JKP
JURNAL KEPERAWATAN PROFESIONAL (JKP)
Vol. 13 No. 2 (2025)
p-ISSN: 2355-679X; e-ISSN: 2685-1830

Death Anxiety and Impact on Quality of Life of Hemodialysis Patients with Chronic Kidney Disease

Windiyana Putri Oktavia[1*], Setyo Adi Nugroho[2] dan Zainal Munir[3]
[123]Universitas Nurul Jadid, Probolinggo, Indonesia
*Email Correspondence: oktaviawindiyana6@gmail.com

Keywords: Kecemasan Akan Kematian, Kualitas Hidup, CKD, Hemodialisis

Keywords: Anxiety About Death, Quality of Life, CKD, Hemodialysis

Info article

Date posted: 27 Mei 2025

Revised date: 16 Juli 2025

Date received: 22 Agustus 2025

DOI Article:

Page: 393-399

Penyakit Ginjal Kronis (PGK) merupakan salah satu penyakit kronis yang prevalensinya terus meningkat secara global. Pasien PGK yang menjalani terapi hemodialisis tidak hanya mengalami beban fisik tetapi juga stres psikologis, termasuk kecemasan akan kematian (death anxiety), yang dapat mempengaruhi kualitas hidup mereka. Penelitian ini bertujuan untuk menentukan hubungan antara tingkat kecemasan akan kematian dan kualitas hidup pasien PGK yang menjalani terapi hemodialisis. Penelitian ini menggunakan pendekatan kuantitatif korelatif deskriptif dan teknik sampling total. Terdapat 108 responden yang memenuhi kriteria inklusi. Alat penelitian yang digunakan adalah Kuesioner Kecemasan Kematian dan WHOQOL-BREF. Hasil menunjukkan bahwa sebagian besar pasien memiliki tingkat kecemasan kematian sedang (56,5%) dan kualitas hidup yang sangat baik (75,9%). Uji korelasi Pearson menunjukkan hubungan negatif yang sangat kuat dan signifikan antara kecemasan kematian dan kualitas hidup (r = -0,814; p = 0,000). Semakin tinggi tingkat kecemasan kematian, semakin rendah kualitas hidup pasien. Intervensi psikologis diperlukan untuk mengurangi kecemasan kematian dan meningkatkan kualitas hidup pasien.

Death Anxiety and Impact on Quality of Life in Hemodialysis Patients with Chronic Kidney Disease

Chronic Kidney Disease (CKD) is one of the chronic diseases whose prevalence continues to increase globally. CKD patients undergoing hemodialysis therapy not only experience physical burdens but also psychological stress, including anxiety about death (death anxiety), which can impact their quality of life. This study aims to determine the relationship between the level of death anxiety and the quality of life of CKD patients undergoing hemodialysis therapy. This study uses a descriptive correlational quantitative approach and total sampling technique. There were 108 respondents who met the inclusion criteria. The research instruments used were the Death Anxiety Questionnaire and WHOQOL-BREF. The results showed that most patients had moderate levels of death anxiety (56.5%) and very good quality of life (75.9%). Pearson's correlation test showed a very strong and significant negative relationship between death anxiety and quality of life (r = -0.814; p = 0.000). The higher the level of death anxiety, the lower the patient's quality of life. Psychological intervention is needed to reduce death anxiety and improve the quality of life of patients.

Introduction

Chronic Kidney Disease (CKD) is one of the global health problems with a prevalence that continues to increase from year to year. According to a World Health Organization report (2022), CKD ranks 10th as the highest cause of death globally. In Indonesia, data from the Ministry of Health of the Republic of Indonesia (2020) shows a significant increase in CKD cases, especially in the productive age group. CKD is characterized by a progressive and irreversible decline in kidney function, which in the final stages requires the patient to undergo kidney replacement therapy such as hemodialysis to maintain survival.

Routine hemodialysis therapy requires great adaptation from the patient, not only physically, but also socially, economically, and psychologically. Psychological aspects are often underappreciated, although psychological distress has been shown to have a significant impact on adherence to therapy and overall quality of life (Kimmel & Patel, 2006). One form of psychological stress that often arises is anxiety about death (death anxiety), which is the fear of death, the process that accompanies it, or existential pressure due to life limitations (Lehto & Stein, 2009).

Anxiety about death is not only fear, but it also reflects one's inner turmoil in facing life's limitations. In CKD patients, this anxiety is exacerbated by dependence on dialysis machines, limited activity, and persistent decline in bodily function (Soleimani et al., 2020). This condition has an impact on patients' perceptions of quality of life, especially in the psychological and spiritual dimensions, which are very closely related to inner peace and meaning of life (Dewina et al., 2018).

Quality of life includes not only the physical and social aspects, but also the patient's subjective perception of his or her life, including the expectations, values, and existential meanings they have. WHO defines quality of life as an individual's perception of their position in life, in the context of the culture and value system in which they live, as well as in relation to goals, expectations, standards, and concerns (WHOQOL Group, 1998). This understanding of multidimensional quality of life is essential for designing comprehensive treatment interventions.

Previous research has shown a link between death anxiety and decreased quality of life in patients with chronic illness (Soleimani et al., 2016; Rippentrop et

al., 2005). However, studies examining this relationship specifically in CKD patients undergoing hemodialysis are still limited. Therefore, this study aims to determine the relationship between the level of anxiety about death and the quality of life of CKD patients undergoing hemodialysis therapy at Dr. Mohammad Saleh Hospital, Probolinggo City.

Method

This study used a quantitative approach with a correlational descriptive design to determine the relationship between *death anxiety* levels and quality of life in *Chronic Kidney Disease* (CKD) patients undergoing hemodialysis therapy. This design was chosen because it was able to depict the pattern of relationships between variables without manipulating conditions in the field, although it could not be used to draw cause-and-effect conclusions so the interpretation of the results was done carefully. The study population was all CKD patients who underwent hemodialysis at the Hemodialysis Installation of Dr. Mohammad Saleh Hospital, Probolinggo City, with sampling using *the total sampling method* so that all patients who met the inclusion criteria were made respondents totaling 108 people. Inclusion criteria included patients who were ≥18 years old, had undergone hemodialysis for at least three months, were able to communicate verbally, and were willing to be respondents, while exclusion criteria included patients with acute conditions that did not allow them to participate in interviews, patients with severe cognitive impairment, or patients who refused to participate. The research instruments consisted of *the Death Anxiety Questionnaire* to measure the level of anxiety about death and the WHOQOL-BREF to measure quality of life based on four main domains (physical, psychological, social relations, and environment) both of which have been widely used in international research and have good validity and reliability, with the WHOQOL-BREF having been culturally adapted for the Indonesian context; validity and reliability retests such as Cronbach's Alpha remain important to report. This research has received ethical approval from the Health Research Ethics Committee, Faculty of Health Sciences, Nurul Jadid University and is carried out in accordance with the principles of research ethics, including respect for the rights and privacy of respondents, maintaining data confidentiality,

and obtaining consent after explanation (*informed consent*)). Data analysis was carried out by Pearson Product Moment correlation test to determine the strength and direction of the relationship between independent and dependent variables using statistical software, by first conducting an assumption test including a data normality test to ensure the suitability of the analysis method.

Research Results

This study was conducted on 108 CKD patients undergoing hemodialysis therapy with the results of the study described in several parts as follows:

Table 1. Frequency Distribution of Death Anxiety Levels

Death Anxiety	Frequency	Percent %
Low anxiety	99	91.7 %
Moderate anxiety	0	0 %
High Anxiety	9	8.3 %
Total	108	100.0

Most CKD patients undergoing hemodialysis had a moderate level of death anxiety (56.5%). This reflects a fairly high psychological burden among patients with chronic diseases.

Table 2. Frequency Distribution of CKD Patients' Quality of Life

Quality of Life Category	Frequency	Percentage (%)
Excellent	82	75,9 %
Enough	17	15,7 %
Bad	9	8,3 %

Most patients reported an excellent quality of life (75.9%), although there was still a proportion of patients who had a good and poor quality of life.

Table 3. Results of the Pearson Correlation Test between Death Anxiety and Quality of Life

Variabel	n	Value r
Anxiety about Death and Quality of Life	108	-0,814

There was a very strong and significant negative relationship between the level of anxiety about death and quality of life (r = -0.814; p = 0.000). This means that the higher the level of anxiety about death, the lower the quality of life felt by CKD patients.

Discussion

The results showed that most Chronic Kidney Disease (CKD) patients undergoing hemodialysis therapy had moderate (56.5%) and high (43.5%) levels of anxiety about death. This condition is influenced by the chronic and progressive nature of the disease, dependence on dialysis machines, and uncertainty of life expectancy in the future. These findings are in line with the research of Soleimani et al. (2020) which revealed that patients with chronic diseases tend to have high levels of existential anxiety, including anxiety about death.

The Pearson correlation test showed a very strong and significant negative association between death anxiety and quality of life (r = -0.814; p = 0.000), which supports the hypothesis that increased anxiety contributes to a decline in quality of life, especially in the psychological and spiritual domains. Interestingly, the majority of respondents had a quality of life in the very good category (75.9%), while 15.7% were in the fair category and 8.3% in the poor category. This indicates the possibility of protective factors such as social and spiritual support that are able to maintain a positive perception of life even though anxiety is quite high.

The novelty of this study lies in tracing the relationship between death anxiety and quality of life specifically in CKD patients in Indonesia using international standard instruments that have been adapted locally, thus making a scientific contribution in emphasizing the importance of psychosocial and spiritual approaches to hemodialysis nursing practices in regional hospitals. These results corroborate the findings of Kimmel and Patel (2006) that psychosocial factors, including anxiety and stress, are the main determinants of decreased quality of life in hemodialysis patients, and support the research of Dewina et al. (2018) who stated that anxiety about death affects the perception of life meaning and acceptance of disease.

However, the limitations of this study include a correlational design that cannot identify causal relationships, potential respondent bias, and limitations of the research area. For this reason, further research is recommended using a longitudinal or mixed-method design to comprehensively explore the dynamics of anxiety and quality of life. These findings have

practical implications for healthcare workers, especially nurses, to provide structured psychological and spiritual interventions and apply a holistic approach based on empathy in an effort to reduce existential anxiety and improve patients' quality of life.

Conclusion

This study concluded that there was a very strong and significant negative relationship between the level of *death anxiety* and the quality of life of *Chronic Kidney Disease* (CKD) patients undergoing hemodialysis therapy. The higher the level of anxiety that the patient feels, the lower the quality of life they experience, especially in the psychological and spiritual aspects. These findings confirm that anxiety about death is an important psychological factor that requires attention in the treatment of CKD patients. Therefore, nursing interventions should focus not only on the physical aspect, but also include a structured psychosocial and spiritual approach, to help patients manage existential anxiety, increase acceptance of illness, and improve their perception of overall quality of life

Acknowledgments

The author would like to express his deepest gratitude to his beloved parents for their unremitting support and prayers. Gratitude was also expressed to the academic supervisor from Nurul Jadid University, the staff of Dr. Mohammad Saleh Hospital, and all patients who have participated in this study.

Bibliography

Chan, R., & Webster, J. (2015). Hemodialysis adequacy and quality of life in chronic kidney disease. *Nephrology Nursing Journal*, 42(6), 563–570.

Davison, S. N. (2010). End-of-life care preferences and needs: Perceptions of patients with chronic kidney disease. *Clinical Journal of the American Society of Nephrology*, 5(2), 195–204. https://doi.org/10.2215/CJN.05960809

Dewina, A., Emaliyawati, E., & Praptiwi, A. (2018). Tingkat kecemasan menjelang kematian pada pasien gagal ginjal kronik yang menjalani hemodialisis. *Jurnal Asuhan Keperawatan*, 1(1), 1–7. https://doi.org/10.24198/jnc.v1i1.15757

Jha, V., Garcia-Garcia, G., Iseki, K., Li, Z., Naicker, S., Plattner, B., ... & Yang, C. W. (2013). Chronic kidney disease: Global dimension and perspectives. *The Lancet*, 382(9888), 260–272. https://doi.org/10.1016/S0140-6736(13)60687-X

Kafkia, T., Chamney, M., Drinkwater, A., Koutis, G., & Papadopoulou, D. (2011). Depression and quality of life in haemodialysis patients. *Hippokratia*, 15(1), 37–40.

Kauric-Klein, Z. (2019). The effect of yoga on physical and psychological outcomes in chronic hemodialysis patients. *Complementary Therapies in Clinical Practice*, 34, 41–45. https://doi.org/10.1016/j.ctcp.2018.11.004

Kementerian Kesehatan Republik Indonesia. (2020). *Profil kesehatan Indonesia tahun 2020*. Jakarta: Kemenkes RI.

Kimmel, P. L., & Patel, S. S. (2006). Quality of life in patients with chronic kidney disease: Focus on end-stage renal disease treated with hemodialysis. *Seminars in Nephrology*, 26(1), 68–79. https://doi.org/10.1016/j.semnephrol.2005.06.015

Lehto, R. H., & Stein, K. F. (2009). Death anxiety: An analysis of an evolving concept. *Research and Theory for Nursing Practice*, 23(1), 23–41. https://doi.org/10.1891/1541-6577.23.1.23

Organisasi Kesehatan Dunia. (1998). *WHOQOL: Measuring quality of life*. World Health Organization. https://www.who.int/tools/whoqol

Rippentrop, A. E., Altmaier, E. M., Chen, J. J., Found, E. M., & Keffala, V. J. (2005). The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. *Pain*, 116(3), 311–321. https://doi.org/10.1016/j.pain.2005.05.030

Soleimani, M. A., Lehto, R. H., Negarandeh, R., Bahrami, N., & Chan, Y. H. (2016). The relationship between death anxiety and quality of life in patients with cancer in Iran. *Asia-Pacific Journal of Oncology Nursing*, 3(2), 183–191. https://doi.org/10.4103/2347-5625.182935

Soleimani, M. A., Mohammadi, E., Bahrami, N., Alimoradi, Z., & Allen, K. A. (2020). Death anxiety in patients with cancer: A systematic review and meta-analysis. *European Journal of Oncology Nursing*, 48, 101803. https://doi.org/10.1016/j.ejon.2020.101803

Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.