CORRELATION BETWEEN SPIRITUAL SUPPORT AND FAMILY RESILIENCY IN PATIENT ON HEMODIALYSIS

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ABSTRACT
Introduction: The families of patients on hemodialysis mostly faces family stressor. Families use various coping mechanisms to deal with it. Spiritual support used by families in dealing with family crisis when another support does not available. The purpose of this research was to find the correlation between spiritual support and family resiliency in patient on HD. Methode: A Cross-sectional design used to elicit description of spiritual support and family resilience from 30 patient caregivers. The respondents was selected according to the inclusion criteria. The independent variable was spiritual support which was measured by structured questionnaire. The dependent variable was family resilience which was measured by Family Resilience Assessment Scale (FRAS). The data were analyzed by using Spearman Rank with significance level of 

Results: The results showed that spiritual support has positive correlation with family resiliency ($p=0.00, r=0.60$). Discussion: Thus mean, the higher spiritual support can evokes family resilience. It can be concluded that families which have higher spiritual support can maintain family cohesively during family crisis and achieved family development stage. Another suggestion for future research would be to reviewing point-of-view from other family members even though patient itself.

Keywords: spiritual support, family resiliency, family crisis, hemodialysis

INTRODUCTION
Patients with Chronic Renal Failure (CRF) who had hemodialysis therapy (HD) and his family are faced with various stressors. Ranging from changes in the structure of the role of the family, the tension in the family, discord and even separation of family members, despair, and financial problems. The family will respond to stressors in a way to make adjustments within the family which called adaptation. The adaptation process carried out by families affected by the magnitude of stressors and problem solving (coping) family. When the stressor quite hard while the family coping is inadequate then the family will fail and make maladaptive adaptation. Maladaptive adaptation is only overcome or reduce stressors in the interim period. Maladaptive adaptation will also lead to greater stressors in the future so the family moved into a family crisis situations (Friedman 2002).

Results of preliminary studies in September 2014 at the clinic Haemodialysis (HD) RS Margono Soekarjo showed that 7 out of 10 families of patients HD experienced moderate stress levels, while others indicated to have high stress levels. The entire family of the patient was experiencing difficulties in managing family members who undergo regular HD. Families who had high stress even said that they lack the spiritual support either from religious leaders and health professionals. The patient's families only received support from religious communities or neighbors both in hospital and at home.

Family requires an ability to respond in a healthy and productive way when facing obstacles or trauma. Not only minimize stress, but also face the stressors adaptively so that it will not reappear in the long term. According to Black & Lobo (2008), family resilience is a successful coping of family members when having trouble, enabling the entire family to evolved in the warmth, support, and cohesion. Family coping behaviors defined in this theoretical model as the use of a variety of efforts and resources in families in managing stressors. Resources here is what is owned by the family, while coping is what is done by the family.

Spirituality is an important factor of resilience. Spirituality makes the family was able to unite, understand, and cope with
stressful situations. White et al. (2004) found that patients and families with kidney disease states spirituality in a different perception. Although most people think to look for and rely on social support as a coping responses, but some studies have reported that the spiritual support (spiritual support) is an important source of coping. According to Walsh (2006), spiritual beliefs and religious of individuals and families are the core of all families coping and adaptation. Research conducted by ROF et al. (2009) identified that the main source of spiritual support are: the lord, membership of a religious community, others family members, friends, and health care providers. Based on situation above, this study was aimed to identified the correlation of spiritual support and family resiliency of patients on hemodialysis.

**METHOD**

This research was a descriptive correlation with cross-sectional design that was conducted in December 2014 at the clinic Haemodialysis (HD) RS Margono Soekarjo, Purwokerto, Indonesia. The number of samples in this study were 30 families by consecutive sampling technique according to the the inclusion criteria. The criteria for inclusion in this study were: a family who accompanied patients undergoing HD (considering that the patient already undergoing HD for 6 months or more); the families staying at home with the patient and the primary caregiver.

Variable family spiritual support was measured using an instrument developed by the researchers based on the theory. This instrument consists of 3 components: (1) Rituals support and faith, (2) Emotional support, (3) Meaning of life. Meanwhile variable family resilience was measured using a questionnaire Assasement Family Resiliency Scale (FRAS). Data were analyzed using Spearman Rank test with \( \alpha = 0.05 \).

**RESULT**

Level of families spiritual support in this study were divided into three levels; low, moderate and high. Based on Table 1, it can be seen that most families of patients on HD (66.7%) have a spiritual support at moderate levels. On the other hand, only 13.3% of families who have high spiritual support, and 20% still have a low spiritual support.

Family resilience levels categorized into two levels, are adequate and inadequate. Based on the table it can be showed that almost half of the respondents (43.3%) have an inadequate resilience. In addition, it was seen that 20 respondents have moderate spiritual support, but 7 of them still had an inadequate family resiliency. Then statistical analysis showed \( p \) value <0.05 which means there was a significant and positive correlation between spiritual support to the resilience of families which in moderate strength \( (r = 0.60) \).

**DISCUSSION**

The research data showed that 13 families have inadequate resilience. This is due to the duration of the crisis situation that was experienced by families in which respondents are the families of patients who have undergone therapy for 6 months or more. Simon, Murphy and Smith (2005) states that families who are experiencing difficult situations in a short time requires only minor changes within the family, but once families experiencing difficult situations in a long time will require adaptation to the situation. This means that in the initial phase of adaptation families will experience a major stressor. In addition, the families had experienced the situation for 6 months or more, thus mean they had entered an adaptation phase of a crisis situation.

Changes made to the family include changes in the family system as a shift in the role of breadwinner who originally was father or husband changed to wife or son, and conversely, if a mother or wife is ill, then the household task is delegated to the husband. Delegation of tasks within the family makes one member of the family has a big responsibility and a dual role, such conditions
could ultimately affect the resilience of the family.

Based on the research findings, there were 13 families had inadequate resiliences. This is caused by the low score on the family belief system components, especially in sub-component positive outlook and transcendence. Walsh (2006) states that a positive view of the family when facing a problem or a crisis situation is important. The low positive outlook family makes the family does not have an initiative and persistent efforts in dealing with difficult situations or a family crisis. Such conditions cause the family becomes difficult to control and accept the situation so that they experience prolonged crisis.

Lack of spiritual support can lead to inadequate family resilience. Based on data, 2 out of 7 respondents who had moderate spiritual support were had an inadequate family resilience. This is due to they had a non-nuclear family structure. Coyle (2005) suggested that the family structure proved to be able to influence the resilience of the family. The statement was supported by Ganong in Shabhati (2012) that the structure of the nuclear family (consisting of two parents and children) provide a good environment for family members.

CONCLUSION AND RECOMMENDATION

Conclusion

A small percentage of family had a low spiritual support, especially on the dimensions of emotional support. Meanwhile, almost half of the families had inadequate resiliences. This condition was due to lack of interaction with the religious community or group support and the lack of organizational patterns, especially in the sub-components of social and economic resources and family type. In addition, spiritual support showed a significant and positive correlation with the family resilience, which means that the higher family’s spiritual support it will establish adequate family resilience.

Recommendation

Nurses should not only focus on the patient but also on the patient’s family so that they can provide spiritual support for patients and families. Even nurses can help provide The priest / religious leaders if necessary. In addition, it is needed for a policies related to providing a place for the family communities of patient HD (support group) at the clinic HD so that they can interact each other and exchange information which can lead to a positive benefits. Further, the future study is expected to be using a combination of quantitative and qualitative approaches to help better in understanding the dynamics of family resilience and spiritual support.

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