluid balance.

F. CONCEPTUAL FRAMEWORK

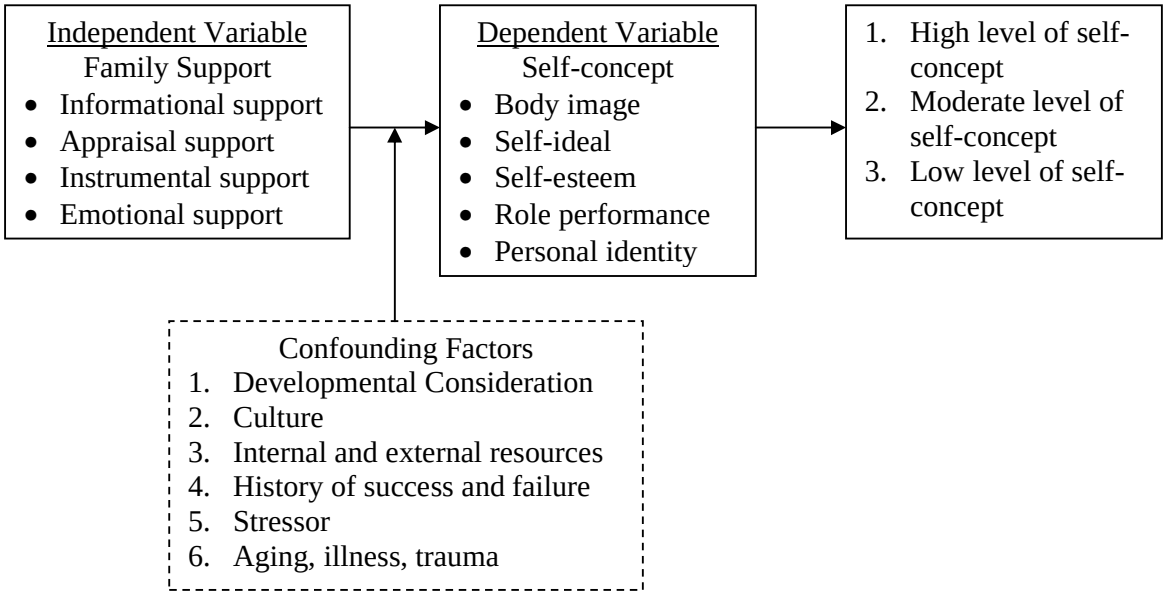

Figure 2 Conceptual Framework

Notes:

_____ : Researched

---------- : Not

G. HIPOTESIS

"There are any correlation between family support and self-concept in chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta.

CHAPTER III

THE RESEARCH METHOD

A. Kind of the Research

This research uses the non experimental method with the cross-sectional approach which involved the collection of data at one point in time (Polit & Hungler, 1999).

B. Population and Sample

1. Population

   Based on Arikunto (2006), population is the totally from the research subject that has fulfilled the criteria from the research itself. The population of this research is all of the chronic renal failure patients who get hemodialysis therapy in PKU Muhammadiyah Hospital of Yogyakarta.

2. Sample

   Samples are part of the population studied and can be used as the subjects of the researched. These samples are taken through sampling process so they can represent all of the population (Arikunto, 2006). This research use the *purposive sampling method* by choosing the sample based on the writer's needs, so that the sample can represent the population characteristic that have been determined before.

Based on Arikunto (2006), the samples 15 % or 20% is represent enough for the research which population is more than 100 people. The researcher took 20% of population as the samples. The quantities of sample from this research are 32 patients and their partner (their family) who are taken care in hemodialysis unit of PKU Muhammadiyah hospital of Yogyakarta and these fulfilled have following inclusion criteria:

a. Ready to be a respondent
b. The client is chronic renal failure patient
c. The client whose consciousness level is good (Compos Mentis)
d. The client is 20 – 60 years old
e. The client is accompanied by their partner (their family) during hemodialysis therapy
f. The client live with their partner (their family) in a house

C. Time and Location Of The Research

This Research was conducted in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta on March - April 2008.

D. Research Variables

1. Independent Variable

   Independent variable is the variable that is believed to cause or influence the dependent variable (Polit & Hungler, 1999). Independent variable of this research is family support.

2. Dependent Variable

   Dependent variable is the outcome variable of interest, the variable that is hypothesized to depend on or be caused by another variable, the dependent variable (Polit & Hungler, 1999). Dependent variable of this research is self-concept.

E. Operational Definition

1. Family support is an aid and supports that given by the chronic renal failure patient's family (husband, wife, child, and parents) who accompanying the chronic renal failure patients during hemodialysis therapy in PKU Muhammadiyah Hospital of Yogyakarta which consist of instrumental support, informational support, emotional support, and appraisal support. This research result will use the ordinal scale with the classification: high if the score is 76-100%, moderate if the score is 56-75%, and low if the score is <56%.

2. Self-concept is the way of chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta to

see their self that consist of self-ideal, self-esteem, personal identity, role performance, and body image, and that influence the relationship between chronic renal failure patients and others. This research result will use the ordinal scale with the classification: high level if the score is 76-100%, moderate level if the score is 56-75%, and low level if the score is <56%.

3. Chronic renal failure is a renal disturbance or the decrease of renal function progressively which have been diagnosed by the doctor as chronic renal failure in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta and they need the hemodialysis as the therapy.
4. PKU Muhammadiyah Hospital is one of the institutions which concern in health department and receive the *Askes Gakin*, *Askes PNS*, and *Askes Swasta* patients in hemodialysis unit.

F. Research Instrument

1. Instrument to measure family support is adopted by Susanti's questionnaire (2007). This questionnaire consists of few aspects with 20 questions. The following are the distribution of the questions for the instrument to measure family support.

Table 1. Distribution of the questions for the family support instrument

Questions	Favorable	Unfavorable	Amount
Emotional support	1,2	3,4,5,6	6
Appraisal support	7,9	8,10	4
Instrumental support	12,13,14	11,15	5
Informational support	16,18,20	17,19	5
Total			20

The researcher used the likert scale method to compose the instrument in this research, with four alternatives of the answer. There are never, seldom, often, and always. The certainty to value the score for the favorable items answers are four for the answer ”always”, three for the answer ”often”, two for the answer ”seldom”, and one for the answer ”never”. The certainty to value the score for the unfavorable items answers are one for the answer ”always”, three for the answer ”often”, two for the answer ”seldom”, and one for the answer ”never”. If the clients get higher score, it means that chronic renal failure patients get higher family support from their family.

The value interpretation is using the total score:

High level of support : if the total scores 76-100%

Moderate level of support : if the total scores 56-75%

Low level of support : if the total scores < 56%

2. Instrument to measure self-concept is modification from Partini’s questionnaire (2004). Partini use the questionnaire as the instrument to

measure the self-concept of teenager diabetes mellitus patients in dr. Sardjito Hospital of Yogyakarta. In this questionnaire, the question number 7, 8, and 9 are related to the dream of the teenagers. So the researcher changed those questions to be more related to the respondents' characteristic in this research.

This questionnaire consists of few aspects with 20 questions. The following are the distribution of the questions for the instrument to measure self-concept.

Table 2. Distribution of the questions for the self-concept instrument

Questions	Favorable	Unfavorable	Amount
Body image	5	1,2,3,4	5
Self-ideal	8,9	6,7	4
Self-esteem	10,12,14	11,13,15,16	7
Role performance	19,20	17,18	4
Personal identity	21,25	22,23,24	5
Total			25

The researcher used the likert scale method in this research, with four alternatives of the answers. There are never, seldom, often, and always. The certainty to value the score for the favorable items answers are four for the answer "always", three for the answer "often", two for the answer "seldom", and one for the answer "never". The certainty to value the score for the unfavorable items answers are one for the answer "always", three for the answer "often", two for the answer

”seldom”, and one for the answer ”never”. If the clients get higher score, it means that chronic renal failure patients have higher self-concept.

The value interpretation is using the total score:

High level of self-concept : if the total scores 76-100%

Moderate level of self-concept : if the total scores 56-75%

Low level of self-concept : if the total scores < 56%

G. Data Collection

Researcher took the data by interview and gave the questionnaire to the clients who get hemodialysis therapy and their family (husband, wife, child, parents) who accompanied them during hemodialysis therapy directly. The researcher took the data at the beginning of the hemodialysis therapy in each session to avoid the patients become sleepy or weak because of the therapy. They are at 07.30 WIB (Western Indonesian Time), 11.00 WIB (Western Indonesian Time), and 15.00 WIB (Western Indonesian Time).

The researcher gave the questionnaire to the chronic renal failure and their family in the same time. The chronic renal failure patients and their family filled the questionnaire at the same time. But there was some chronic renal failure patients filled the questionnaire after the family finished to fill the questionnaire because they had difficulties to filled the questionnaire by them self. During the clients and family filled the

questionnaire, the researcher accompanied them and if there was unclear question, they can ask to the researcher directly.

H. Validity and Reliability Test

1. Validity Test

   An instrument is valid if the instrument itself can measure what the researcher want and can express the data's of the variable exactly (Arikunto, 2002). Validity test in this research is use the product moment correlation from Pearson formulation. The following is the formulation:

$$rxy = \frac{N \cdot \sum xy - \left(\sum x\right)\left(\sum y\right)}{\sqrt{\left\{N \cdot \sum x^2 - \left(\sum x\right)^2\right\}\left\{N \cdot \sum y^2 - \left(\sum y\right)^2\right\}}}$$

   Notes :

   rxy = the number of product moment

   x = value for each item

   y = value for all item

   N = total item

   Validity test for this research have been done to 15 chronic renal failure patients and their family in hemodialysis unit PKU Muhammadiyah Hospital of Yogyakarta. Validity coefficient less than 0,30 is not satisfying to measure the datas from the variable measured (Azwar, 1997).

The validity result for the family support instrument is, from 20 questions in this instrument, all of the questions is valid. Whereas the validity result for self-concept instrument is, from 25 questions in this instrument, there are 2 questions is not valid. They are the question number 14 and 25.

2. Reliability Test

Reliability test for the instrument in this research use the Alpha Cronbach formulation. It is suitable for the questionnaire test (Arikunto, 2002). The following is the formulation:

$$r11 = \left[\frac{k}{k-1}\right]\left[1 - \frac{\sum \sigma b^2}{\sigma t^2}\right]$$

Notes :

r 11 = reliability instrument

k = number of item question

$\sum \sigma b^2$ = number of item varians

σt^2 = total varians

Reliability result is expressed by the reliability coefficient which the number is in range of 0 – 1,00. If the reliability coefficient is higher (near with 1,00), it means that the instrument reliability is higher Azwar (2003).

Reliability test result for the family support instrument is α = 0,9315 and for the self-concept instrument is α = 0,9379. It means that the instrument is reliable for this research.

I. Analysis of the Data

After collection of the data, the data will be analyzed based on the following steps:

1. Editing is the way to recheck the data such as check the identity of the respondent and check the completeness of the data.
2. Coding is the activity to give the code to the data.
3. Data entry is the activity to entry the data to the computer database and then makes a simple frequency distribution.
4. Data analyzing is the activity to analyze the data. The data in this research for each variable is ordinal data so the statistic analysis technique is non parametric statistic. The correlation technique for this research is Rank Spearman correlation technique with SPSS 12 version for windows.

J. Research Difficulties

There was few difficulties during the researcher took the research

1. Few chronic renal failure patients were not cooperative so little bit difficult to the researcher to take the data from them.
2. Few families did not give the permit for the researcher to take the data from the patients.
3. There is dialysis tube on the arm of the chronic renal failure patients so it can make the decrease of the respondent’s concentration to fill the questionnaire.

K. Research Ethics

The following are ethical principle in a research according to Polit & Hungler (1999):

1. The principle of beneficence

   In this principle, the researcher should explains to the participants that their research are free from harm and free from exploitation. The researcher also should strive insofar as possible to maximize and to communicate candididly the potential risks and benefits to the participants.

2. The principle of respect for human dignity

   This principle includes the right to self-determination and the right to full disclosure. The principle of self-determination means that the participants have the right to decide voluntarily whether to participate in a study. It also means that people have the right to decide at any point to terminate their participation, to refuse to give information, or to ask for clarification about the purpose of the study or specific study procedures. Full disclosure means that the researcher has fully described the nature of the study, the participant's right to refuse participation, the researcher's responsibilities, and the likely risks and benefits that would be incurred.

3. The principle of justice

   This principle includes the participant's right to fair and equitable treatment before, during, and after their participation in the study. It

also includes the right to privacy. It means that the researcher needs to ensure that their research is not more intrusive that it needs to be and that the participant's privacy is maintained throughout the study.

CHAPTER IV

FINDINGS AND DISCUSION

A. Research Finding

1. General description of the research site

PKU Muhammadiyah Hospital of Yogyakarta is one of the private hospitals in the Yogyakarta which is as the good effort from the leader of Muhammadiyah Board Center *(Pimpinan Pusat Persyarikatan Muhammadiyah)* and was founded as the Moslem facility to deliver the Moslem law through the health aspect. Besides that, there is a good purpose to realize the higher health degrees using the health education approach, preventive disease and also by the health recovery (rehabilitation) which is organized completely based on the rules of law and also the Moslem lesson direction without look at the religion, social status and the community group of the patients (Anonym, 2007).

PKU Muhammadiyah Hospital of Yogyakarta was founded by H.M Sudjak that supported by K.H Ahmad Dahlan named PKO *(Penolong Kesengsaran Oemat)* that consisted of clinic and polyclinic that was founded on the February, 15th 1923 which took place in the Notoprajan street no. 15. Then, the name was changed becoming PKU *(Pembina Kesejahteraan Umat)* and until now take place in the Ahmad Dahlan street no. 20 Yogyakarta (Anonym, 2007).

PKU Muhammadiyah Yogyakarta has an accreditation status for the 12 service aspects with C plus type services. The services units consist of hospitalization and in hospitalization. The in hospitalization units serve on the clinic and polyclinic with the own schedule and special for the Emergency Unit gives 24 hour service daily. On the other hand, the hospitalization unit gives the service in every ward: 9 wards, babies' room and ICU/ICCU.

Hemodialysis unit PKU Muhammadiyah Hospital of Yogyakarta was founded on 1995 with the total machines are one unit. At the first time, Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta took place in the same room with ICU/ICCU room. Now Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta has 23 machines, include one unit emergency machine and one unit $HBSAg^{+}$ machine. Now hemodialysis unit PKU Muhammadiyah Hospital of Yogyakarta has a special room in the left side of PKU Muhammadiyah Hospital of Yogyakarta building.

Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta has 160 patients. They are divided into three kinds of services. They are *ASKES PNS, ASKES GAKIN,* and *ASKES SWASTA.* The patients who have *ASKES PNS* and *ASKES GAKIN* facility will get free purchase service and for those who have *ASKES SWASTA* facility should pay Rp.575.000,- until Rp.635.000,- for each dialysis. That is depends on the dialisat fluid and also hollow fiber used.

Hemodialysis schedule is divided into three sessions in one day; it consists of the first session from 06.30-10.30 WIB (Western Indonesian Time), the second session from 11.00-15.00 WIB (Western Indonesian Time), and the third session from 15.30-19.30 WIB (Western Indonesian Time). This unit can give service for 21 patients in each hemodialysis session with 12 nurses there.

Condition in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta during hemodialysis therapy was little bit noisy. The hospital only furnished a plastic chair for each bed. The distance between a bed and the other is too close and there is no partition between each bed.

2. Respondent Characteristics

Respondents in this research are 32 chronic renal failures who get hemodialysis therapy and 32 patient's family who is accompanying for the patients. The patient's characteristics divided according to the age, education level, job, how long they get chronic renal failure, and the other disease suffered.

Table 3. Chronic renal failure patient respondents according to the age, education level, job, how long they get chronic renal failure and the other disease suffered

Characteristic	Frequency	Percentages
1. Age		
21-30	6	18,7
31-40	6	18,7
41-50	5	15,6
51-60	15	47,0
Total	32	100
2. Education Level		
Elementary School	5	15,6
Junior High School	5	15,6
Senior High School	10	31,3
University	11	34,4
Never take school	1	3,1
Total	32	100
3. Job		
Laborer	7	21,9
Teacher	3	9,4
Entrepreneur	2	6,2
Civil servant	6	18,7
Housewife	3	9,4
Jobless	11	34,4
Total	32	100
4. Length they get chronic renal failure		
>1 years	25	78,1
<1 years	7	21,9
Total	32	100
5. Other disease		
Available	14	43,7
Unavailable	18	56,3
Total	32	100

Table 3 shows that the respondent characteristic majority age about 15 (47,0%) respondents are 51–60 years old and there are four (12,6%) respondent is more than 60 years old. Based on the education level, majority 11 (34,4%) respondent are university and only one (3,1%) respondent never take school. Respondent characteristic according to

the job, majority 11 (34,4%) respondents are jobless and at least 2 (6,2%) respondent are entrepreneurs.

Based on length they get chronic renal failure is, majority 25 (78,1%) respondents are more than one year and 7 (21,9%) respondents are less than one year. Respondent characteristic according to the availability of other disease, as much as 18 (56,3%) respondents have no other disease and there are 14 (43,7%) respondents have other disease.

Table 4. Chronic renal failure patient's family respondents according to the age, education level, job, and relation with the client

Characteristic	Frequency	Percentages
1. Age		
21 - 30	11	34,4
31 - 40	9	28,1
41 - 50	4	12,6
51 - 60	9	24,9
Total	32	100
2. Education Level		
Elementary School	4	12,6
Junior High School	3	9,4
Senior High School	15	46,7
University	10	31,3
Never take school	0	0
Total	32	100
3. Job		
Laborer	6	18,7
Teacher	4	12,6
Entrepreneur	9	28,1
Civil servant	2	6,2
Housewife	5	15,6
Jobless	6	18,7
Total	32	100
4. Relationship with the clients		
Husband	7	21,8
Wife	12	37.5
Child	10	31,3
Parent	3	9,4
Total	32	100

Table 4 shows that the family support respondent majority age about 11 (34,4%) respondents are 21 - 30 years old and only one (3,1%) respondent is more than 60 years old. Based on the education level, majority 15 (46,7%) respondent are senior high school and there is no respondent never take school. Respondent characteristic according to the job, majority 9 (28,1%) respondents are entrepreneurs and there are 2 (6,2%) respondents are civil servant. Based on the relationship with the client, mostly about 12 (37,5%) respondents are the wife and at least about 3 (9,4%) respondents are the parent.

3. Description of family support for chronic renal failure patients

Table 5. Total of family support respondent in chronic renal failure patient

No	Family Support	Frequency	Percentages
1	Low level of support	0	0
2	Moderate level of support	1	3,1
3	High Level of support	31	96,9
	Total	32	100

Table 5 shows that the majority about 31 (96,9%) respondents give high level of family support to the client, only 1 (3,1%) respondent give moderate level of family support, there are no respondent give low level of self concept.

Table 6. Distribution of family support for chronic renal failure in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta

No	Component of Family Support	Frequency	Percentages
1	Emotional support		
	High	29	90,6
	Moderate	3	9,4
	Low	0	0
	Total	32	100
2	Appraisal Support		
	High	32	100
	Moderate	0	0
	Low	0	0
	Total	32	100
3	Instrumental Support		
	High	26	81,3
	Moderate	5	15,6
	Low	1	3,1
	Total	32	100
4	Informational Support		
	High	23	71,9
	Moderate	6	18,7
	Low	3	9,4
	Total	32	100

Table 6 shows that majority families, about 29 (90,6%) respondents give high level of emotional support for chronic renal failure patients. All families, 32 (100%) respondents, also give high level of appraisal support. For the instrumental support, majority families also give high level of support. It is about 26 (81,3%) respondents. While for informational support, majority families about 23 (71,9%) respondents give high level of support.

4. Description of self-concept of chronic renal failure patients

Table 7. Total of self-concept respondent in chronic renal failure patient

No	Family Support	Frequency	Percentages
1	Low level of self-concept	5	15,6
2	Moderate level of self-concept	9	28,1
3	High Level of self-concept	18	56,3
	Total	32	100

Table 7 shows that the majority 18 (56,3%) respondents have high level of self-concept, 9 (28,1%) respondents have moderate level of self-concept, and there are 5 (15,6%) respondents have low level of self-concept.

Table 8. Distribution of self-concept of chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta

No	Component of Self-concept	Frequency	Percentages
1	Body image		
	High	12	37,6
	Moderate	6	18,7
	Low	14	43,7
	Total	32	100
2	Self-ideal		
	High	3	9,4
	Moderate	11	34,4
	Low	18	56,2
	Total	32	100
3	Self-esteem		
	High	19	59,4
	Moderate	5	15,6
	Low	8	25,0
	Total	32	100
4	Role performance		
	High	19	59,4
	Moderate	8	25,0
	Low	5	15,6
	Total	32	100
5	Personal identity		
	High	28	87,5
	Moderate	3	9,4
	Low	1	3,1
	Total	32	100

Table 8 explains about the distribution of self-concept components of chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah Hospital of Yogyakarta. Majority patients have low level of body image and self-ideal. It is about 14 (43,7%) respondents for body image and 18 (56,2%) respondents for self-ideal.

Majority patients have high level of self-esteem, about 19 (59,4%) respondents. Patients also have high level of role personal and personal

identity. It is about 19 (59,4%) respondents for role performance and 28 (87,5%) respondents for personal identity.

5. The correlation between family support and self-concept in chronic renal failure patient

Table 9. The correlation between family support and self-concept in chronic renal failure patient

Self-concept / Family Support	Low level of self - concept		Moderate level of self-concept		High level of self - concept		Total	
	Σ	%	Σ	%	Σ	%	Σ	%
Low level of family support	0	0	0	0	0	0	0	0
Moderate level of family support	0	0	1	3,1	0	0	1	3,1
High level of family support	5	15,6	8	25	18	56,3	31	96,9
Total	5	15,6	9	28,1	18	56,3	32	100

Table 9 shows the majority about 18 (56,3%) families who give high level of support to the chronic renal failure patients cause high level of self concept. There is only 1 (3,1%) family who give moderate level of self-concept cause moderate level of self-concept. Analysis of the data by spearman rank statistic test with significance value 0,05 shows that significance result is p = 0,439 and coefficient correlation is 0,142. It means that there is no correlation between family support and self concept of chronic renal failure patients in hemodialysis unit PKU Muhammadiyah Hospital of Yogyakarta.

B. Discussion

1. Family Support

According to the analysis from table 5, the research to the 32 respondents shows that most of the chronic renal failure patient's family supports the patients in high level of support. It is about 31 (96,9%) respondents. Based on Kaplant cit Susanti (2007), family support is the relationships between someone and other people that can give safe feeling and can give optimistic feeling to face the future.

According to the Friedman (2003), family is viewed as a system, so if there are any disturbances in a family member, it will influence all of family system. Family also serves as a primary source of love, approval, reward, and support.

Table 5 explains about the family support which consists of the support from the couple (husband, wife, child, and parent). Most of the chronic renal failure patients get very good support system from their family because in average the patients has get hemodialysis therapy for more than one years and hopefully the patients have come to the self acceptance level to the illness role.

Family support is a social supports that are perceived by family members to be available or accessible to the family. There are four kinds of family social support. They are emotional support, informational support, instrumental support, and appraisal support.

Based on the table 4, most of the chronic renal failure patients get support from their wife. Couple (husband/wife) is the first person who gives support to the couple before the other person give support (H.L Blum cit Susanti, 2007). The other research from Kodriati (2004) said that the most expectation support for diabetes mellitus patients is from the couple, and then from the children.

Table 6 shows that families give high level of support in all components of family support either emotional, appraisal, instrumental, or informational support. Families give emotional support in a form of always support the patients when they feel sad because of their disease and serve the daily needs of the patients patiently. From the appraisal support, families always keep ask for patient's opinion if they have problem although the patients is in high level of weakness.

Families also give high level of instrumental support by provide found for hemodialysis treatment and always aware if the patient needs for health support facilities. It is contradict with a theory that family with a member who get chronic renal failure disease usually will have financial problem.

Informational support also given by families in high level in a form of suggests the patients to take routine hemodialysis treatment. Families also always visit the doctor to control and get information about the patient's condition.

Social support is very important for the patients who has chronic disease (in this case, patients who get hemodialysis therapy) because social relationship can influence habit of someone and habit can give the health result as they want. Family member is the closest person for the respondent so it is natural if the respondent hopes their family became a support resource. Most of the respondents get a good support system from their family because most of them have got hemodialysis therapy for more than one year. According to the Kurniasari (2004), the longer time the patient suffered from chronic renal failure, the bigger family support they get.

2. Self-concept of chronic renal failure patients

According to the analysis from table 4.4, shows that most of the chronic renal failure patients about 18 (56,3%) respondents have high level of self-concept (positive self-concept). Based on Rowlins, et al (1992) self-concept is the individual's mental composite of all aspects of self of which one is aware. It includes all of one's self perception including physical, emotional, intellectual, social, and spiritual dimensions.

Based on Stuart & Sundeen (1995), positive self-concepts result from positive experiences leading to perceived competence. Someone told have negative self-concept if he or she sure and see their self as a weak person, powerless, can not do anything, fail, not interesting, loss

of power to face the life. Positive self-concept gives the possibility to the person to be more optimistic, full confidence, and always think positively for everything (Rini cit Kurniasari, 2007)

Research from Helmi & Ramdani (1992) shows that self-concept is very important for successful of someone in social relationship. It means that with positive self-concept, someone will have positive attitude and he or she will get positive feedback from the environment.

The result shows that the personal identity of the patients is good because most of them still feel that their condition is still accepted by their family. It is because the family have a good role, they never isolate the patients although the patients is in a high level of weakness so the patients feel accepted in the family.

Most of the patients said that they are still has an important function in their family. It is contradict Ibrahim (1999) research that functional disturbances in stroke patients cause the patients can not move their extremities so the patients loss of self-existence and worthless.

The result also shows that the patients feel no afraid if their disease is uncured and cause any disturbances in their body. Based on Brunner & Suddarth (2002), hemodialysis will prevent the patients from death but it can not cure the patients from the disease and can not balance loss of the metabolic activity.

Many patients feel positive about the dialysis because it makes them feel better and keeps them alive, but there is often great ambivalence about whether it is worthwhile. Dependence on the machine is a reality, and some have dreams about being tired to the machine.

Patients feel that chronic renal failure disturbs and influences their job. It is match with Prabawani (2005) that two third hemodialysis patients never go back to their beginning activities or job. They also said that they can not do anything like the other person does. It is because the patients are in high level of weakness.

Chronic disease can be a stressor that influences form of self-concept for the patients. Chronic disease can disturb someone ability to do their activity and to have contribution in their life so they will feel that they are worthless (Potter & Perry cit Supriyanti, 2007)

3. The correlation between family support and self-concept of chronic renal failure patients

According to the table 4.5, majority about 18 (56,3%) families who give high level of support to the chronic renal failure patients cause high level of self concept. Data analysis shows that significance value 0,493 is higher than significance value taken (0,05). It means that there is no correlation between family support and self-concept in chronic renal failure patients. It is contradict with the research from

Appleton, et. al (1997) that family social support (siblings and parents) was significantly associated with depressed mood and global self-worth in patients with spina bifida.

There were so many factors that may influence the patients' self-concept. Majority the patients are 51-60 years old and they had suffered from chronic renal failure for more than one year. The study from Baran & Gultekin (2007) said that the self-concept of the patients with acute and chronic disease vary, depending on the age, diagnosis of the disease, treatment period, and length of suffering from the disease.

Based on the data analysis, majority patients are 51-60 years old so the patients get so many social support not only from their couple, but also from their children or even their grandchildren. Research from Hoskin. C.N., (2001) conclude that if the patients get greater social support from partners, the patient's ability to perform life roles and greater satisfaction with healthcare are strongly predictive of patients' perception of better overall health status and greater psychological well-being.

Family support is a support given by the family to the family member, which is each person believe that family support help to face the problem (Rosebaum cit Hastuti, 2005). From the psychological aspect, clients feel that their self still considered as an important person. It can raise the spirit of the client in facing their problem.

Client consider that they are not alone there are family to support them when they do hemodialysis therapy.

The other factor that may have influence the result of this research is the relationship between client and family. It shows that someone who gets hemodialysis therapy with family beside them will help the client to solve their problem. From the table 4.2, majority the chronic renal failure patients accompanied by their wife. One of the family support forms is always stay beside the client to support them during they get hemodialysis therapy, besides informational support, instrumental support, emotional support, and appraisal support.

Result of the research shows that majority family give high level of support. Someone who get social support will be more against to the stressor than someone who get little or even did not get social support at all (Potter & Perry, 1993). Self-concept is based aspect from someone attitude, so someone with higher self-concept will have more effective function in their environment (Meier cit Supriyanti, 2007).

The research from Karabulutlu & Tan (2005) showed that hopelessness of the Turkish patients with cancer was reduced with increasing social supports. This result reveals that the families have important roles with the patients with chronic disease.

CHAPTER V

CONCLUSION AND SUGGESTION

I. Conclusion

After collecting and analyzing the data, from the 32 chronic renal failure patients and their family in hemodialysis unit of PKU Muhammadiyah Hospital of Yogyakarta, the conclusions can be drawn as follows:

1. Family support for chronic renal failure in hemodialysis unit PKU Muhammadiyah Hospital of Yogyakarta majority is in high level (96,9%)
2. Self-concept of chronic renal failure patients in hemodialysis unit of PKU Muhammadiyah Hospital of Yogyakarta is in high level (56,3%)
3. There is no correlation between family support and self-concept of chronic renal failure patients in hemodialysis unit PKU Muhammadiyah Hospital of Yogyakarta. It is because Spearman Rank statistic test result shows that significance result is p = 0,439 and coefficient correlation is 0,142.

II. Suggestion

1. For the hospital leaders

   By knew the correlation between family support and self-concept of chronic renal failure patients, hopefully the hospital leader can make a

policy to increases the services in hemodialysis unit by giving comfortable seats for the chronic renal failure patients and their family.

2. For the respondents

   May the family member can always support the clients with chronic renal failure in their condition so the clients with chronic renal failure always feel comfort beside their family and they have high level of self-concept.

3. For the next researchers

   a. They may make a research about family support and self-concept of chronic renal failure patients in two different hospitals and use total sampling in which the result can be generalized.

   b. They may make a research about family support and self-concept of the other disease patients in PKU Muhammadiyah Hospital of Yogyakarta.

   c. They may make a research which compares the self-concept of chronic renal failure patients at the early diagnose and late diagnose.

III. Strength and Weakness of the research

1. Strength of the research

   a. The research about family support and self-concept of chronic renal failure patients in Hemodialysis Unit PKU Muhammadiyah

Hospital of Yogyakarta was never done before and hopefully this research can add the knowledge about nursing science.

b. Analysis data method in this research use Rank Spearman correlation technique and it is match with method of the research.

2. Weakness of the research

a. Samples in this research were only 20% of the total respondents so the next research may make the research which use total sampling so the result can be generalized.

b. The confounding factors were not researched deeply so maybe it influenced the result of this research.

REFERENCES

Anonim. (2006, December). *Kenali penyakit ginjal kronis.* Ethical Digest, Vol. 34, p. 22-24.

Appleton, P.L., Ellis, N.C., & Minchom, P.E.(1997). *Depressive symptoms and self-concept in young people with spina bifida*, Vol. 22. Accessed on May 19, 2008 from www.jpcpsy.oxfordjournals.org/cgi/reprint

Arikunto, S. (2006) *Prosedur penelitian suatu pendekatan praktik*, Edisi Revisi Keenam, Rineka Cipta: Jakarta.

Azwar, S.(2004). *Penyusunan skala psikologi*. Pustaka Pelajar, Yogyakarta

Baran, G., & Gultekin, G. (2007). *A study of the self-concept of 9-14 year-old children with acute and chronic diseases.* Vol. 35. Accessed on May 19, 2008 from www.athypon-link.com/sjp/cgi/pdf/10.2224/sbp.2007.35.3.392

Baylon dan Maglaya.(1978). *Perawatan kesehatan keluarga-suatu proses*, Depkes, Jakarta

Brunner & Suddarth. (1996). *Buku ajar keperawatan medical bedah*. Edisi 3, EGC: Jakarta

Duvall, E. (1977). *Marriage and family development* (5th ed.). Philadelphia: J.B. Lippincott

Dempsey & Dempsey. (2002). *Nursing research: text and workbook (Palupi Widyastuti, Trans.)*. EGC: Jakarta.

Effendi, N.(1995). *Perawatan kesehatan keluarga*. EGC: Jakarta

Friedman.M.M.(1998). *Family nursing: research theory and practice* 4th Edition Appleton and Lange.Stamford.Connetievt

Friedman, M., Bowden, V., & Jones, E. (2003). *Family nursing: Research, theory, and practice* (5th ed.). Upper Saddle River, NJ: Prentice Hall

Hastuti, R.P.S., (2005). *Peran dukungan keluarga terhadap tingkat kecemasan klien pre operasi di RSU PKU Muhammadiyah Yogyakarta*. Skripsi strata satu.Universitas Muhammadiyah Yogyakarta.Yogyakarta

Karabulutlu, E,. & Tan, M,. (2005*). Social support and hopelessness in Turkish patients with cancer.* Vol. 28. Accessed on May 18, 2008 from www.nursingcenter.com/library/journal.article.asp

Kimmel, Paul. (2001). *Psychosocial factors in dialysis patients. Kidney International.* Accessed on November 30 2007, from http://www.nature.com/ki/journal/v59/n4/full/4492198a.html

Kodriati, Nurul. (2004). *Pengaruh dukungan social terhadap respon stress psikologi pada pasien diabetes mellitus di Yogyakarta, Indonesia dan Kobe, Jepang.* Skripsi strata satu. Universitas Gadjah Mada. Yogyakarta

Kurniasari. (2004). *Faktor – factor yang berhubungan dengan konsep diri penderita gagal ginjal kronik dengan terapi hemodialisa di RS dr. Sardjito Yogyakarta.* Skripsi strata satu. Universitas Gadjah Mada. Yogyakarta

Lewis, Heitkemper, Diksen. (2004). *Medical surgical nursing: assessment & management of clinical problems* (6th ed). Missouri: Mosby

Nurkhayati, Dini. (2005). *Gambaran dukungan keluarga pada pasien gagal ginjal kronik (ggk) yang menjalani terapi hemodialisa di instalasi dialisis RS dr Sardjito Yogyakarta*. Skripsi strata satu. Universitas Gadjah Mada. Yogyakarta

Nursalam. (2003). *Konsep & penerapan metodologi penelitian ilmu keperawatan*. Salemba Medika: Jakarta

Polit & Hungler. (1995). *Nursing research: principles and methods* (6th ed.). Philadelphia: Lippincott

Potter & Perry. (1997). *Buku ajar fundamental keperawatan: konsep, proses, dan praktik (Edisi 4)*. EGC: Jakarta

Prabawani, Asri. (2005). *Hubungan dukungan social dengan tingkat depresi pasien yang menjalani terapi hemodialysis di RS. DR. Sardjito Yogyakarta.* Skripsi strata satu. Universitas Gadjah Mada. Yogyakarta

Setiowati, Dwi. (2005). *Gambaran kepercayaan spiritual, konsep diri, dukungan social pada respon berduka pasien kanker payudara post opname di RS PKU Muhammadiyah Yogyakarta*. Skripsi strata satu. Universitas Gadjah Mada. Yogyakarta

Smith.(1994). *Psikologi kesehatan keluarga*. Gramedia Media Sarana Indonesia: Jakarta

Solikin.(2003). *Hubungan dukungan keluarga dengan tingkat stres pada klien preopersi di RSU PKU Muhammadiyah Yogyakarta.* Skripsi strata satu.Universitas Muhammadiyah Yogyakarta.Yogyakarta

Stuart & Sundeen. (1995). *Principles & practice of psychiatric nursing* (5th ed.). Missouri: Mosby

Suhardjono. (2004). *Jangan sampai kurang minum ya*. Accessed on November 28 2007 from http://www.kompas.com/kesehatan/news/0411/22/060712.htm030106

Supriyanti. (2007). *Hubungan antara konsep diri dengan tingkat depresi pada pasien stroke di RSD Panembahan Senopati Bantul Yogyakarta*. Skripsi strata satu. Universitas Muhammadiyah Yogyakarta. Yogyakarta

Susanti, Dwi. (2007). *Dukungan keluarga (pasangan) dan tingkat stress pada klien gagal ginjal kronik di unit hemodialisa RS PKU Muhammadiyah Yogyakarta.* Skripsi strata satu. Universitas Muhammadiyah Yogyakarta. Yogyakarta

Taylor, Lillis, & LeMone. (2005). *Fundamental of nursing* (5th ed.). Philadelphia: J.B. Lippincott

Timby, B.K., Smith, N.E. (2006). *Introductory medical-surgical nursing* (9th ed.). Philadelphia: Lippincott Williams & Wilkins

Urden, Stacy, & Lough (2006). *Critical care nursing: diagnosis and management* (5th ed.). Missouri: Mosby Elseivier