



RELATIONSHIP OF SELF-ACCEPTANCE WITH QUALITY OF LIFE IN CHRONIC KIDNEY FAILURE PATIENTS

Cut Mutia Zuhra, Zurratul Muna

Psychology Study Program, Faculty of Medicine, Malikussaleh University, Indonesia/Tengku Nie, Cot Rd, Reuleut, Muara Batu, North Aceh, Aceh, Indonesia
e-mail: *mutiazuhraCut@gmail.com

ABSTRACT

This study aims to see whether there is a relationship between self-acceptance and quality of life in patients with chronic kidney failure. This study uses a quantitative approach with a *random sampling technique*. The research subjects were 130 people with chronic kidney failure. The data collection method used a self-acceptance scale that was compiled by the researcher himself based on the aspect of self-acceptance from Bernard which consisted of 39 items and the quality of life scale which was compiled by the researcher himself based on the quality of life aspect of Sirgy which consisted of 29 items. Data analysis using *Product Moment correlation technique*. The relationship between self-acceptance variables and quality of life in patients with chronic kidney failure is accepted. This means that the higher the self-acceptance of patients with chronic kidney failure, the higher their quality of life. Conversely, the lower the self-acceptance of patients with chronic kidney failure, the lower their quality of life.

Keywords: chronic kidney failure, quality of life, self-acceptance

Introduction

communicable diseases (NCDs) are the main causes of death globally (Utama, Rahmiwati, Alamsari, & Lihwana, 2018). Diseases that are classified as non-communicable diseases are cardiovascular disease, diabetes mellitus and cancer. The number of non-communicable diseases continues to increase every year, one of the non-communicable diseases that has increased is chronic kidney failure (Lathifa J, 2016). In 2018 patients with chronic kidney failure in Lhokseumawe City reached 116 people. In 2019, there was an increase in the number of chronic kidney failure patients by 180 people. Likewise, in 2020 there was an increase in the number of patients with chronic kidney failure by 250 people. (Lhokseumawe City Health Office, 2021). Chronic kidney failure is kidney function damage for months to years which can eventually make urea levels in the body so high that it becomes toxic to the body (Priyanti & Farhana 2016).

Chronic kidney failure has a major impact on sufferers both physically and psychologically. Physically, patients who experience chronic kidney failure will experience nausea, chills, vomiting, headaches, insomnia, back pain, hypertension and itching in body parts (Priyanti & Farhana 2016). Rustandi, Tranado, & Pransasti (2018) also state the same thing that the physical problems experienced by patients with chronic kidney failure include discomfort, tightness, swelling in the legs, chest pain, and muscle cramps that cause severe pain. Psychologically, patients experience pressures such as difficulty accepting their own condition because they were sentenced to suffer from chronic kidney failure, feelings of guilt because they



feel a burden on others, anxiety because they are afraid of dying as a result of the disease, stress because they have to adapt to changes that occur, depression because they have to undergo treatment. Dialysis every week and obeying new regulations, frustrated because they can't do their usual activities, bored and bored because they have to take medicine every day (Priyanti & Farhana 2016).

Physical and psychological problems experienced by patients with chronic kidney failure can affect their quality of life, quality of life is very important for patients with chronic kidney failure, because it will affect the patient's health and the success of hemodialysis therapy to help the patient's age growth (Sumantrie, 2018) . Based on research conducted by Azizah (2019), it shows that patients suffering from chronic kidney failure have a low quality of life. Low quality of life is influenced by psychological factors, such as negative feelings and thoughts, anxiety, decreased physical function and helplessness. The results *survey* conducted by researchers on 30 respondents showed that 56.7% of patients had a low quality of life. This can be seen from the patient feeling sad, anxious, angry and depressed after being sentenced to chronic kidney failure. Patients cannot accept criticism from others positively about their disease and patients cannot accept changes in their body appearance after experiencing chronic kidney failure. The patient cannot concentrate, think and remember well after experiencing chronic kidney failure.

Patients feel that since the patient experienced chronic kidney failure the people around them drifted away by themselves. Patients believe that getting closer to Allah cannot improve their quality of life. The patient feels that the people around the patient do not accept their condition well. The patient does not get the support given by the people around him after experiencing chronic kidney failure. The patient is unable to perform daily activities properly. Patients cannot enjoy their life properly. Quality of life is a matter that includes perceptions of positive and negative aspects of emotional, physical, mental, and social functioning (Hays, Kallich, Mapes, Coons & Carter, 1994). Quality of life is a condition where individuals get satisfaction and enjoyment in living their daily lives. Quality of life can include physical and mental health, which means that if the individual is healthy both physically and mentally, the individual can achieve satisfaction in his life (Rustandi, Tranado, & Pransasti 2018)

Many patients who experience chronic kidney failure undergoing hemodialysis therapy have Decreased quality of life, such as not being able to accept the condition of the disease, must undergo lifelong hemodialysis therapy (Sumantrie, 2018). In addition, what causes the level of quality of life of patients with chronic kidney failure to decrease will be seen from the decrease in patient compliance in undergoing hemodialysis therapy, and the lack of support provided from the family so that the patient is more closed off (Hutagaol, 2017). One of the efforts to improve the quality of life is by good self-acceptance (Azizah, 2019). According to Aaby, Ravn, Kasch & Andersen, (2020) said that the quality of life is closely related to self-acceptance. Self-acceptance is a state that is realized by oneself and can accept directly the conditions felt by oneself and strive to develop oneself in the future (Matthews, 1993). When the individual has accepted himself wholeheartedly, in the future the individual can see his life better and will be more enthusiastic in living life (Putri & Tobing, 2016).

Self-acceptance in patients with chronic kidney failure has an influence on the behavior that patients will appear in overcoming their condition problems, self-acceptance has a



contribution of 48.7% to the motivation of healing in patients in dealing with all the problems of their condition (Pangesti, 2019). The purpose of self-acceptance for patients with chronic kidney failure, so that patients can accept their shortcomings and can overcome their emotional states such as depression, anger, and guilt (Azizah, 2018). Self-acceptance can also increase self-assessment so that they are able to take responsibility for the conditions they are experiencing and do not criticize themselves or blame others (Pangesti, 2019).

Individuals who can accept themselves will know their abilities so that they can overcome the limitations due to chronic kidney failure (Paramita, 2013). However, on the other hand, individuals who cannot accept themselves, they feel sad, disappointed, afraid that they will not be able to live life as usual anymore, they feel they are a burden to their families, from these things there are no positive emotions (Yulistiana & Prakoso, 2007). 2015). Each individual has a different self-acceptance, some are positive and some are negative, depending on how the individual responds (Adorada, 2020). Positive self-acceptance will be seen from patients who feel excited because they are able to understand themselves, patients believe in their abilities to deal with their problems and can carry out life as usual, this can make patients more accepting of the situation within themselves, while negative self-acceptance, patients who have negative self-acceptance will see a lack of self-confidence, a lack of a sense of being able to accept one's condition so that the individual is always aloof or isolated (Adorada, 2020).

Based on the above phenomenon, researchers are interested in examining "is there a relationship between self-acceptance and quality of life for patients with chronic kidney failure".

Materials and Methods

Research Design

uses a quantitative approach with a correlational type of research to test whether or not there is a correlation between the dependent variable and the independent variable (Sugiyono, 2018).

Population and Research Sample

Population

According to Sugiyono (2018) population is an area consisting of objects or subjects that have certain qualities and characteristics that have been determined by researchers to be studied and conclusions drawn. The population used in this study were 250 patients with chronic kidney failure (CKD).

Sample

According to Sugiyono (2018), the sample is part of the number and characteristics possessed by a population. The characteristics of this study were men and women and those with

chronic kidney failure. The sampling technique in this study used *probability sampling technique* with the type of *simple random sampling technique*. Sugiyono (2018) states that *probability sampling* is a sampling technique that provides equal opportunities/opportunities for each element (member) of the population to be selected as sample members.

Sugiyono (2018) explains that *simple random sampling* is a technique used to take sample members from a population carried out randomly without regard to the strata that exist in the population, this method is done if the members of the population are considered *homogeneous*. Determination of the number of samples in this study using the Isacc Table and based on the Isac and Michael Tables with an error rate of 10%, the results of chronic kidney failure samples were 130 respondents (Sugiono, 2018). The number of samples from Cut Mutia Hospital was 78 people and 52 people from Arun Hospital.

Validity and Reliability

Validity Validity

test is a questionnaire instrument used to obtain data in research whether the item can be used or not. Valid means that the instrument can be used to measure what should be measured (Sugiyono, 2018). Azwar (2017) says that validity can be said to be good if it has a value > 0.6 . 1. Self-Acceptance Scale Validity The results of the validity test found that of the 30 respondents who filled out the self-acceptance variable scale with a total of 54 items, they had different items with a distribution of values between - 0.184 - to 0.920. The distribution of these values found that 15 items were declared invalid. So that the number of items that can be used for research data collection is 39 items, with a different item power between 0.710 to 0.920.

2. Quality of Life Scale Validity The

results of the validity test showed that of the 30 respondents who filled out the quality of life variable scale with a total of 42 items, the items differed from -0.181 to 0.907. The distribution of these values found that 13 items were declared invalid. So the number of items that can be used for research data collection is 29 items, with a different item power between 0.770 to 0.907.

Reliability

Reliability is the extent to which a measurement result can be trusted and the instrument can be



trusted as well. Reliability is expressed by the reliability coefficient has a value above 0.6. The higher the reliability coefficient close to 1.0, the higher the reliability. (Azwar, 2017).

1. Reliability of the self-acceptance scale

Based on the results of the reliability test on the self-acceptance scale, the alpha reliability coefficient was 0.986, so it can be concluded that the self-acceptance scale is considered reliable.

2. Reliability of the quality of life scale

Based on the results of the reliability test on the self-acceptance scale, it was obtained that the alpha reliability coefficient was 0.975 so it could be concluded that the self-acceptance scale was considered reliable.

Assumption Test

a. Normality

Test Normality test was conducted before testing the correlation hypothesis between each independent variable and the dependent variable. This test aims to see whether the distribution of respondents' answers is normal or not on the analyzed variables. A normal distribution means that the research respondents are representative or represent the population. The normality test was used to test whether the research variables were normally distributed or not. The data is said to be normal if the significant value obtained is greater than > 0.05 (Sugiyono, 2018)..

b. Linearity

Test The linearity test is a test of the regression line between the two variables in the study, namely the independent variable and the dependent variable. The linearity test aims to see a linear relationship in the two research variables. It can be said to be linear if the resulting significance value is < 0.05 (Sugiyono, 2018).

Hypothesis Testing Hypothesis

testing is a data analysis conducted to determine whether there is a relationship between the two variables. If the significance value obtained is less than < 0.05 , the variable is declared to be related (Sugiyono, 2018). Test the hypothesis of this study using *product moment correlation*.

Results

This study was conducted on individuals with chronic kidney failure. Patients with chronic

kidney failure showed that most of them were female, as many as 70 respondents, and most of them had an adult age with a vulnerable age of 45-65 years as many as 98 respondents, and had the highest educational status, namely high school as many as 41 people, and the most experienced sick for more than 2 years as many as 98 people. The results of the assumption test in this study used a parametric statistical test consisting of a normality test and a linearity test. The results are shown in the table below:

Table 2. Normality Test

One-Sample <i>Kolmogrov-Smirnov</i> Test	
Nilai Signifikansi	0.948

Based on the table above, the results of the normality test conducted on 130 research subjects showed that the variables of self-acceptance and quality of life obtained a significant value of 0.948, which means more than > 0.05 . So it can be concluded that the data on the variables of self-acceptance and quality of life are normally distributed.

Tabel 3. Linieritas tes

ANOVA Table

Nilai Signifikansi	0.000
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Based on the table above, the results of the linearity test on self-acceptance and quality of life variables have a significance coefficient value of $0.000 < 0.05$, so it can be concluded that there is a linear relationship between the self-acceptance variable and the quality of life variable.

Table 4. Hypothesis test

Variabel	Corelation	Signifikansi
Penerimaan diri dan kualitas hidup	0.887	0.000

Based on the table above, the results of hypothesis testing show a correlation value of 0.887 and a significance value of 0.000. so that the hypothesis test in this study is a significant positive correlation. This means that the higher a person's self-acceptance, the higher the level of a person's quality of life. After testing the assumptions in this study, the researcher categorizes the self-acceptance variable and the quality of life variable. Calculation of categorization is done to see the level of self-acceptance and quality of life, while the categories are high and low. The results of the categorization based on each variable are as follows:

1. Categorization of Self-Acceptance

Table 5. *Categories of self-acceptance in individuals with chronic*

Kategori	Frekuensi	Persentase
Tinggi	128	98.5 %
Rendah	2	1.5 %
Total	130	100 %

Based on the table category, the level of self-acceptance of patients with chronic kidney failure in 130 respondents, it is known that the level of self-acceptance in patients with chronic kidney failure is most dominant in the high category with 128 respondents or 98.5%. Then followed by the low category with the amount of 2 or 1.5%.

1.1 Results of Categorization of Self-Acceptance by Gender

Table 6. Self-acceptance by gender

Jenis Kelamin	kategori	Frekuensi	Persentase
Perempuan	tinggi	54	83.1%
	Rendah	11	16.9%
Laki-laki	tinggi	49	75.4%
	Rendah	16	24.6%

Based on the results of the category of respondents who have high self-acceptance by gender, women are more dominant, namely 54 respondents, in the low category there are 11 people. In the male gender who have a high category are 49, and in the low category 16 people

1.2 Results of categorization of self-acceptance based on education

Table 7. *Categorization of self-acceptance based on education*

Usia	Kategori	Frekuensi	Persentase
SD	Tinggi	17	77.3%
	Rendah	5	22.7 %
SMP	Tinggi	21	16.0%
	Rendah	4	84.0%
SMA/SMK/STM	Tinggi	31	75.6 %
	Rendah	10	24.4 %
D1/2/3/4	Tinggi	4	2.80 %
	Rendah	1	20 %
S1	Tinggi	30	81.1%
	Rendah	7	18.9%
Total		130	100 %

Based on the results of the category of respondents who have high self-acceptance at the elementary education level, there are 17 people, in the low category 5 people. At the junior high school education level, there are 21 people in the high category, and 4 people in the low category. Furthermore, at the SMA/SMK/STM education level, there are 31 people in the high category, and 10 people in the low category. Then the D1/2/3/4 education which has a high category is 4 people and a low category is 1 person. In S1 education, there are 30 people in the high category, and 7 people in the low category.

1.3 Results of self-acceptance categories based on duration of chronic kidney failure

Tabel 8. *Categorization based on duration chronic kidney failure*

Lama mengalami sakit	Kategori	Frekuensi	Persentase
<1 tahun	Tinggi	7	77.8 %
	Rendah	2	22.2 %
1 tahun- 2 tahun	Tinggi	37	77.1 %
	Rendah	11	22.9 %
>2 tahun	Tinggi	60	82.2%
	Rendah	13	17.8%
Total		130	100 %

Based on the results of the category of respondents who have high self-acceptance at the old level of experiencing chronic kidney failure within <1 year, there are 7 people, and the lowest is 2 people. Furthermore, who experienced chronic kidney failure within a period of 1 year-2 years in the high category were 37 people and the low category was 11 people. Then those who experienced chronic kidney failure within a period of > 2 years in the high category were 60 people, and the lowest were 13 people.

2. Quality of Life

Table 9. *Categorization of the level of quality of life in individuals with chronic kidney failure*

Kategori	Frekuensi	Persentase
Tinggi	129	99.2 %
Rendah	1	7 %
Total	130	100 %

Based on the table of categories of quality of life levels in patients with chronic kidney failure, the most dominant is in the high category with 129 respondents with a percentage of 99.2%. Then followed by the low category with 1 respondent with a percentage of 7%

2.1 Results of categorization of quality of life by gender

Table 10. *Categorization of quality of life by gender*

Jenis kelamin	Kategori	ekuensi	Persentase
Perempuan	Tinggi	54	81.8%
	Rendah	12	18.2%
Laki – laki	Tinggi	47	73.4%
	Rendah	17	26.6%
Total		130	100 %

Based on the results of the category of respondents who have a high quality of life based on gender, women are more dominant, namely 54 people, in the low category there are 12 people. In the male gender, there are 47 people in the high category, and 17 people in the low category.

2.2 Results of categorization of quality of life based on education

Table 11. *Categorization of quality of life based on education*

Usia	Kategori	ekuensi	Persentase
SD	Tinggi	19	86.4%
	Rendah	3	13.6%
SMA/SMK/STM	Tinggi	20	83.3%
	Rendah	5	16.7%
D1/2/3/4	Tinggi	31	75.6%
	Rendah	10	24.4%
S1	Tinggi	4	80.0%
	Rendah	1	20.0%
Total		26	70.3%
		11	29.7%
Total		130	100 %

Based on the results of the category of respondents who have high self-acceptance at the elementary education level, there are 19 people, in the low category 3 people. At the junior high school level, there were 20 people in the high category, and 5 people in the low category. Furthermore, at the SMA/SMK/STM education level, there are 31 people in the high category, and 10 people in the low category. Then the D1/2/3/4 education which has a high category is 4 people and a low category is 1 person. In the S1 education, there are 26 people in the high category, and in the low category 11 people.

2.3 Results of categorization of quality of life based on duration of chronic renal failure.

Table 12. *Categorization of quality of life based on duration of chronic kidney failure*

Lama mengalami sakit	Kategori	Frekuensi	Persentase
<1 tahun	Tinggi	7	77.8%
	Rendah	2	22.2%
1 tahun- 2 tahun	Tinggi	39	81.3%
	Rendah	9	18.8%
>2 tahun	Tinggi	65	89.0%
	Rendah	8	11.0%
		130	100 %

Based on the results of the category of respondents who have high self-acceptance at the old level of experiencing chronic kidney failure within <1 year, there are 7 people, and the lowest is 2 people. Furthermore, those who experienced chronic kidney failure within a period of 1 year-2 years were 39 people in the high category and 9 people in the low category. Then those who experienced chronic kidney failure within a period of > 2 years in the high category were 65 people, and the lowest was 8 people.

3. Aspect Analysis of Research Variables

In addition to testing the hypothesis to see the relationship between self-acceptance and quality of life. The researcher also conducted an aspect analysis on the research variables to see which aspects were closely related to each research variable. The following are the results of the analysis of aspects of variables:

A. Self-Acceptance

Table 13. *Correlation of Aspects of Self-Acceptance with Quality of Life*

No.	Aspek Variabel Penerimaan Diri	Korelasi dengan variabel Kualitas Hidup	Signifikansi
1.	Kesadaran diri untuk menghargai karakter positif	0.864	0.000 < 0.05
2.	Menyikapi peristiwa negatif dengan tetap bangga dan menerima diri tanpa syarat	0.890	0.000 < 0.05

Based on the table above shows that, the aspect of the self-acceptance variable that has the strongest relationship with the quality of life variable is responding to negative events by

remaining proud and accepting oneself unconditionally with a correlation number of 0.90 and $p = 0.000$ ($p < 0.05$).

B. Quality of life

Table 14 *Correlation of aspects of quality of life with self-acceptan*

No.	Aspek Variabel Kualitas Hidup	Korelasi dengan variabel Penerimaan Diri	Signifikansi
1.	Kebahagiaan Psikologis	0.813	0.000 < 0.05
2.	Kebahagiaan Prudensial	0.902	0.000 < 0.05
3.	Kebahagiaan perfeksionis	0.855	0.000 < 0.05
4.	Kepuasan dalam kehidupan sosial	0.741	0.000 < 0.05
5.	Dukungan sosial	0.298	0.000 < 0.05

Based on the table above shows that, the aspect of the quality of life variable that has the greatest relationship with the self-acceptance variable is prudential happiness with a correlation number of 0.902 and $p = 0.000 < 0.005$.

Discussion

Based on the results of the Pearson correlation test, the correlation coefficient (r) = 0.889 with a significant value of $p = 0.000$. These results indicate that there is a significant positive relationship between self-acceptance and quality of life. This means that if the individual's self-acceptance is high, the quality of his life will also be high, and vice versa if the individual's self-acceptance is low, the quality of his life will also be low. So the hypothesis in this study shows that H_a is accepted. It was declared significant because it obtained a p value of < 0.05 (Priyatno, 2011). Sugiyono (2009) adds that if the correlation value is at 0.80-1000 then the level of the relationship is very high. So it can be concluded that the self-acceptance variable has a very strong relationship with the quality of life variable

Poppe, Crombez, Hanouille, Vogelaers, & Petrovic (2020) reveal the same thing that there is a positive relationship between self-acceptance and quality of life in patients with kidney failure. chronic. This means that the higher the individual's self-acceptance, the higher the quality of his life. Prastiwi (2012) states that individuals who have a high quality of life can be characterized by those who always try to contain their emotions so as not to get angry easily over the conditions they feel, those who have good relationships with relatives, friends and family, and the environment. that supports and provides a sense of security to the individual. And individuals can understand themselves, understand all the shortcomings and strengths that exist within



themselves, individuals have feelings of love for others and are able to develop an attitude of empathy that is owned and can feel the suffering of others.

Prastiwi (2012) said that individuals who get support from people around can reduce stress and depression levels. The support is in the form of motivation to recover so that individuals who experience illness will be enthusiastic and they will be stronger in living their lives even in bad conditions. The sense of security, comfort, and love given can provide welfare that makes the quality of life better. Individuals who feel healthier and stronger are due to suggestions within the individual to stay strong in life even though they have to keep taking drugs. This has a very strong relationship with the spirituality possessed by the individual, individuals who have a high spiritual level can be characterized by those who have a relationship with the creator so that individuals can solve and face life's problems, feel comfortable, a calm mind this will bring it into a meaningful life.

Obieglo et al., (2016) revealed that a high quality of life is determined by the individual's acceptance of the disease experienced. Individuals who can accept themselves fully without conditions are called self-acceptance (Bernard, 2013). The same thing was stated by Dumaris & Rahayu, (2019) that self-acceptance can be interpreted as the initial stage of an individual to accept his illness from feeling useless to being more useful. Individuals who experience chronic kidney failure can accept their condition sincerely, this condition is caused by positive thinking. So that he can run his life well, besides that the individual will be more enthusiastic and enjoy his life happily even in bad conditions (Siddik, Oclaudya, Ramiza, & Nashori, 2018).

Self-acceptance is influenced by several factors including being able to accept oneself, assessing oneself realistically, being able to develop one's potential optimally, and being able to adapt oneself from various points of view. In addition, another factor that affects self-acceptance is spirituality, this can help individuals accept themselves in the bad conditions they experience, and can prevent individuals who want to do something that endangers themselves and others, and can motivate themselves, can increase a sense of security, and can form self-confidence for individuals who experience chronic kidney failure, and can reduce anxiety for sufferers, and can face the disease they feel with the spiritual beliefs they have (Widiastuti & Yuniarti, 2017).

The results of the categorization test based on the self-acceptance variable showed that 128 respondents (98.5%) had high self-acceptance. Likewise with the quality of life variable as many as 129 respondents (99.2%) have a high quality of life. Individuals who have a high quality of life have positive thoughts, have positive emotions, and have good mental health, have the ability to



do the things they want to do, have good relationships with family and friends, do activities together with others. people around and participate in social activities, and live in a safe and comfortable environment with good facilities, and have enough money and are independent (Prastiwi, 2012).

This is in line with the statement expressed by Rustandi et al., (2018) which says that individuals who have a high quality of life will still feel comfortable with the illness they suffer physically, psychologically, socially, and spiritually and can enjoy and take advantage of their health. the rest of his life for his own happiness Obieglo et al., (2016) revealed that a high quality of life is determined by the individual's acceptance of the disease he is experiencing. Bernard (2013) reveals that individuals who have high self-acceptance will see that every human being has its own strengths and weaknesses, besides that he will be able to think positively about himself about things that happen in his life. In addition, he can show the right response when facing pressures in his life, the better the individual in accepting himself, the better he can adjust himself and his social adjustment, the better the individual can accept himself, the better his social and social adjustment will be.

Yulistiana & Prakoso (2018) states that individuals who have high self-acceptance are characterized by those who have a high level of happiness as well, this can be seen from those who have goals in life, have positive emotions, are pleasant, individuals feel comfortable, happy when interacting with other patients with chronic kidney failure. Feel engrossed in doing the activities carried out and forget about the disease and limitations experienced. The results of categorization based on gender on the self-acceptance variable and the quality of life variable both show that women have the highest category, namely the self-acceptance variable amounting to 54 people (83.1%) quality of life totaling 54 people (81.8%).

The level of women's quality of life is higher than the level of men's quality of life, women who have a high quality of life can accept the bad situation they feel, and can tolerate it, can control negative emotions as a result of the negative reality they feel, and they get satisfaction In interacting with other people, this means that their association with their environment is going well, those who often interact with other people feel that they get quality support from the people around them, feel loved, so that they can live their lives well even though they are faced with bad conditions (Sirgy, 2013). Dumaris & Rahayu (2019) stated that women tend to be submissive, constructive and open, women in general are more receptive to medical care for their health. Friedman, Bowden and Jones (2010) add that women are easier to share difficulties and worries



with relatives and friends, express negative and positive emotions openly, and spend time doing hobbies and developing themselves, this makes them feel happy so they can accept what has happened to him. The results of categorization based on education from the self-acceptance variable and the quality of life variable both show that high school education has the highest category from each variable, namely the self-acceptance variable amounting to 31 people (75.6%) and the quality of life variable amounting to 31 people (75.6%). Sirgy (2013) says that education is related to quality of life. Individuals who have high education are able to obtain and seek information related to the disease they are experiencing.

Putri, Sembiring, Bebasari, (2014) stated that individuals who have a high quality of life will have extensive knowledge, with the knowledge possessed by individuals who experience chronic kidney failure will easily control or control themselves over the problems they are facing, have an appropriate estimate. in overcoming the events experienced, it is easy to understand what is recommended by health workers for their condition after experiencing chronic kidney failure, have high self-confidence and can overcome the anxiety that is felt so that the individual can make the right decisions.

This is in line with research conducted by Nofitri (2009) that the quality of life will increase along with the high level of education obtained by individuals, and it was found that there is a positive influence of education on the quality of life. Ayu & Lestari (2018) state that individuals who have a high level of education will use their knowledge to understand the factors related to the perceived illness and use this knowledge to maintain their health. This is in line with what was expressed by Rosyidah (2017) that acceptance of a person is influenced by education. where individuals who have a high level of education will have a better level of awareness of the perceived situation and immediately seek efforts to overcome the situation at hand. The higher a person's education, the higher his acceptance.

The results of categorization based on the length of time individuals experience chronic kidney failure from the self-acceptance variable and the quality of life variable indicate that individuals with chronic kidney failure over 2 years have a high category, namely the self-acceptance variable as many as 60 people (82.2%), the quality of life variable as many as 65 people (89.0%). According to research conducted by Sarastika, Kisan, Mendrofa, & Siahaan (2019), it shows that the longer an individual with chronic kidney failure undergoes dialysis, the more the individual can adapt to all routine activities that must be undertaken, adapt and communicate well with others. fellow sufferers of chronic kidney failure, so that it can support



the quality of life of individuals with chronic kidney failure.

Rosyidah (2017) said that the length of illness suffered by individuals with chronic kidney failure had an effect on self-acceptance. Individuals who have long experienced chronic kidney failure will become adaptive to the conditions experienced, this has entered the acceptance phase. The self-acceptance phase according to Kubbler Ross, where individuals who experience chronic kidney failure will go through 5 phases in their lives, namely refusing, anger, bargaining, depression and finally accepting, so this is what causes their level of self-acceptance to be better than individuals who recently diagnosed with chronic kidney failure.

Based on the results of the correlation test, the aspect of the quality of life variable with the self-acceptance variable, the prudential happiness aspect, has the highest correlation. Prudential happiness is where individuals can assess their body appearance positively or negatively depending on the individual's perspective on his body appearance, besides that the individual has the ability to think, remember, concentrate and be able to make decisions, which has the highest relationship with self-acceptance. Patients who have sincerely accepted their illness will be diligent in doing treatment for themselves, besides that patients can think positively so that they will become calm and happy. The patient also no longer cares about the physical changes that occur in him. Emotional or psychological conditions greatly affect the physical condition of patients with chronic kidney failure from that, individuals who do dialysis have a sincere attitude and surrender to God (Arodatin, 2015).

The correlation test results from the aspect of self-acceptance variable with the quality of life variable, aspects of responding to negative events by remaining proud and accepting oneself unconditionally have the highest relationship. Individuals who have good self-acceptance can filter out what is useful and beneficial for themselves and what is not useful and beneficial for themselves, and can accept the negative aspects caused by chronic kidney failure as a new habit that they must go through (Cahyani Endah Pusparini, 2018). Individuals who can accept themselves will know their potential and can overcome their weaknesses due to chronic kidney failure, patients who have good self-acceptance will understand, realize, and accept everything that happens caused by chronic disease and is accompanied by always developing themselves in the future so that they can live a good and responsible life (Paramita & Margaretha, 2013).

This is also supported by research by Khalili, Farajzadegan, Mokarian, & Bahrami (2013) which shows that someone who has good self-acceptance by rising from adversity caused by chronic kidney failure can overcome existing problems, therefore individuals can maintain the



quality of life and reduce all the problems experienced in daily life. Chamberlain & Haaga (2001) explains that individuals who have good self-acceptance can accept themselves unconditionally, and can carry out activities as usual even though there have been many activities and do not care about what other people say about themselves and do not care whether others accept, respect and love him or not.

Based on the explanation above, it can be concluded that self-acceptance has a positive relationship to the quality of life in patients with chronic kidney failure. This means that the higher the self-acceptance, the higher the quality of life. On the other hand, the lower the self-acceptance of eating, the lower the quality of life in patients with chronic kidney failure.

Conclusion

The results showed that there was a strong relationship between self-acceptance and quality of life. This means that the higher the self-acceptance in individuals with chronic kidney failure, the higher the quality of life or vice versa, the lower the self-acceptance in individuals with chronic kidney failure, the more low quality of life. Based on the results of the correlation test, the aspect of the quality of life variable with the variable of self-acceptance in the aspect of prudential happiness has the highest correlation. The correlation test results from the aspect of self-acceptance variable with the quality of life variable, aspects of responding to negative events by remaining proud and accepting oneself unconditionally have the highest relationship.

Reference

- Aaby, A., Ravn, SL, Kasch, H., & Andersen, TE (2020). The associations of acceptance with quality of life and mental health following spinal cord injury: a systematic review. *Journal of the Spinal Cord* , (2) 130-148.
- Azizah, N. (2019). Relationship of Self-Acceptance with Quality of Life in Type II Diabetes Mellitus Patients. *Jember University Repository* , 1–122. Retrieved from <http://repository.unej.ac.id/handle/123456789/92257>.
- Ayu, DU, & Lestari, MD (2018). The role of social support and self-acceptance on type II diabetes mellitus status on adherence to diet in patients with type II diabetes mellitus. *Journal of Psychology Udayana* , (2) 410-423.



- Bernard, ME 2013. *The Strength of Self-Acceptance (Theory, Practice and Research)*. Melbourne, Australia: Springer New York Heidelberg Dordrecht London. Cahyani Endah Pusparini. (2018). *STIKES Muhammadiyah Gombong*, 1` – 26.
- Dumaris, S., & Rahayu, A. (2019). Self-acceptance and resilience are related to the meaningfulness of life for adolescents who live in orphanages. *Journal of Social Psychology* , 3 (1), 71–77.
- Public health Office. 2019. *Number of Chronic Kidney Failure patients in 2018-2019*. Lhokseumawe. Lhokseumawe Health Office, North Aceh Regency.
- Friedman, MM, Bowden, VR, & Jones, EG 2010, *Textbook of family nursing: research, theory, & practice*, 5th edk, EGC, Jakarta.
- Hutagaol, EV (2017). Improving the quality of life in patients with chronic kidney failure undergoing hemodialysis therapy through Psychological Intervention at the hemodialysis unit of the Royal Prima Hospital Medan in 2016. *Journal of Psychology* , (2) 42-59.
- Khalili, N., Farajzadegan, Z., Mokarian, F., & Bahrami, F. (2013). Coping strategies, quality of life and pain in women with breast cancer. *Iranian Journal of Nursing and Midwifery Research* , 18 (2), 105–111.
- Lathifa J, AU (2016). The risk factors for the incidence of chronic kidney failure in young adults at Dr. Moewardi. *Journal of Euphytica* , (2) 1-12.
- nofitri. An overview of the quality of life of the adult population in Jakarta. [thesis]. Depok : University of Indonesia; 2009.
- Obieglo, M., Uchmanowicz, I., Wleklik, M., Jankowska-Polanska, B., & Kusmierz, M. (2016). The effect of acceptance of illness on the quality of life in patients with chronic heart failure. *European Journal of Cardiovascular Nursing* , 15 (4), 241–247.
- Prastiwi, TF (2012). Quality of life of cancer patients. *Journal of Psychology* , (1) 21-27
- Paramita, R. (2013). The Effect of Self-Acceptance on Self-Adjustment of Lupus Sufferers. *The Effect of Self-Acceptance on Adjustment of Lupus Sufferers* , 12 (1), 1–8. <https://doi.org/10.14710/jpu.12.1.1-8>.
- Paramita, R., & Margaretha. (2013). Lupus Sufferers Adjustment. *Journal of Psychology Undip* , 12 .
- Putri, IAK, & Tobing, DH (2016). Description of self-acceptance in Balinese women living with HIV-AIDS. *Udayana Journal of Psychology* , 3 (9), 395–406.



- Priyanti, D., & Farhana, N. (2019). Differences in the quality of life of working and non-working kidney failure patients undergoing hemodialysis at the Diatrans Indonesia kidney foundation. *Scientific Journal of Psychology* , (1) 41-47.
- Priyatno, D. (2011). *SPSS Data Statistical Analysis Pocket Book*. Yogyakarta : MediaKom.
- Priyanti, D., & Farhana, N. (2016). Differences in the quality of life of working and non-working kidney failure patients undergoing hemodialysis at the Diatrans Indonesia kidney foundation. *Scientific Journal of Psychology* , (1) 41-47.
- Putri, R., Sembiring, LP, & Bebasari, E. (2014). Overview of the Quality of Life of Chronic Kidney Failure Patients Undergoing Continuous Ambulatory Peritoneal Dialysis Therapy at Arifin Achmad Hospital Continuous Ambulatory Peritoneal Dialysis Therapy at Arifin Achmad Hospital. *Journal of Health* , (2) 1-16.
- Poppe, C., Crombez, G., Hanouille, I., Vogelaers, D., & Petrovic, M. (2020). Improving quality of life in patients with chronic kidney disease influences acceptance and personality. *Oxport Journal* , 28 .
- Rosyidah, K. (2017). Relationship between family support and patient's level of self-acceptance Chronic Kidney Failure In Hemodialysis Unit RSUD dr. Sayidman Magetan. *STIKES Bhakti Husada Mulia Madiun* , 6.
- Rustandi, H., Tranado, H., & Pransasti, T. (2018). Factors Affecting Quality of Life of Chronic Kidney Disease Patients Undergoing Hemodialysis in the Hemodialysis Room. *Silampari Journal of Nursing* , 1 (2), 32–46. <https://doi.org/10.31539/jks.v1i2.8>
- Sirgy, MJ (2013). *The Psychology of Quality of Life Hedonic Well-Being, Life Satisfaction, and Eudaimonia: Second Edition*. Social Indicator Research.
- Siddik, IN, Oclaudya, K., Ramiza, K., & Nashori, F. (2018). The Meaning of Life of PLWHA in terms of sincerity and social support. *Psychoislamedia Journal of Psychology* , 3 (1), 98–114.
- Sarastika, Y., Kisan, K., Mendrofa, O., & Siahaan, JV (2019). Factors Affecting Quality of Life of Patients with Chronic Kidney Failure (CRF) Undergoing Hemodialysis Therapy at Rsu Royal Prima Medan. *Hesti Medan Research Journal Akper Kesdam I/BB Medan* , 4 (1), 53. <https://doi.org/10.34008/jurhesti.v4i1.93>.
- Sumantrie, P. (2018). Quality of Life Level of Chronic Kidney Failure Patients Undergoing Hemodialysis. *Journal of Psychology* , (2), 85–92.
- Sugiyono. (2018). *Research methods are quantitative, qualitative, and R&D*. Bandung: Alfabeta.
- Utama, F., Rahmiwati, A., Alamsari, H., & Lihwana, MH (2018). Overview of



non-communicable diseases at Sriwijaya University. *Journal of Health* , (2) 52-64.

Yulistiana, P., & Prakoso, H. (2015). Relationship of Self Acceptance and Happiness in Chronic Kidney Disease Patients in RSHS. Relation of Self Acceptance And Happiness on Chronic Kidney Disease Patient in. *Journal of Psychology* , 185–192