

Original Research

Beliefs Of Chronic Kidney Disease Patient: A Phenomenology Study



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Article Info	Abstract
Article history: Received: 14 March 2023 Accepted: 29 April 2023	<i>Introduction:</i> Kidney failure is a chronic disease with various triggers and results in a rapid decline in kidney function and ends with chronic kidney failure. Chronic kidney failure is a world issue that cannot be separated from the influence of culture, beliefs and spirituality of society. This is to explore the culture, beliefs, and spirituality of chronic kidney disease patients in Makassar, South Sulawesi, Indonesia.
Keywords: chronic kidney disease, belief, renal failure	<i>Methods:</i> This study used qualitative research with ten participants with chronic kidney disease who were undergoing dialysis. The sampling technique used was purposive sampling, with data analysis using the Colaizzi method. <i>Results:</i> The results of this study are in two themes, namely: alternative medicine and accepting the situation. <i>Conclusion:</i> Patients with chronic kidney disease seek treatment by trying various ways to recover including trying traditional herbs, going to traditional healers, and increasing spirituality to God. There needs to be an increase in nursing competence, especially services for kidney failure patients and assistance to patients so they can adapt.

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INTRODUCTION

Kidney failure is a non-communicable disease with various causes that result in a rapid decline in kidney function and ends with

chronic kidney failure. Kidney failure is a global health issue that affects the minority and low-income communities. Based on data from the WHO Global Burden of Disease (GBD) it is stated that 5-10 million people die

each year due to kidney disease [1]. The prevalence rate of kidney failure in Taiwan is the highest in the world due to a longer life expectancy while the population continues to increase.

The high life expectancy accompanied by elderly disease is a major concern for the government because it poses a large social and financial burden for individuals, society and the health system [2]. In Indonesia, in 2018 data obtained from patients with kidney failure ranked 3rd after heart disease and cancer [3]. Furthermore, according to Infodatin (2017) the province with the highest prevalence is Central Sulawesi at 0.5%, followed by Aceh, Gorontalo, and North Sulawesi at 0.4% each and South Sulawesi at 0.3% [4]. Furthermore, data from the United States that African Americans have an increase in end-stage kidney disease compared to other racial ethnic groups. This is related to several factors, one of which is beliefs about health which result in the incidence of chronic kidney failure 3 times more [5]. Meanwhile, Indonesia has the largest population with different cultures and beliefs that can affect beliefs and practices in health [6]. Indonesian people are known for their religiosity, faith and spirituality, which affect people's understanding in dealing with disease [7].

Chronic diseases are heavily influenced by culture such as the eating behavior of Indonesians related to cultural and religious traditions so that they can affect health, as in the research by Dewi on "person centered care in the Indonesian health care system" which states that participants are not allowed socially or culturally. to refuse food served by

others [6]. Furthermore, culture and beliefs shape the choice of treatment used, stating that patients with type 2 diabetes mellitus prefer to use unconventional therapy, because they believe that taking less medication and water will worsen the disease [8], while another research state that people use herbal medicine as a core treatment and then medical treatment as a last resort [9].

Kidney failure is a chronic disease that is influenced by culture, as the results of research stated that patients with end-stage kidney disease (ESRD) undergoing hemodialysis, also use traditional medicine called chicken surgery or "chicken surgery"; namely alternative medicine that involves the healer slaughtering chickens and performing rituals with dead chickens to remove the disease from the patient's body [10] but research on the relationship between cultures of patients with kidney failure is still lacking so this study aims to explore the culture and beliefs of patients with failure chronic kidney disease in Makassar City, because this city is known for its high religiosity and consists of many ethnic group.

METHODS

The research method used was qualitative, with descriptive phenomenology study methods [11]. This research was conducted in the dialysis room of Stella Maris Hospital Makassar in August 2022. Participants in this study included up to ten patients with chronic kidney failure. Participants in this study were patients who met the inclusion criteria of the study i.e., patients with kidney failure who underwent dialysis. Meanwhile, the exclusion

criteria in this study are (1) pediatric patients ; (2) patients who develop fever, tightness, and other special conditions after undergoing dialysis; (3) patients who have multiple diseases. The data from the participants reached saturation i.e., it was saturated and the sample no longer provided new data information. Interview guidelines were developed by the researchers based on research questions and objectives, as well as research concepts and phenomena.

The semi-structured questions given to participants such as "how do you feel when you are diagnosed with chronic kidney failure and have to undergo dialysis?". The collection process was carried out by identifying the number of kidney failure patients undergoing dialysis, then researchers gave informed consent to prospective participants. If the participants agree, the interview process continues. All interviews took 45-60 minutes for each participant. Informed consent was provided to the participants before the interview. The interviews were tape-recorded and verbatim results were obtained. The data were then analysed to obtain the themes according to the research objectives. Data analysis was based on the Colaizzi method [12] which consisted of seven stages: transcribing of interviews, extracting significant statements, formulating meanings from significant statements, organizing the aggregate formalized meanings into theme clusters, writing an exhaustive description of the phenomenon, identifying the fundamental structure, and validating the exhaustive description with each participant.

The validity of the data in this study used the principle of data validity proposed by [11]

namely: credibility, transferability, dependability, and confirmability. Credibility was gained by meeting participants again and reading the results of the data transcripts that have been made. Transferability was accomplished by reporting in detail on the processes used in the study. Dependability was obtained by conducting research correctly and systematically, reading related literature, and carefully analysing according to the objectives of the study so that the results obtained correspond to the actual reality. Confirmability was obtained by consulting with expert researchers, such as second and third authors, discussing the findings obtained, and making conclusions along with analysing and conducting literature reviews to improve data accuracy. The ethical consideration from Hasanuddin University in Indonesia was required, No. 1022/UN4.14.1/TP.01.02/2023.

RESULTS

Characteristics of the participants

Participants in this study were patients with chronic kidney disease undergoing dialysis. Each participant was interviewed in depth using Indonesian. The characteristics of the participants can be seen in table 1.

Themes and Subthemes

This research focused on two main themes that were composed of five sub-themes. The two themes identified in this study were psychological conditions and social support.

Theme 1: Alternative Therapy

This theme consists of two sub-themes, namely: using traditional herbs, contextually research, the sub-theme states that some participants use traditional herbs as alternative treatment. The participant's statement is illustrated in the following quote:

"For example, like boiled gedi leaves or breadfruit leaves" (P1).

"I boil the gedi leaves, then I drink about one glass in the morning or evening. Then I also took white turmeric capsules, at that time the feeling was quite good" (P3).

"Gedi leaves are cooked, I have also drank boiled avocado leaves" (P4).

"I have eaten soup or celery leaves that were boiled first" (P5)

"I once drank boiled red gedi leaves" (P6).

"I used to consume herbs. There is someone who gives advice to consume burned fruit, there is also someone who says avocado seeds are dried and then mashed then brewed with warm water" (P8).

"Many people say about herbs, some give advice to consume gedi leaves and then I follow these suggestions" (P8).

"There are traditional medicines such as moringa leaves.. The leaves can release poison" (P9).

"There was a friend who suggested that I drink boiled celery leaves and I followed that advice. So I consume celery leaf stew every day. Gedi leaves can release poison" (P10).

The second sub-theme is: using traditional healers in the treatment process. Contextually this sub theme means that some participants use treatment from other people who are not health workers. This is illustrated in the following quote:

"I once went to a shaman when I was declared kidney failure but the effects of the treatment resulted in dizziness, nausea, and restlessness" (P1).

"When I went to the shaman, the shaman gave me water which he blew first and then asked me to drink it, the water is believed to be able to remove things that are not good in the body" (P1).

"I visited a shaman, then the shaman forbade me to eat food from the event of the dead, I should not eat oily food" (P3).

"There was a stone placed on my back, then the shaman recited a mantra" (P3).

"I was treated at a dukun after 3 months of being diagnosed with kidney failure but my condition worsened" (P3).

Theme 2: Accepting the Situation

Theme is composed of 3 sub-themes, namely: accepting the situation since being declared suffering from chronic kidney failure, contextually research, this sub-theme states the relationship or relationship of participants with God since being declared suffering from chronic kidney failure which is illustrated in the following quote:

"Alhamdulillah, through dialysis, I was given a disease by Allah. I can introspect myself, be humble so that I can realize that I will not be in this world much longer" (P1).

"Yes, that's right, so since I was sick, my wife has been very diligent in praying every 6 o'clock, at 12 o'clock we regularly pray together" (P2)

"My relationship is getting more intimate with God, so I and God are like friends" (P2).

"I adjust my mindset so I don't blame the situation, I learn to make peace

with myself, I ask God for forgiveness" (P3).

"I do reflections, be resigned to God in living this life" (P5).

"God never dies us even though we are sick" (P6).

"I consider my illness as a cross that I have to carry, so I can only surrender, who else who can help if not God" (P7).

"Now that I am closer to God, it feels like this disease is gone, I feel no pain. I have been diligent in praying and fasting unless I am undergoing hemodialysis so I am not fasting. I promise I will get closer to God" (P8).

"Yes, I pray more even though I am aware that I have made many mistakes without realizing it" (P10).

"So maybe this is a test from God..I pray more. Hopefully there is still a miracle given by God so that I can recover" (P10).

Table 1
Participant Characteristics

Indicator	F	%
Age (year)		
17 – 25	1	10
26 – 35	2	20
36 – 45	4	40
46 – 55	2	20
>55	1	10
Sex		
Male	7	60
Female	3	30
Educational Background		
High school	6	60
D3 Midwifery	1	10
Bachelor	3	30

DISCUSSION

Theme was formulated from the results of interviews with each participant. From the results of research conducted by researchers, the eight participants stated that they used traditional herbs and there were two participants who took treatment at traditional healers. Several participants who used traditional ingredients such as gedi leaves, avocado leaves, breadfruit leaves, celery, moringa leaves, boiled katuk leaves and using white turmeric, this is supported by [13] stated that 60% of respondents had ever used traditional medicine such as leaves, fruits or roots consumed as tea. The leaves and bark are sometimes applied to the wound, and the leaves are often chewed before being applied to the wound. Then, there are 45% of respondents who use traditional medicine as a pain reliever. Many of the respondents use traditional medicine as part of treatment for

diseases such as diabetes, chronic respiratory disease, kidney, and heart failure. For some people, herbal medicine is used as a core treatment while medical treatment is considered as a last resort, the use of alternative medicines reduces the patient's intention or motivation to seek treatment and only visit the doctor when they have a severe condition. Some patients prefer to treat hypertension by consuming certain foods including cucumber, melon, watermelon juice, grated carrots, and say that they only visit medical services when they feel alternative medicine has no effect [14]. Meanwhile, the results of research conducted by [15] stated that beliefs about illness, self-management, and treatment can be influenced by history, culture, family experiences, and individual choices.

Furthermore, the results of the study stated that there were participants who were treated by a shaman, one of the participants

was given water that had been blown by the shaman then the patient had to drink the water with the aim of curing the disease from the patient's body, while the other participants were given an action in the form of a stone placed on the patient's back and the shaman recites the mantra, this is in line with the results of a study which stated that patients with end-stage kidney disease (ESRD) undergoing dialysis, also used traditional medicine called chicken surgery or "bedah ayam"; namely alternative medicine that involves the healer slaughtering chickens and performing rituals with dead chickens to remove disease from the patient's body [16]. As well as research conducted by K.-A. Jennings said that there were participants who did massages and consumed tamarind extracts to relieve pain because they contain antioxidants and have anti-inflammatory effects [17] suffering from lymphatic filariasis prefer to seek treatment at traditional healers. Participants will seek treatment at a health facility after the symptoms of the disease worsen [18].

Based on the results of the research, several participants said that they were declared kidney failure and underwent dialysis. The participants learned to self-correct, be humble, make peace with themselves and be friends with God. This is in line with research conducted by Sloan D, H which states that patients with chronic diseases report experiencing positive psychological, social, or spiritual changes during diagnosis and treatment. This change is characterized by forming more meaningful connections through self-introspection and relationships with divine entities, nature, and

other people [19]. Furthermore, there were participants who said they always pray, surrender and consider illness as a test, some research explains that a male participant prays more often because it gives encouragement, calms, and helps him sleep. Besides, going to the mosque or listening to online radio to hear Islamic sermons to motivate some patients to seek medical treatment and not give in to their illness [16]. This is also supported by Luna, M, J who said that patients use beliefs and traditions as psychological resources or as the main source that helps in overcoming stressful life events, such as illness. In addition, coping with spiritual and religious approaches is a predictor of mental health for men and women with significant health conditions such as cancer, traumatic brain injury, and stroke [20].

Meanwhile, the results of an interview from one of the participants said that the pain felt reduced since being close to God and diligent in praying, this is supported by the results of research from Vasigh, A said that belief in God affects a person's attitude towards the concept of life, social deviations and psychological disorders but tries to fix it. Spiritual health is a predictor of pain acceptance, so patients who are more religious are more likely to tolerate pain [21]. The process of accepting the conditions experienced by patients with chronic kidney failure can go along with time like research from Christianity which reveals that a patient with chronic kidney failure is able to adapt by surrendering and thanking God so that he will be given a way to recover [22]. The spiritual practice shown by CKD sufferers in this study

is to make peace with oneself and consider illness as a test from God [23]. The form of acceptance of patients with chronic kidney failure can be related to the theory of *post-traumatic growth* (PTG) which is the experience of positive psychological changes that occur as a result of individual struggles in dealing with crisis conditions, the application of *traumatic growth* (PTG) can function as a defence of sufferers against stressors that being faced [24].

CONCLUSION AND RECOMMENDATION

From the results of the study, it was found that there were participants used alternative medicine, visited to shaman when they were declared chronic kidney failure and the process of accepting patients who were closer to God. In addition, it is recommended that it is necessary to improve the ability of nurses in providing nursing care, especially mental health services, spirituality and assistance to patients in the process of accepting conditions and the ability to adapt optimally.

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CONFLICT OF INTEREST

Authors disclose no conflicts of interest related to the work in this manuscript.

REFERENCES

- [1] R. A. Prabhu, N. Salins, Bharathi, G. Abraham, "End of life care in end-stage kidney disease. Indian Journal of Palliative Care," 2021, doi: 10.4103/ijpc.ijpc_64_21.
- [2] S. Lin, C., Hwang, "Patient-Centered Self-Management in Patients with Chronic Kidney Disease: Challenges and Implications," *Int. J. Environ. Res. Public Health*, no. Dec 16;17, 2020, doi: 10.3390/ijerph17249443.
- [3] W. Riyadina, E. Rahajeng, and S. Driyah, "Profile of Chronic Kidney Disease on New Cases of Diabetes Mellitus, Coronary Heart Disease and Stroke Patients of Cohort Study in Bogor Indonesia," *Media Penelit. dan Pengemb. Kesehat.*, vol. Vol 30 No, 2020, doi: <https://doi.org/10.22435/mpk.v30i4.3231>.
- [4] A. Mardhatillah, M., Arsin, A., Syafar, M., & Hardianti, "Survival of Chronic Kidney Disease Patients Undergoing Hemodialysis at Dr. Wahidin Sudirohusodo Hospital Makassar," *urnal Kesehat. Masy. Marit.*, vol. Vol. 3, p. No.(2020-05-16),, 2020, doi: <https://doi.org/https://doi.org/10.30597/jkmm.v3i1.10282>.
- [5] S. Marciana, L., Jenny, S., Keith, N, "Kidney Disease Among African Americans: A Population Perspective," *Am. J. Kidney Dis.*, vol. 72, no. 5, pp. S3-S7, 2018, doi: 10.1053/j.ajkd.2018.06.021.
- [6] S. Nishfa, D, W., Bunda, "Understanding of Person-Centered Care Concept: Medical-Surgical Nurses Perspective," *Enhancing Capacit. Healthc. Sch. Prof.*

- Responding to Glob. Heal. Issues*, no. December, pp. 144–152, 2020, doi: 10.2478/9783110680041-018.
- [7] I. Ligita, T. Wicking, K. Francis, K. Harvey, N. Nurjannah, "How people living with diabetes in Indonesia learn about their disease: A grounded theory study," *PLoS One*, no. February 22, 2019, 2019, doi: <https://doi.org/10.1371/journal.pone.0212019>.
- [8] T. Ligita, K. Wicking, K. Francis, N. Harvey, and I. Nurjannah, "How people living with diabetes in Indonesia learn about their disease: A grounded theory study," *PLoS One*, vol. 14, no. 2, pp. 1–19, 2019, doi: [10.1371/journal.pone.0212019](https://doi.org/10.1371/journal.pone.0212019).
- [9] V. Rahmawati, R. Bajorek, B. "Access to medicines for hypertension: a survey in rural Yogyakarta province, Indonesia," *Rural Remote Health*, no. Aug;18(3):4393, 2018, doi: [10.22605/RRH4393](https://doi.org/10.22605/RRH4393).
- [10] T. Bayhakki, Hatthakit, U., "Self-caring in Islamic culture of Muslim persons with ESRD and hemodialysis: An ethnographic study," *Elsevier*, 2019, [Online]. Available: elsevier.es/es-revista-enfermeria-clinica-35-linkresolver-self-caring-in-islamic-culture-muslim-S1130862119300142.
- [11] N. Afiyanti, Y & Rachmawati, I, *Qualitative research methodology in nursing research*, 1st ed. Jakarta: Rajawali Pers, 2014.
- [12] T. Edward, K, L., Welch, "The extension of Colaizzi's method of phenomenological enquiry," *Contemp Nurse*, no. Oct;39(2):163-71, 2011, doi: [10.5172/conu.2011.163](https://doi.org/10.5172/conu.2011.163).
- [13] R. Grace, J. Vaz, and J. Da Costa, "Traditional medicine use in timor-leste," *BMC Complement. Med. Ther.*, vol. 20, no. 1, pp. 1–6, 2020, doi: [10.1186/s12906-020-02912-9](https://doi.org/10.1186/s12906-020-02912-9).
- [14] B. Rahmawati, R., Bajorek, "Understanding untreated hypertension from patients' point of view: A qualitative study in rural Yogyakarta province, Indonesia," *Sage Journals*, vol. Volume 14, no. Issue 3, 2017, doi: <https://doi.org/10.1177/1742395317718034>.
- [15] P. D. M. Leonard, E., Cheryl P. Lynch., Mulugeta Gebregziabher., Gregory E. Gilbert., "Differential Impact of Longitudinal Medication Non-Adherence on Mortality by Race/Ethnicity among Veterans with Diabetes," *J. Gen. Intern. Med.*, 2012, doi: <https://doi.org/10.1007/s11606-012-2200-8>.
- [16] P. Bayhakki, Hatthakit, U., Thaniwatthananon, "Self-caring in Islamic culture of Muslim persons with ESRD and hemodialysis: An ethnographic study," *Enfermería Clínica*, 2018, doi: [10.1016/j.enfcli.2018.11.015](https://doi.org/10.1016/j.enfcli.2018.11.015).
- [17] N. A. Lukman, A. Leibing, and L. Merry, "Self-Care Experiences of Adults with Chronic Disease in Indonesia: An Integrative Review," *Int. J. Chronic Dis.*, vol. 2020, pp. 1–17, 2020, doi: [10.1155/2020/1379547](https://doi.org/10.1155/2020/1379547).
- [18] R. K. Adhikari *et al.*, "Health-seeking behaviors and self-care practices of people with filarial Lymphoedema in

- Nepal: A qualitative study," *J. Trop. Med.*, vol. 2015, 2015, doi: 10.1155/2015/260359.
- [19] D. H. Sloan *et al.*, "An assessment of meaning in life-threatening illness: development of the Healing Experience in All Life Stressors (HEALS)," *Patient Relat. Outcome Meas.*, vol. Volume 8, pp. 15-21, 2017, doi: 10.2147/prom.s118696.
- [20] M. J. Luna, R. Ameli, N. Sinaii, J. Cheringal, S. Panahi, and A. Berger, "Gender Differences in Psycho-Social-Spiritual Healing," *J. Women's Heal.*, vol. 28, no. 11, pp. 1513-1521, 2019, doi: 10.1089/jwh.2019.7837.
- [21] A. T. & M. B. Vasigh, A., "Relationship Between Spiritual Health and Pain Self-Efficacy in patients with Chronic Pain: A Cross-Sectional Study in West of Iran," *J. Relig. Health*, vol. 1115-1125, p. 13 May 2019, 2020, doi: <https://doi.org/10.1007/s10943-019-00833-7>.
- [22] Judha, M., Baua, E. C., & Lorica, J. D. (2022). Experiences of Post-treatment Patients with Systemic Lupus in Indonesia. *The Malaysian Journal of Nursing (MJN)*, 13(4), 19-24.
- [23] Kristianti, N. L. Widani, and L. D. Anggreaini, "The first experience of undergoing hemodialysis in chronic renal failure patients," *J. Ilm. Ilmu Keperawatan Indones.*, vol. 10, no. 03, pp. 65-71, 2020, doi: 10.33221/jiiki.v10i03.619.
- [24] A. R. Naik, "Post traumatic growth : An overview," *Int. J. Adv. Innov. Res.*, vol. d, no. October 2019, pp. 4 (II): October-December, 2019, 2022, [Online]. Available: https://www.researchgate.net/publication/336881274_post_traumatic_growth_an_overview%0A%0A%0A.