



The Influence of Family Support and Emotional Intelligence on Self-Acceptance in Kidney Failure Patients Undergoing Hemodialysis

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Abstract

The low level of self-acceptance in hemodialysis patients with kidney failure indicates the complexity of internal factors (such as emotional intelligence) and external factors (such as family support) that may influence the psychological quality of life of patients. The purpose of this study is to experimentally determine how family support and emotional intelligence affect self-acceptance in kidney failure patients undergoing hemodialysis. Using multiple linear regression analysis, this study sampled 100 kidney failure hemodialysis patients. The findings of the study suggest that emotional intelligence and family support play a significant role in the self-acceptance of kidney failure hemodialysis patients. Kidney failure patients may feel better about themselves during hemodialysis sessions by improving their emotional abilities and receiving greater family support.

Introduction

In Indonesia, healthcare insurance funding for kidney failure ranks second after cardiovascular diseases, making it a significant global health concern due to its increasing prevalence, poor prognosis, and high treatment costs (Kemenkes RI, 2017). Kidney failure, characterized by a progressive and irreversible decline in glomerular filtration rate (GFR) to $< 60\text{mL}/\text{min}/1.73\text{m}^2$ over three months (Yudhawati, 2019), requires lifelong hemodialysis therapy to keep patients alive. However, this therapy has notable physical and mental side effects (Rahman & Pradido, 2020), affecting the ability of patients and their families to cope with and adapt to the disease and its treatment (Sajadi et al., 2017).

Hemodialysis patients often face psychological challenges such as depression (15-69%), fatigue (60-97%) (Khamid, 2020), severe anxiety (23.68%) (Yudhawati, 2019), and insomnia (54%) (Ezzat & Mohab, 2015). While biological care is prioritized in hospitals, psychological aspects are often neglected. The impact is not only felt by the patients but also by their families, who play a crucial role in accepting and adapting to the disease and its therapy, resulting in changes in self-acceptance for both patients and their families (Sajadi et al., 2017).

Maintaining good self-acceptance is crucial for hemodialysis patients to effectively adapt to the therapy's impact and maintain their quality of life (Malinda et al., 2022). Self-acceptance refers to an individual's ability to appreciate themselves, set reasonable expectations, and accept their strengths and weaknesses. Su et al. (2019) identified indicators of self-acceptance, including the ability to fully accept oneself, self-assessment that involves a realistic evaluation of skills and personal characteristics, and the development of a positive attitude towards oneself. Self-acceptance provides advantages in coping with emotional burdens and increasing adaptability to the surrounding environment, opening opportunities for personal growth. In the

context of kidney failure patients undergoing hemodialysis, self-acceptance becomes crucial. Homan & Hosac (2019) describe that individuals in such severe conditions often struggle to accept themselves, especially when faced with a life-threatening disease and dependence on lifelong routine therapy. Patients may experience significant mental and physical suffering, leading to feelings of despair and dissatisfaction, according to Agustin et al. (2020). Low levels of self-acceptance can be a sign of such symptoms, and without psychiatric care, individuals may experience feelings of helplessness and doubt about their self-worth.

Social support, especially from family, plays an important role in enhancing an individual's self-acceptance. Gyasi et al. (2019) emphasize that social support from spouses, family, friends, and the community can help individuals face challenges and improve their sense of belonging. For kidney failure patients undergoing hemodialysis, family support can be key to overcoming psychological vulnerability and improving self-acceptance. Therefore, efforts from families to provide sincere support, whether informational, instrumental, or emotional, are necessary, as evidenced by Wulandari & Kusumastuti's (2020) findings.

Emotional intelligence also plays a role in self-acceptance, especially in medical conditions like kidney failure. Kurniawan & Syakur (2017) explain that emotional intelligence involves the ability to understand one's own emotions and those of others, as well as regulate emotions effectively in life and interpersonal relationships. Research by Ratnasari et al. (2021) and Rahayu & Ahyani (2017) shows that emotional intelligence has a significant impact on the self-acceptance of patients with medical conditions. In kidney failure patients undergoing hemodialysis, indicators of emotional intelligence such as emotional awareness, empathy, emotional thinking, emotional application, and emotional regulation can influence levels of self-acceptance. Self-acceptance, as a psychological aspect that affects the health of kidney failure patients, serves as a trigger for adaptive strategies. Given the lifelong nature of hemodialysis and the potential for prolonged stress, levels of self-acceptance vary among patients, affecting their adherence to therapy and ability to cope with the impact of the disease (Sari, 2016).

Research on self-acceptance in hemodialysis patients has yielded inconsistent results, with varying percentages of high and low self-acceptance across different studies (Sari, 2016; Yulistiana & Prakoso, 2018; Wakhid et al., 2018). These discrepancies highlight the need for further exploration of factors related to self-acceptance in kidney failure patients undergoing hemodialysis. Internal factors, such as emotional intelligence, play a role, with individuals who have good self-control and emotional intelligence being better able to manage their emotions and improve self-acceptance (Damanik & Maghfirah, 2017).

External factors, particularly family support, are also crucial for self-acceptance in kidney failure patients. Family support significantly affects patient survival, treatment adherence, and the reduction of depressive symptoms (Yudhawati, 2019). However, there are reports of inadequate family support in some cases, making self-acceptance difficult to achieve without adequate support, thus increasing anxiety, despair, and loss of hope (Yudhawati, 2019).

Therefore, the purpose of this study is to experimentally determine how emotional intelligence and family support affect self-acceptance in kidney failure patients undergoing hemodialysis. The findings of this study are expected to have a significant impact on the development of more effective intervention strategies to improve the psychological quality of life of kidney failure patients by explaining the role of emotional intelligence and family support in the self-acceptance of patients undergoing hemodialysis. Additionally, healthcare professionals and the patients' families can use this research as a foundation to offer more specialized and effective assistance to patients facing psychological difficulties caused by their medical condition.

Methods

This study employs a quantitative methodological approach to evaluate the impact of emotional intelligence and family support on the level of self-acceptance in kidney failure patients undergoing hemodialysis therapy. The research stages began with formulating hypotheses, data collection based on predetermined indicators, data processing, interpretation of results, and conclusions and recommendations derived from the experiment.

The study focuses on analyzing the influence of emotional intelligence and family support on the self-acceptance levels of hemodialysis patients with kidney failure. Data were collected through observations of individuals undergoing hemodialysis, using a Likert scale as a response measurement tool. This scale ranges from 1 to 5, where a score of 1 indicates a high level of disagreement and 5 indicates a high level of agreement. Questions posed to the respondents were designed to explore their perceptions related to emotional intelligence and family support. The data analysis process was conducted using multiple linear regression techniques and multiple linear equations. The multiple linear regression equation used in this study is as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$$

In this equation, Y represents the self-acceptance variable of kidney failure patients, β_1 and β_2 are the coefficients of the independent variables (family support and emotional intelligence), X_1 and X_2 are the independent variables (family support and emotional intelligence), and ε is the error term.

This study utilized SPSS 22 software for data analysis, aiming to understand the attitudes and perceptions of patients toward the issue being investigated. By using this approach, the research is expected to provide deeper insights into the influence of emotional intelligence and family support on the self-acceptance of kidney failure patients undergoing hemodialysis.

Result and Discussion

A total of 100 respondents participated in this study, each with varying characteristics. Below is the descriptive table of respondent characteristics.

Table 1. Descriptive Analysis of Respondent Characteristics

Respondent Characteristics	Frequency	Percentage (%)
Gender		
Male	54	54%
Female	46	46%
Total	100	100%
Ages		
< 20 ages	0	0%
20 - 29 ages	27	27%
30 - 39 ages	11	11%
40 - 49 ages	20	20%
50 - 59 ages	20	20%
60 - 69 ages	18	18%
> 70 ages	4	4%
Total	100	100%
Educational Attainment		
High School/Equivalent	52	52%
Associate Degree (D3)	15	15%
Bachelor (S1)	33	33%
Total	100	100%

Frequency of Hemodialysis Therapy per Week		
≤ 2 times	52	52%
3 times	48	48%
Total	100	100%

Based on the data on the characteristics of respondents undergoing hemodialysis therapy, it can be concluded that the majority of respondents are male, accounting for 54%, while females make up 46%. In terms of age, there is a fairly even distribution, with the 20-29 age group and the 50-59 age group each accounting for 27% and 20%, respectively. The education levels of respondents also vary, with the majority having a high school/equivalent background (52%), followed by bachelor's degree holders (33%) and associate degree (Diploma 3) holders (15%). Regarding the frequency of hemodialysis therapy per week, the majority of respondents undergo therapy 1 to 2 times per week (52%), while 27% of respondents undergo therapy less than 2 times per week. This data provides an overview that most respondents have a fairly regular therapy frequency.

The analysis of respondent characteristics serves as an important basis for designing more effective care and support programs for kidney failure patients undergoing hemodialysis therapy. Factors such as gender, age, and therapy frequency need to be considered to ensure a more personalized patient management approach tailored to individual needs. On the other hand, one crucial process in creating or utilizing measurement tools, such as tests or questionnaires, is the validation test (Artino et al., 2014). The purpose is to determine how effectively the instrument measures the target components. Pearson correlation is commonly used by researchers as a validity test (Sürücü & Maslakçi, 2020).

Table 2. Validitas Test

Question Items	r value	r table	Decision
X1.1	0.902	0.1966	Valid
X1.2	0.829		Valid
X1.3	0.748		Valid
X2.1	0.832		Valid
X2.2	0.889		Valid
X2.3	0.867		Valid
X2.4	0.764		Valid
X2.5	0.803		Valid
Y.1	0.86		Valid
Y.2	0.839		Valid

Table 2 presents the findings of the Pearson correlation calculation (calculated r-value), which is compared with the critical threshold value found in the r-table. Using degrees of freedom $N - 2 = 98$ with a significance threshold of 0.1966 to assess the significance of the association findings. Since the calculated r-value (Pearson correlation) is greater than the r-table value, all research questions are considered valid. After completing the validity test, a reliability test was conducted. Before using tests and questionnaires for research and development, it is important to conduct reliability testing (Bolarinwa, 2015). Reliability is determined by whether repeated measurements of the same concept or variable produce consistent findings (Sürücü & Maslakçi, 2020).

Table 3. Reliabilitas Test

Variable	Cronbach's Alpha
Family Support (X1)	0.767

Emotional Intelligence (X2)	0.888
Patient Self-Acceptance (Y)	0.714

Cronbach's alpha value is typically understood to indicate that an instrument has strong reliability if the alpha value is greater than 0.70. Table 3 shows that all three research variables are considered reliable.

Classical Assumptions

The researcher can conclude that the residuals are normally distributed in Table 4, where the Asymp. Sig 2-tailed value of 0.2 from the normality test is greater than the significance level (0.05).

Table 4. Normalitas Kolmogorov Smirnov Test

	Asymp. Sig. (2-tailed)
Kolmogorov Smirnov	0.2

Next, the classical assumption test for multicollinearity can be presented as follows.

Table 5. Tolerance Value and VIF

Variable	Tolerance	VIF
Family Support (X1)	0.697	1.434
Emotional Intelligence (X2)	0.697	1.434

The tolerance values for the independent variables Family Support (X1) and Emotional Intelligence (X2) are $0.697 > 0.1$, respectively. Additionally, the VIF value for the same independent variables is 1.434, which is < 10 . This indicates that there is no multicollinearity among the independent variables in the regression model. Thus, the classical assumption of no multicollinearity is satisfied. In regression analysis, the heteroscedasticity test is an assumption check to determine whether the regression model encounters heteroscedasticity issues (Aslam, 2014). The Glejser test was used to assess heteroscedasticity in this study.

Table 6. Glejser Test Results

Variable	Sig.
Family Support (X1)	1.000
Emotional Intelligence (X2)	1.000

Based on the results of the Glejser test to identify heteroscedasticity, it was found that the independent variables have sig. values of 1.000, which are > 0.05 . This means there are no symptoms of heteroscedasticity. Therefore, the classical assumption of a regression model free from heteroscedasticity is satisfied.

Multiple Linear Regression

The simultaneous test (F-test) is used in statistical analysis using SPSS to assess multiple independent variables against a single dependent variable in a regression model (Alita et al., 2021).

Table 7. F Test

ANOVA^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
1					
Regression	62.833	2	31.416	44.450	.000 ^b
Residual	68.557	97	.707		
Total	131.390	99			

The interpretation of the simultaneous test is based on the comparison of variability within and between groups. The hypothesis stating that the independent variables simultaneously affect the dependent variable is accepted and consistent with the significance value if the sig. value is $0.00 < \alpha = 0.05$. Table 7 allows the researcher to conclude that, within the parameters of the analysis conducted, there are at least two groups that differ significantly. After completing the simultaneous testing with the F-test, the researcher proceeds to the partial testing, also known as the t-test.

Table 8. T Test

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	2.742	.641		4.278	.000
X1	.400	.054	.648	7.374	.000
X2	.029	.034	.075	2.851	.040

The interpretation of the t-test results involves examining the t-calculated value and the associated significance value (p-value). Based on Table 8, it is noted that the t-calculated values for each independent variable, 7.374 and 2.851, are greater than the t-table value (1.98397), and the p-values (sig.) for both independent variables are 0.00, which is smaller than the significance level of α (0.05). This indicates that both independent variables have a significant influence on the self-acceptance of kidney failure patients (Y) when one of the other variables is considered constant (H1 and H2 are accepted). The estimated model equation is as follows:

$$Y = 2.742 + 0.400 X1 + 0.029 X2$$

The analysis results show the following: a) The constant 2.742 indicates that the self-acceptance of kidney failure patients will increase by 2.742 if Family Support (X1) and Emotional Intelligence (X2) remain constant; b) The coefficient 0.400 for Family Support (X1) indicates that each one-unit increase in Family Support contributes positively by 0.400 to the self-acceptance of kidney failure patients; c) The coefficient 0.029 for Emotional Intelligence (X2) indicates that each one-unit increase in Emotional Intelligence contributes positively by 0.029 to the self-acceptance of kidney failure patients, showing a positive relationship between Emotional Intelligence levels and self-acceptance in kidney failure patients.

Table 9. Coefficient of Determination

Modal Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.692	.478	.467	.84070

The coefficient of determination (R-squared) of 0.478 indicates that the regression model explains approximately 47.8% of the variation in the self-acceptance of kidney failure patients through Family Support (X1) and Emotional Intelligence (X2). This model has a strong predictive ability regarding the self-acceptance of kidney failure patients. However, about 52.2% of the variation in self-acceptance among kidney failure patients cannot be explained by this model.

Family Support and Self-Acceptance of Kidney Failure Patients

The research results show that family support has a significant positive effect on the self-acceptance of kidney failure patients undergoing hemodialysis. These findings align with the studies by C.W & Fauzan (2020) and Cumayunaro (2018), which revealed that family support is related to the self-acceptance of kidney failure patients undergoing hemodialysis. This means that family support plays an important role in enhancing the self-acceptance of kidney failure patients undergoing hemodialysis. According to Marpaung & Sinaga (2019), the presence of

family provides warmth and togetherness, which can reduce the psychological burden on patients, creating an environment that supports the healing process. In difficult moments like these, emotional support from family not only gives physical strength but also reassures the patient that they are not alone in facing challenging health conditions. Family togetherness and understanding create strong bonds between patients and their loved ones, thus fostering self-acceptance and improving the patient's quality of life while undergoing hemodialysis treatment.

Emotional Intelligence and Self-Acceptance of Kidney Failure Patients

Based on the study's findings, kidney failure patients undergoing hemodialysis reported higher levels of self-acceptance when they possessed emotional intelligence. These experimental results are consistent with those of Ratnasari et al. (2021) and Rahayu & Ahyani (2017). This suggests that emotional intelligence plays a crucial role in improving the self-acceptance of patients undergoing hemodialysis due to kidney failure. With a deep understanding of their own emotions, patients are able to undergo the hemodialysis process more calmly and accept their health condition more positively. The ability to manage stress, anxiety, and the physical changes experienced during hemodialysis treatment becomes a key factor in strengthening the connection between emotional intelligence and self-acceptance (Harwood et al., 2021). By building a healthy relationship with themselves, kidney failure patients can find the strength to face their health challenges, develop a positive outlook toward treatment, and live their daily lives with greater enthusiasm.

Conclusion

The conclusion of this study indicates that family support and emotional intelligence have a relatively significant impact on the self-acceptance of kidney failure patients undergoing hemodialysis. Family support, with a coefficient of 0.400, shows a significant positive contribution to patient self-acceptance. Likewise, emotional intelligence, with a coefficient of 0.029, demonstrates a significant positive relationship with patient self-acceptance. The model explains approximately 47.8% of the variation in self-acceptance, indicating strong predictive power, although about 52.2% of the variation remains unexplained by this model. The implication is that enhancing family support and empowering emotional intelligence in kidney failure patients can be key areas of focus for interventions to improve their self-acceptance during the hemodialysis process. Medical teams and patients' families need to collaborate in creating a supportive environment that acknowledges and understands the emotions of patients. Additionally, future research could explore additional factors that influence patient self-acceptance, which are not covered in this model, to further enrich understanding and develop more holistic interventions.

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