



Self-efficacy and its Correlations Among Patients on Hemodialysis: A Cross-sectional Study



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Abstract

Background and Purpose: Promoting self-efficacy levels in hemodialysis patients is an effective method for improving their self-care and rehabilitation. Therefore, a better understanding of the factors that affect self-efficacy can help nurses to find an appropriate method to promote self-efficacy. This study aimed to examine the correlation between self-efficacy and knowledge among patients on hemodialysis in Yazd, Iran, in 2016.

Methods: This cross-sectional study was conducted in four hemodialysis centers. All patients who were referred to these centers were selected. The data was collected using the demographic characteristics form, chronic diseases self-efficacy scale, and hemodialysis knowledge questionnaire. Descriptive and analytic statistics analyzed information.

Results: The mean self-efficacy score was 5.24 ± 1.99 , and the mean knowledge score was 16.15 ± 2.91 (Minimum = 3 and Maximum = 21). A positive correlation was found between self-efficacy and knowledge ($r = 0.20$, $p = 0.01$). Knowledge about hemodialysis, marital status, and job were significant predictors of self-efficacy of chronic diseases in patients treated with hemodialysis ($p < 0.05$).

Conclusion: Patients on hemodialysis had a moderate level of self-efficacy and knowledge. Effective interventions, including education related to the dialysis system, laboratory tests, and diet, are needed to improve self-efficacy among patients under hemodialysis.

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Introduction

Chronic kidney diseases (CKDs) have become a growing health problem throughout the world and are increasing with aging in the world (Sanyaolu et al., 2018). The worldwide prevalence of CKD is estimated between 8-16%, and around 3,346,000 people suffered from end-stage kidney disease (results from CKD) at the end of 2014 (Kiajamali et al., 2017; Mahmoodpoor et al., 2018). It is estimated that more than 24,000 people with end-stage kidney disease (ESKD) live in Iran, and their number has increased drastically in recent years (Morovatdar et al., 2019).

ESKD can be defined as the requirement for lifesaving dialysis or kidney transplantation (Kiajamali et al., 2017). Dialysis is a stressful process and follows various psychological complications that can lead to patients' mental disturbances in patients (Poorgholami et al., 2016). The sense of inability, lack of control and treatment of disease, financial problems, failure to keep occupation, taking several medications, specific diets, and acquiring abilities for adaptation with psychophysical disabilities are effective in the quality of life (Bahadori et al., 2018; Krishnan et al., 2020). Therefore, such patients will face risk factors, including early aging, physical and nutritional limitations, heart failure, and depression. The disease not only endangers physical health but is also risky for other dimensions of health (Daniel et al., 2020; Sun et al., 2019). The active participation of patients in disease control, the ability to self-care, patient education, and social support will lead to better results in their health (Jebraeily & Makhdoomi, 2018). Since nursing deals with the promotion of patient health, such as nutrition, physical activity, stress management, health responsibilities, interpersonal relationships, and spiritual growth (Dashtidehkordi et al., 2019), it is necessary to have an effective care model for the hemodialysis unit to support patient personal needs, ensure standard care, and maintain quality of care and keep care quality (Dobson & Tranter, 2008).

Improving patient knowledge can effectively improve patients' care quality under hemodialysis (Ramezani et al., 2019). The results of many studies showed that the understanding of the patients was effective in adhering to diets

(Ebrahimi et al., 2016; Gibson et al., 2016), managing the amount of body phosphorus (Lee et al., 2020), controlling diseases resulting from hemodialysis and mental-spiritual pressures (Molina-Robles et al., 2018). On the other hand, the lack of knowledge of the self-care behaviors of patients leads to clinical outcomes, death, and different complications (Ramezani et al., 2019). Self-efficacy is another effective factor that improves patient care quality and quality of life (Rayyani et al., 2014; Wright & Wilson, 2015). Self-efficacy effectively perceives performance, takes adaptive behaviors, and selects the environment and conditions in which people are trying to reach them (Oktarina & Sulistiawan, 2020). Self-efficacy generally influences individual selections, desires, degree of effort to achieve goals and ambitions, degree of resistance to problems and failures, thinking models, degree of experienced stress, and sensitivity to depression (Hui & Bella, 2012). self-efficacy increases the motivation for self-care (Ramezani et al., 2019). Nurses can help these patients improve their quality of life and reinforce self-efficacy (Wright & Wilson, 2015). Strengthening self-efficacy, patients will rely on their self-efficacy and self-care to manage chronic kidney failure disease (Poorgholami et al., 2016). Yun and Choi (2016) showed that a self-efficacy-based diet was an effective nursing intervention program to improve adherence to diet and maintain quality of life in hemodialysis patients (Yun & Choi, 2016).

Since few studies have been conducted on self-efficacy and knowledge of patients with chronic kidney disease in Iran and there is not much information on self-efficacy and understanding of patients under hemodialysis in Iran, the present study aimed to study self-efficacy and knowledge of patients under hemodialysis who referred to hemodialysis centers in Yazd, Iran, in 2016 and also to determine the correlation between self-efficacy and understanding of such patients.

Materials and Methods

Study design and setting

This cross-sectional study was conducted in four hemodialysis centers in Yazd, Iran 2016.

Sample Size and Sampling

130, 65, 45, and 20 patients underwent hemodialysis in Shahid Rahnamoun, Shahid Sadoughi, Seyedolshohada, and Goodarz

hospitals in Yazd, respectively. Concerning the small sample size, all 260 patients were studied, of whom 159 were eligible to participate.

The instruments

Two questionnaires were used. A demographic characteristics form was also used to assess the age, gender, marital status, economic and educational status, complementary health insurance, duration of hemodialysis, and the cause of renal failure.

Chronic disease self-efficacy scale

This 6-item questionnaire was designed by Lorig et al. (Lorig et al., 1996). The amount of self-efficacy has been measured from zero to ten. The score obtained from this questionnaire is between zero and ten. Therefore, the scores are divided by ten, and the self-efficacy score is obtained. The higher the score, the better the self-efficacy. Its reliability in Lorig's study was $\alpha = 0.91$ (via Cronbach alpha) (Lorig et al., 1996).

Hemodialysis knowledge

The 25-item questionnaire was designed by Curtin et al. (Curtin et al., 2004). The questionnaire assessed anemia, diet, medication, kidney function, hemodialysis, treatment, and rehabilitation with true or false questions. Score one was allocated to true questions and zero to false ones. The final score was between 0 and 25. The reliability of the questionnaire in Curtin's study was $\alpha = 0.94$, and its content validity index (CVI) was 0.70 (Curtin et al., 2004).

Since the Persian versions of the questionnaires were unavailable, two translators, one of whom was an approved medical translator, translated them into Persian. Then, another translator edited the two translations. In the next stage, the Persian versions of the questionnaires were sent to two English translators for back translation. The research team and translators reached a primary consensus on the Persian versions of the questionnaires, which should be equal to the original in terms of semantic, idiomatic, experiential, and conceptual equivalences. In this stage, ten faculty members of the Faculty of Nursing at Kerman University of Medical Sciences reviewed and assessed the content validity of their content. According to expert opinions, an item related to the hemodialysis knowledge questionnaire was deleted (the use of a hemodialyzer means that the same hemodialyzer (filter) is used more than once for

the same patient). For the reliability to be examined, thirty patients from the target population were provided with the questionnaires, and the internal consistency of the items was calculated using Cronbach's alpha. Cronbach's alpha coefficients for self-efficacy and knowledge questionnaires were 0.95 and 0.73, respectively.

Procedure and data collection

Concerning the aim of the study, patients who met the inclusion criteria entered the study. The inclusion criteria were patients who underwent hemodialysis for at least 3 months, those above 18 years of age, those who could read and write in Persian, and those who were willing to participate in the study. The exclusion criteria were patients admitted to the hospital at the time of the study with a history of psychological disease and physical limitation in self-care. After agreement and completion of the consent form, the patients and their medical records. According to the patient, the researcher completed self-efficacy and knowledge during, before, or after dialysis. It took 15 minutes. Data collection lasted from December 2015 to May 2016.

Statistical analysis

All data were analyzed using SPSS version 18. Frequency, percent, mean, and standard deviation were used to describe demographic characteristics. The Kolmogorov-Smirnov test, skewness, and kurtosis were used to study the normalization of quantitative variables. The self-efficacy and knowledge scores had normal distributions. Therefore, Pearson's correlation test was used to study the correlation between self-efficacy and knowledge. The independent t-test and analysis of variance were used to determine differences between chronic disease and expertise according to demographic characteristics. Multiple linear regression was used to determine predictors of chronic disease self-efficacy in hemodialysis patients. A significant level was considered $p < 0.05$.

Ethical Considerations

The study was started after acquiring the ethics code (No.Ir.kmu.rec.2016.90) from the ethics committee of the Kerman University of Medical Science and after receiving a letter of introduction from the Razi School of Nursing & midwifery. To respect and protect patients' privacy, patients participated in the study after completing the

consent form. The confidentiality of the information and voluntary participation were explained.

Results

Demographic data

The mean age of the participants was 58.69 ± 14.39 years. The mean duration of hemodialysis was 5.07 ± 4.61 years. Most of the participants (69.8%) were men. Ninety-five percent of the patients were married. Most of the subjects had diplomas or lower degrees (93.7%), 21.4% of them were employed, and 77.2% of the patients had monthly incomes lower than one million tomans. Less than half of the patients were covered by complementary health insurance (43.4%). 82.8% of the patients were on dialysis thrice a week for 4 hours (Table 1).

Self-efficacy

The mean self-efficacy score was 5.24 ± 1.99 , and the minimum and maximum scores were 1 and 9.33, respectively. Among the self-efficacy items, the highest (5.5) and lowest (4.95) mean scores were 'How confident do you feel that you can do the different tasks and activities needed to manage your health condition to reduce your need to see a doctor?' and 'How confident do you feel that you can prevent the fatigue caused by your disease from interfere with the things you want to do?', respectively (Table 2).

Knowledge of hemodialysis

The mean score for hemodialysis knowledge was 16.15 ± 2.91 , and the minimum and maximum scores were 3 and 21, respectively. More than 70% of the patients chose true options for 15 items. The most positive answers were related to 'Low fluid intake between dialysis treatments helps make treatments comfortable' (86.2%), 'People with chronic diseases such as kidney

failure will do their best if they learn all they can and participate in their care' (85.5%), 'Healthy kidneys control the balance of fluid, glucose, proteins, sodium & potassium' (84.3%), and potassium (84.3%) and 'The access arm & needles should be visible to the staff during dialysis treatment' (84.3%). The most negative answers were related to 'When kidneys fail, they stop making the hormone called erythropoietin' (80.5%), 'damaged kidneys can repair themselves' (65.4%), and 'phosphorus is quite rare and is not present in many foods' (60.4%)(Table 3).

The correlation between self-efficacy, knowledge, and demographic characteristics

A significant positive correlation was found between self-efficacy and knowledge ($r = 0.20$, p -value = 0.01), meaning that the higher the patient's knowledge about hemodialysis, the higher their self-efficacy. As presented in Table 1, only marital status and job were associated with self-efficacy among demographic characteristics. Single and unemployed individuals had lower self-efficacy than married and employed individuals (Table 1). All variables with a value of < 0.25 were included in the multiple linear regression analysis for further analysis. Knowledge of hemolysis, marital status, and job were significant predictors of chronic disease self-efficacy in patients treated with hemodialysis (Table 4).

Furthermore, among demographic characteristics, only education had a significant association with knowledge of hemodialysis. The Bonferroni post hoc test showed that only the hemodialysis knowledge of the diploma patients was higher than that of the patients who could write and read ($p = 0.002$) (Table 1).

Table1. Demographic characteristics and chronic disease self-efficacy and hemodialysis knowledge differences according to demographic characteristics

Variable	Frequency (%)	Chronic disease self-efficacy		Statistic test (p-value)	Hemodialysis Knowledge		Statistic test (p-value)
		Mean	SD		Mean	SD	
Age (year)							
≤ 40	17 (10.6)	4.76	1.74	F = 1.74 (0.18)	16.35	1.93	F = 1.0 (0.37)
41 - 60	71 (44.7)	5.56	1.95		16.46	2.59	
> 60	71 (44.7)	5.04	2.08		15.79	3.37	
Gender							
Man	111 (69.8)	5.24	2.06	t = -0.04 (0.97)	16.44	2.80	t = 1.93 (0.06)
Woman	48 (30.2)	5.25	1.88		15.48	3.09	
Marital status							
Married	151 (95)	5.32	1.97	t = 2.23 (0.03)	16.13	2.94	t = -0.35 (0.73)
Single	8 (5)	3.73	1.98		16.50	2.33	
Education							
Being able to write and read	83 (52.2)	5.04	2.1	F = 0.91 (0.40)	15.40	3.39	F = 6.30 (0.003)
Diploma	66 (41.5)	5.48	1.92		17.03	1.98	
Academic	10 (6.3)	5.38	1.5		16.60	2.91	
Job							
Employed	34 (21.4)	6.60	1.88	t = 4.75 (<0.001)	16.97	2.26	t = 1.86 (0.06)
Unemployed	125 (78.6)	4.88	1.88		15.93	3.04	
Monthly income (million tomans)*							
< 1	122 (77.2)	5.30	2.07	F = 0.70 (0.50)	16.11	3.11	F = 0.19 (0.83)
1- 1.5	31 (19.6)	5.18	1.78		16.38	2.03	
> 1.5	5 (3.2)	4.23	1.29		15.60	2.88	
Complementary insurance							
Yes	69 (43.4)	4.97	1.99	t = -1.54 (0.13)	16.17	2.59	t = 0.09 (0.93)
No	90 (56.6)	5.46	1.98		16.13	3.15	
History of being under hemodialysis							
1-5 years	100 (62.9)	5.17	2.05	F = 0.40 (0.67)	16.13	2.97	F = 0.01 (0.99)
6-10 years	46 (28.9)	5.27	1.9		16.17	3.09	
> 10 years	13 (8.2)	5.69	2.03		16.23	1.79	
Dialysis sessions per week (times)*							
2	11 (7)	5.77	0.93	F = 0.70 (0.50)	17.18	2.23	F = 0.98 (0.38)
3	130 (82.8)	5.2	2.02		16.00	2.94	
4	16 (10.2)	4.85	2.08		16.50	3.10	
Duration of dialysis sessions (hour)							
3	6 (3.8)	4.50	1.04	F = 0.49 (0.62)	16.00	2.61	F = 1.14 (0.32)
3:30	23 (14.4)	5.40	2.63		17.00	2.35	
4	130 (81.8)	5.25	1.91		16.01	3.01	
Cause of renal failure*							
HTN	69 (43.9)	5.21	1.86	F = 0.02 (0.98)	16.32	2.35	F = 0.38 (0.68)
D.M.	61 (38.9)	5.26	2.02		15.87	3.63	
Others	27 (17.2)	3.88	2.62		16.11	2.36	

* Missing value, S.D. = standard deviation, t = Independent t-test, F = analysis of variance, HTN: Hypertension, D.M.: Diabetes mellitus

Table 2. Patients' responses to the chronic disease self-efficacy scale

Items	Minimum	Maximum	Mean	SD
1. How confident do you feel that you can keep the fatigue caused by your disease from affecting the things you want to do?	1	10	4.95	2.2
2. How confident are you that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do?	1	9	5.28	2.28
3. How confident do you feel that you can keep the emotional distress caused by your disease from interfering with the things you want to do?	1	9	5.04	2.14
4. How confident do you feel that you can keep any other symptoms or health problems you have from interfering with what you want to do?	1	10	5.26	2.22
5. How confident do you feel that you can do the different tasks and activities needed to manage your health condition to reduce your need to see a doctor?	1	10	5.5	2.29
6. How confident do you feel that you can do things other than just taking medications to reduce the effects of your illness on your everyday life?	1	10	5.35	2.32
Total	1	9.33	5.24	1.99

SD = standard deviation

Table 3. Patient Responses to the Hemodialysis Knowledge Questionnaire

Items	True response (frequency/%)
1. Laboratory tests: Hematocrit and hemoglobin are used to detect anemia.	130 (81.8)
2. During dialysis, good things (such as meds) are removed along with waste.	118 (74.2)
3. Kidney patients use phosphate binders mainly to prevent gas/ upset stomach.	84 (52.8)
4. When the kidneys fail, they stop making the erythropoietin hormone.	31 (19.5)
5. Damaged kidneys can be repaired themselves.	55 (34.6)
6. Healthy kidneys control the balance of fluid, glucose, proteins, sodium, and potassium.	134 (84.3)
7. Creatinine is a laboratory test that measures kidney function.	132 (83)
8. The pump pushes the blood through the dialyzer at a constant speed.	107 (67.3)
9. Healthy kidneys produce hormones to trigger the production of red blood cells and to convert vitamin D for bone health.	127 (79.9)
10. The target blood phosphorus for dialysis patients is approximately 3.5 to 5.3.	115 (72.3)
11. Regular exercise has been associated with fewer hospital stays and better overall health for dialysis patients.	126 (79.2)
12. Untreated anemia can cause heart damage in people with kidney failure.	130 (81.8)
13. Phosphorus is quite rare and is not present in many foods.	63 (39.6)
14. The machine alarms mean patients never have to worry about safety.	88 (55.3)
15. A low-protein diet may be recommended while the kidneys are failing, but a high-protein diet is better once they have completely failed.	77 (48.4)
16. Untreated anemia causes low energy, a feeling of coldness all the time, and sometimes shortness of breath	129 (81.1)
17. Limiting dietary potassium helps prevent heart problems in kidney patients.	123 (77.4)
18. Low fluid intake between dialysis treatments makes them comfortable.	137 (86.2)
19. Dry weight is your weight without the excess fluid that builds up between dialysis treatments.	126 (79.2)
20. blood moves into the dialysis fluid or "bath during dialysis."	120 (75.5)
21. More dialysis is better - healthy kidneys work 24 hours daily.	72 (45.3)
22. Once your access is "mature," there is no need to check for a thrill/bruit.	74 (46.5)
23. The access arm needles should be visible to the staff during dialysis treatment.	134 (84.3)
24. People with chronic diseases such as kidney failure do their best if they learn all they can and take part in their care.	136 (85.5)

Table 4. Predictors of Chronic Disease Self-Efficacy by Multiple linear regression analysis

Predictors	Unstandardized coefficients			Standardized coefficients	t	p-value
	B	Std. error	95% CI for B	Beta		
Constant	7.45	1.55	4.40 – 10.53		4.81	<0.001
Age (year)	-0.01	0.01	-0.03 – 0.02	-0.04	-0.50	0.61
Hemodialysis Knowledge (score)	0.11	0.05	0.01 – 0.21	0.16	2.10	0.04
Marital status (Married versus Single)	-1.50	0.69	-2.87 - -0.13	-0.16	-2.16	0.03
Job (Employed versus Unemployed)	-1.53	0.36	-2.25 - -0.81	-0.32	-4.20	<0.001
Complementary health insurance (yes versus no)	0.44	0.30	-0.15 – 1.04	0.11	1.47	0.14

Discussion

The results showed that the mean self-efficacy score in patients under hemodialysis was moderate (5.24). This result was in agreement with the results of Naghibi et al. (2018), who revealed that self-efficacy, the most important determinant of self-care behaviors, should be promoted among diabetic patients, and it should be emphasized in educational programs (25). Rahimi et al. (2015) (Rahimi et al., 2015), Soltani et al. (2013) (SOLTANI et al., 2013) and Aziz et al. (2019) (Aziz et al., 2019) reported a moderate level of self-efficacy in patients. However, the results of Harooni et al. (2013) did not agree with the present study's results due to the population and type of patients under study (Harooni J, 2013). Mikaeili et al. (2018) studied self-efficacy in patients with type 2 diabetes mellitus and found that those who believed in their self-efficacy did their best to overcome their problems (Mikaeili & Samadifard, 2018). Kanbara et al. (2008) showed that self-efficacy reduced stress and increased resistance against disease in diabetic patients (Kanbara et al., 2008). Li et al. (2014) also showed a positive correlation between self-efficacy and self-care in hemodialysis patients (Li et al., 2014). Therefore, it is necessary to identify factors affecting self-efficacy, take interventions and proper policymaking about such diseases, and prepare educational programs for increasing the degree of self-efficacy.

The mean score of knowledge in the study patients was 16.15. In the study by Li et al. (2014), the mean knowledge score of knowledge of patients was 16.89 ± 4.03 which was similar to the present study (Li et al., 2014), but this score was lower than the score obtained by Ghannadi et al. (2016) in dialysis-type 2 diabetic patients (Ghannadi et al., 2016). Enough knowledge of the disease and caring behaviors helps people make correct decisions about self-care (Alikari et al., 2019; Brown, 2015).

The study's results suggest a positive and significant correlation between self-efficacy and patient knowledge, such that people with the high level of expertise had better self-efficacy. This result agreed with the results of Bonsaksen et al. (2012), who showed that a good perception of the disease was associated with high self-efficacy in patients (Bonsaksen et al., 2012). Aliasgharpour et al. (2012) also showed that self-efficacy training improved adherence to treatment and dietary fluid restriction. Although they conducted a quasi-experimental study, their results could support our findings (Aliasgharpour et al., 2012). The hemodialysis knowledge questionnaire in our study focused on all aspects of hemodialysis treatment, including medication adherence, fluid restriction, and weight gain between dialysis sessions. Chan et al. (2012) (Chan et al., 2012) showed that inadequate knowledge and inadequate self-efficacy skills were the main barriers to better adherence to fluid and dietary

restrictions among hemodialysis patients. Although the mentioned study has focused on the adherence of hemodialysis patients to the treatment regimen and their instrument to measure knowledge and self-efficacy was different from that of our research, their findings indicated a positive correlation between self-efficacy, fluid restriction, and medication adherence. These items were all covered in our knowledge questionnaire.

Furthermore, the results of the present study showed a significant correlation between work, marital status, and self-efficacy of patients. Li et al. (2014) (Li et al., 2014) showed a significant correlation between age, sex, and education in patients on hemodialysis, which did not agree with the present results. One of the reasons for this difference may be the concept under study. In other words, although self-efficacy and self-management have similar ideas to some extent, patients' perceptions of these concepts are different. The present study showed a significant correlation between knowledge and education, which is in agreement with the results of Le et al. (2014) (Li et al., 2014) and Dawood et al. (2020) (Dawood, 2020). They found that the low level of education of patients could be an obstacle to acquiring enough information and knowledge of the disease, and they did not search the Internet or library to find answers to their questions.

The main limitation of this study was the convenience of sampling and the large number of excluded patients (N=101). Although some of these patients were not eligible to be included in the study, others refused to participate. Therefore, it is unclear whether your self-efficacy and knowledge of hemodialysis are lower or higher than those of patients who participated in the study. Thus, the generalization of the present result should be made with caution.

Conclusion

Regarding the results, the amount of self-efficacy in patients on hemodialysis has been less than ideal. A significant correlation was also found between self-efficacy and knowledge. Therefore, the higher the amount of self-efficacy, the higher the patients' knowledge. Caregivers, especially nurses, should provide comprehensive education to improve the knowledge and level of the patients under dialysis. It is suggested that longitudinal studies be conducted to show the causal

relationship between self-efficacy and factors that affect it. Furthermore, interventional studies are recommended, such as self-efficacy interventions to improve patient self-efficacy.

DECLARATION SECTION

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Ethical Considerations

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Conflict of interest

The authors declare that they have no competing interests.

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Data are available by contacting the corresponding author by email.

Authorship

All authors have read and approved the manuscript.

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