



Analysis of the Influence of Family Support and Self-Acceptance on Quality of Life Through Compliance with Routine Hemodialysis Visits at Jakarta Haji Hospital

Moh. Fachrurrozy Basalamah^{1*}, Intan Silviana², Sandra Dewi³

¹⁻³Esa Unggul University, Jakarta, Indonesia

Email: fachrurrozybsl@gmail.com¹, intansilviana@esaunggul.ac.id²,
sandra@thedsconsulting.com³

Author correspondence: fachrurrozybsl@gmail.com*

Abstract. *Quality of life of kidney failure patients is closely related to hemodialysis. However, hemodialysis is not a therapy to cure. Hemodialysis is performed only to maintain the patient's life and well-being until kidney function recovers. This study aims to analyze the influence of family support and self-acceptance on quality of life through compliance with routine hemodialysis visits at Haji Hospital Jakarta. This research is quantitative, with a causal relationship model. This research will be carried out at the Jakarta Haji Hospital. This research will be carried out from October to December 2023, with a sample of 109 respondents using a purposive sampling technique, namely patients aged ≥ 18 years (adults) and who have been undergoing hemodialysis for at least 1 month. Analysis techniques use univariate, bivariate, and multivariate and multiple linear regression. The research results show that there is a significant positive influence between family support and self-acceptance on quality of life through compliance with routine visits as an intervening variable. There is a significant positive influence between family support on quality of life. There is a significant positive influence between self-acceptance on quality of life. There is a significant positive influence between family support on compliance with routine visits. There is a significant positive influence between self-acceptance and compliance with routine visits. There is a significant positive influence between compliance with routine visits on quality of life.*

Keywords: *Family support, hemodialysis, compliance with routine visits, quality of life, self-acceptance*

1. INTRODUCTION

Quality of life of kidney failure patients is closely related to hemodialysis. However, hemodialysis is not a therapy to cure. Hemodialysis is performed only to maintain the patient's life and well-being until kidney function recovers. Hemodialysis is a long, expensive therapy and requires fluid and diet restrictions. Patients will lose freedom because of various regulations, patients are very dependent on health care providers. These various factors or even supported by several other aspects such as physical, psychological, socioeconomic and environmental aspects can influence the quality of life of kidney failure patients (nurcahyati, 2010).

Patients undergoing long-term hemodialysis must be faced with various problems such as financial problems, difficulty in maintaining employment, loss of sexual drive, depression and fear of death. Salahuddin & Maulana (2018), researched the quality of life of hemodialysis patients. From the research that has been conducted, it was found that there is a significant relationship between the support of the family of patients undergoing hemodialysis and the compliance of hemodialysis patients who are undergoing therapy in the Hemodialysis Room at RSUD dr. Slamet Garut 2016.

The research results of Paath et al. (2020) shows that there is a relationship between family support and hemolysis patient compliance. Padilla (2012) said that one of the family's duties is to carry out health care or maintenance, namely to maintain the health of family members so that they remain highly productive. If the patient does not get good family support, the patient will feel depressed that no one is paying attention to his condition and this can affect his body's health. So, families are expected to be able to meet all health needs in order to improve health to improve quality of life and prevent disease.

Kamaludin's research (2009) at RSUD Prof. Dr. Margono Soekardjo Purwokerto showed that the better the family support, the higher a person's compliance, especially hemodialysis patients, in carrying out therapy. Compliance with HD therapy is influenced by the amount of family support received, apart from that the family always reminds the patient of the hemodialysis schedule. Patient compliance also comes from family support so that patients do not worry about their treatment.

Previous research conducted by Tiar (2022) explained that there was a relationship between patient compliance and the level of quality of life of chronic kidney failure patients undergoing hemodialysis in the Hemodialysis Room at Dr. RSUD. Saiful Anwar Malang. However, these results are not in accordance with Apriliani's (2023) research, there was no relationship between compliance and quality of life in chronic kidney failure patients undergoing hemodialysis therapy.

Habibah's research (2020) found that there was a positive relationship between self-acceptance and compliance of kidney failure patients undergoing hemodialysis at RSI A. Yani Surabaya. Sujitno's research (2019) concluded that there was a significant joint influence of family support, treatment compliance, functional disorders, depression on the quality of life of adult chronic kidney failure patients undergoing hemodialysis at RSPP Jakarta.

Azizah's (2019) research found a significant relationship between self-acceptance and quality of life in type 2 DM patients. Salahuddin & Maulana's (2018) research showed that the results of good family support had the opportunity to be more compliant than respondents who received poor family support.

Preliminary study on 20 patients in the Hemodialysis Unit at Haji Hospital Jakarta, where there were 40% who did not comply with routine hemodialysis visits. Patients who do not comply with routine visits do not comply with compliance standards. This can be caused by 30% of patients not accepting their condition of having to undergo hemodialysis, 40% of hemodialysis patients not living with family members, which means that respondents do not get support from their family members and 60% do not comply with their hemodialysis visit

schedule. The result of this non-compliance has an impact on 40% of hemodialysis patients' poor quality of life.

Based on the background, the importance of family support and self-acceptance in influencing the quality of life of hemodialysis patients, so it is necessary to re-examine the influence of family support and self-acceptance on quality of life through compliance with routine hemodialysis visits at the Haji Hospital in Jakarta. This research not only examines external psychosocial aspects, including family support, but this research also includes internal psychosocial aspects such as self-acceptance and compliance with routine patient visits, which are predicted to influence the patient's quality of life, which in previous studies was not discussed in one research unit. It is hoped that with support from family members and self-acceptance, hemodialysis patients will be able to comply with routine hemodialysis visits so that they can improve their quality of life.

2. THEORETICAL STUDY

Quality of life

According to the WHO Theory of Quality of Life (2018), quality of life is the perception of each individual's life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and their attention. The dimensions taken to assess the quality of life in hemodialysis patients are physical health, psychological (psychological health), level of independence, social relations, environment (environmental conditions). and spirituality (personal/religious beliefs).

Family support

According to the Theory of Friedman Family Support presented by Friedman (2010), family support is the family's attitudes, actions and acceptance of sick sufferers towards its members, in the form of informational support, assessment support, instrumental support and emotional support. This is summarized in dimensions and indicators include emotional support, assessment support, instrumental support and informational support.

Routine Visit Compliance

According to WHO's Theory of Adherence to Medicine (2003), compliance with routine visits is the patient's awareness of following the instructions of a doctor or health worker to carry out routine visits according to a predetermined schedule. In this case, compliance with routine visits is carried out 2-3 times per week. The dimensions and indicators taken to assess compliance with routine visits in hemodialysis patients are compliance with visits 2-3 times per week.

Self-acceptance

According to the Health Belief Model (1974), which suggests that an individual's perception of their illness will influence health behavior. Self-acceptance is an individual's positive condition and attitude in the form of respect for oneself, accepting all strengths and weaknesses, knowing one's abilities and weaknesses, not blaming oneself or others and trying one's best to change to be better than before. The dimensions and indicators taken to assess self-acceptance in hemodialysis patients are perceptions about oneself and attitudes towards appearance, attitudes towards weaknesses and strengths of oneself and others, moral aspects of self-acceptance, attitudes towards self-acceptance.

3. RESEARCH METHODS

Place and time of research

This research will be carried out at the Jakarta Haji Hospital. This research will be carried out from October to December 2023. The activities carried out include distributing questionnaires and drawing conclusions from the research that has been carried out.

Research design

This research is quantitative, with a causal relationship model, which means that a causal relationship in the form of an independent variable influences the dependent variable. This research contains 3 types of variables, namely independent variables, intervening variables and dependent variables. The variables in this research include two independent variables (X), namely family support (X1), self-acceptance (X2) and an intervening variable, namely compliance with routine visits (Z). Meanwhile the dependent variable is Quality of life (Y). The research constellation in this model is shown in the figure below:

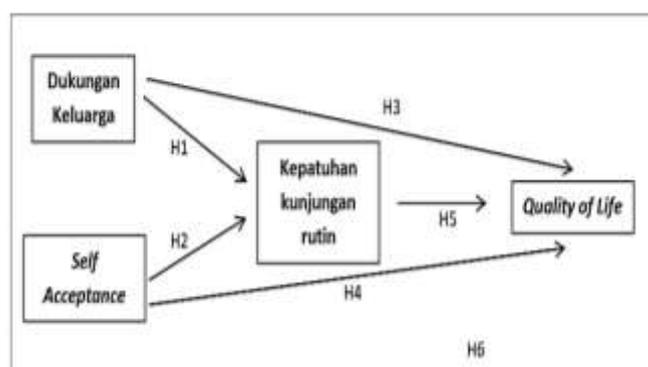


Figure 1. Research Constellation

Based on the dynamics of the relationship between these variables, the hypotheses in this research can be summarized as:

H1: There is an influence between family support on compliance with routine hemodialysis visits

H2: There is an influence of self-acceptance on compliance with routine hemodialysis visits

H3: There is an influence of family support on the quality of life of hemodialysis patients

H4: There is an influence of self-acceptance on the quality of life of hemo-dialysis patients

H5: There is an influence of compliance with routine hemodialysis visits on the quality of life of hemodialysis patients

H6: There is an influence of family support and self-acceptance on quality of life through compliance with routine hemodialysis patient visits

Population and Sample

The population in this study was all hemodialysis patients at Haji Hospital Jakarta in October - December 2023, totaling 150 patients. The sampling technique uses purposive sampling, namely patients who are ≥ 18 years old (adults) and have been undergoing hemodialysis for at least 1 month. The minimum sample size was determined using the Slovin formula, so the number of subjects in this study was 109 respondents

Data Collection Techniques and Research Instruments

The data collection technique uses a questionnaire, namely that each statement item is provided with answer choices in the form of a rating scale using a Likert scale with the lowest value being one and the highest value being four to measure family support, compliance with routine visits, self-acceptance and quality of life. The questionnaires that will be distributed can be in physical or electronic form using Google Form.

Data analysis technique

Data analysis techniques in this research include univariate, bivariate and multivariate analysis with multiple linear regression.

4. RESULTS AND DISCUSSION

Respondent Characteristics

Based on 109 respondents, it is known that the age group of respondents who took part in this research was mostly in the 46-55 year age group, amounting to 29.4% of the total respondents. The gender of hemodialysis patients who were research respondents was 54 men (49.5%), while 55 people (50.5%) were women. Marital status shows that the majority, namely 85 people (78%) are married. The highest level of education was high school level, 47 people (43.1%), the length of time they underwent HD, the majority of respondents in the study had undergone HD for more than 1 (one) year, 72 people (66.1%).

Validity Test and Reliability Test Results

The results of the pre-sampling validity test from 30 respondents showed that the smallest r value was 0.488 and the highest was 0.987. This value is greater than rtable (0.374), so it can be concluded that all items from each research variable are declared valid.

The reliability test results show that in the Quality of Life variable, there are 27 question items which have a Cronbach's Alpha value of 0.983, and in the family support variable, there are 18 question items which have a Cronbach's Alpha value of 0.980. For the Self Acceptance variable, there are 12 question items which have a Cronbach's Alpha value of 0.991. The variable compliance with routine visits, there are 2 question items which have a Cronbach's Alpha value of 0.789. All these values are > 0.6, so it can be concluded that all statements are reliable. Three Box Method

Index Analysis Respondents' answers used the three-box method. Using the three-box method, based on a total of 109 samples, they were divided into categories, namely low (25 - 49.99), medium (50 - 74.99) and high (75 - 100). The average matrix for the three box method analysis is as follows

Table 1. Average Matrix Three Box Method Analysis

No.	Variables	Response			
		Low	Medium	High	Behavior
1	Quality of life			*	Optimistic
2	Family Support			*	Caring
3	Self acceptance			*	Self-confidence
4	Compliance with Routine Visits			*	Treatment discipline

Based on the Three Box Method matrix, Table 2 shows that all variables have high value responses related to quality of life, family support, self-acceptance, and compliance with routine visits at the Haji Hospital in Jakarta.

Classic Assumption Test Results

Normality Test Results

The method used to test normality is by using the Kolmogorov-Smirnov test > 0.05. Based on the results of the normality test between variables using the Kolmogorov-Smirnov test, it was found that the significance value was 0.200 > 0.05. Thus, based on the test results above, it can be concluded that the normality assumption is met in this study.

Multicollinearity Test Results

Based on the multicollinearity test, it is known that the Tolerance value for the independent variables family support and Self-acceptance, as well as the intervening variable Compliance with Routine Visits obtained a value of more than 0.01. Apart from that, the VIF values

for these three variables did not exceed 10. Thus it can be concluded that there was no multicollinearity in this study.

Heteroscedasticity Test Results

The results of the heteroscedasticity test showed that the significance value of the variables family support, self-acceptance, and compliance with routine visits was > 0.05 , so it can be concluded that the regression equation in this study did not have heteroscedasticity.

Autocorrelation Test Results

The dU and dL values for the total sample (n) are 109 with a number of independent variables (K) of 2 and a significance level of $\alpha = 5\%$, namely a dU value of 1.725 and a dL value of 1.651. The test results stated that there was no autocorrelation because $dU < DW < 4-dU$ ($1.725 < 2.209 < 2.275$).

Hypothesis Test Results

Model 1 Path Analysis

In the path analysis of model 1, the results can be seen regarding the relationship between family support and self-acceptance on compliance with routine visits carried out using the Multiple Regression statistical test. Results are presented as follows:

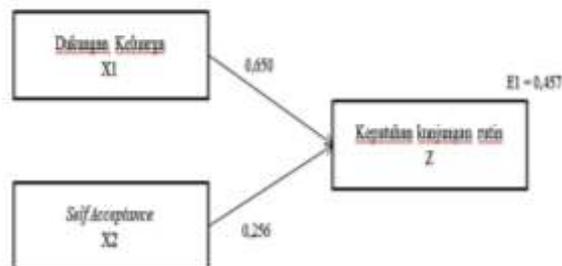


Figure 2 Model 1 - Analysis of T Test Results

Based on Figure 2, two substructural equations are obtained as follows

$$Z = 0,448 + 0,650X1 + 0,256X2$$

Model 2 Path Analysis

In the path analysis model 2, the results can be seen regarding the relationship between family support and self-acceptance of Quality of Life through compliance with routine visits as an intervening variable which was carried out using a Multiple Regression statistical test using Path Analysis. The results are presented as follows:

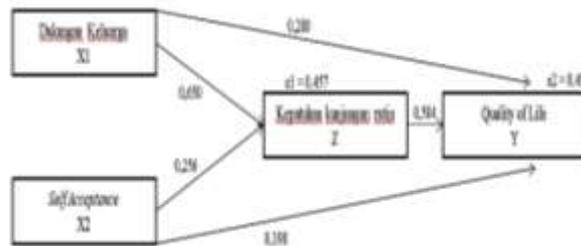


Figure 3 Model 2 - Analysis of T Test Results

Referring to the results of the t test (individual) model 2, it is known that the significance value of the family support variable is 0.004 and the Self acceptance variable is 0.021 and the significance value of the intervening variable compliance with routine visits is 0.000, where the significance value is smaller than 0.05. These results provide the conclusion that model 2 regression analysis, namely variables X1, Furthermore, the beta value of Self acceptance for quality of life is 0.198 in a positive direction, and the beta value of compliance with routine visits is 0.504 in a positive direction. The value of e2 can be found using the formula $e2 = \sqrt{1-0.892} = 0.329$.

Discussion

The influence of family support on compliance with routine hemodialysis visits

The results of data processing, the family support coefficient is 0.650. This means that the theory test which states that there is a positive influence between family support of hemodialysis patients on compliance with routine visits has been proven, so the significance value needs to be analyzed further. The p-value is $0.000 < 0.05$, thus it can be concluded that H_0 is rejected and H_1 is accepted, so that family support of hemodialysis patients has a significant effect on compliance with routine visits. (P value < 0.05).

From the results of the three box method analysis, it was found that if the family provides emotional support in the form of comforting the patient, this influences compliance with HD visits where the patient will feel comforted by the people around them who accept their condition and are enthusiastic about being healthy by complying with regular visits.

In line with the theory put forward by Friedman (2010) that the family support given to hemodialysis patients is very meaningful to help with the therapy that will be carried out, remind them of the therapy visit schedule, and help to reduce negative stigma in society. This will improve the health of hemodialysis patients and family adaptation.

Hemodialysis patients who receive family support have a greater chance of complying with routine visits, because the patient feels he is cared for and protected, thus making the patient want to stay alive for his family (Bowden & Jones, 2010). With the disease suffered, to

be able to survive, the patient must comply with hemodialysis therapy.

These findings support research by Salahuddin, & Maulana, (2018), that there is a significant relationship between family support of patients undergoing hemodialysis and compliance with hemodialysis patients who are undergoing therapy. Also supporting the research of Paath et al. (2020) that there is a relationship between family support and hemolysis patient compliance. Padilla (2012) also supports that so, families are expected to be able to meet all health needs in order to improve health to improve quality of life and prevent disease.

Apart from that, it supports research by Kamaludin (2009) that the better the family support, the higher a person's compliance, especially hemodialysis patients, in carrying out therapy.

The influence of self-acceptance on compliance with routine hemodialysis visits

The research results show that self-acceptance has a significant effect on compliance with routine visits. From the results of the three box method analysis, the attitude dimension towards the weaknesses and strengths of oneself and others has a "high" value in the optimistic section regarding healing my illness, which will influence compliance with HD visits. Because to recover and feel healthy, patients need self-confidence which influences patients to comply with routine visits.

Based on the results above, in line with the theory put forward by Meleis (1983), compliance is the patient's awareness of undergoing treatment according to the doctor's instructions, with the help of a doctor or health worker, friends and the availability of medicines. By having good self-acceptance, patients will have confidence in the importance of treatment, so that patients will comply with routine visits.

These findings support Habibah's research (2020), there is a relationship between self-acceptance and compliance of kidney failure patients who undergo hemodialysis at RSI A. Yani Surabaya. but does not support the research of Wahdania, et al. (2021) found that there was no significant influence between self-acceptance and compliance with routine hemodialysis visits.

The Influence of Family Support on the Quality of Life of Hemodialysis Patients

Hypothesis test results prove that family support of hemodialysis patients has a significant effect on quality of life. From the results of the three box method analysis, it was found that if the family provides emotional support in the form of understanding the difficulties or illness that is being suffered, providing support for recovery and the family is determined to accompany the patient until the condition improves, this will affect the quality of life in the aspect of social relations where a sense of belonging will be formed. good family relationships

and will feel that the people around him can accept his situation.

Based on the results above, it is in line with the theory put forward by Friedman (2010) that family support received by hemodialysis patients can have a positive impact and reduce stress due to various physical, psychological and social problems that are often faced. With support from the family, it will give a signal that the family cares and the hemodialysis patient is still considered part of the family.

These findings support Sujitno's (2019) research, that family support is related to the quality of life of adult chronic kidney failure patients at RSPP Jakarta. Also supporting the research of Inayati et al. (2020), family support has been proven to correlate with the quality of life of chronic kidney failure patients undergoing hemodialysis.

The influence of self-acceptance on the quality of life of hemodialysis patients

The results of the hypothesis test prove that self-acceptance has a significant effect on quality of life. From the results of the three box method analysis, the attitude dimension towards self-acceptance is I am able to experience the difficulties I face, where patients are able to overcome their weaknesses and increase their sense of self-confidence and tend to have a more positive perception of the quality of their life. Research also shows that self-acceptance is directly related to quality of life.

Based on the results above, this is in line with the Health Belief Model theory which suggests that one effort to improve the quality of life is through good self-acceptance. These findings support research by Azizah (2019), that there is a significant relationship between self-acceptance and quality of life in type 2 DM patients.

The influence of compliance with routine hemodialysis visits on the quality of life of hemodialysis patients

Hypothesis test results prove that compliance with routine visits has a significant effect on quality of life. The results of the three box method analysis found that if a hemodialysis patient complies with regular visits, it will affect his quality of life in the aspect of physical health, where patients who make regular visits will have more stable physical health and will not feel disturbed by their illness or illness. does not hinder daily activities.

Based on the results above, it is in line with the theory of adherence of medicine proposed by WHO (2003) that compliance behavior during visits is one way to ensure that hemodialysis patients live longer, so they have a better quality of life. By paying attention to the overall With these dimensions, the quality of life of hemodialysis patients will increase.

These findings support Iswara's (2021) research that compliance with hemodialysis therapy greatly influences the quality of life of chronic kidney failure patients. In addition, Oguntibeju (2012) stated that clinical assessment of adverse reactions during hemodialysis therapy can contribute to better quality of life and potentially maintain compliance with fewer undesirable side effects. However, it does not support the research of Cukor et al. (2014) found that treatment adherence had an insignificant effect.

The influence of family support and self-acceptance on quality of life through compliance with routine hemodialysis patient visits

The results of the indirect effect test show that family support of hemodialysis patients influences quality of life through compliance with routine visits. Next, self-acceptance of hemodialysis patients influences quality of life through compliance with routine visits.

Based on the results above, it is known that the variable compliance with routine visits, which is an intervening variable in this research, is able to act as an intermediary or link between the influence of family support and self-acceptance on quality of life. This shows that hemodialysis patients are compliant with regular visits, meaning they have family support, which continues to try to motivate hemodialysis patients' lives to be better. Hemodialysis patients who have self-acceptance also have full awareness of complying with therapy.

Based on the results above, it is in line with the theory of family support proposed by Friedman (2010) that family support is the attitude, actions and acceptance of the family towards sick sufferers towards its members. By getting family support, the quality of life of hemodialysis patients will improve, because the family is felt to be able to provide a sense of security to hemodialysis patients in the environment where they live by not avoiding, alienating and not rejecting their existence (Xu et al., 2017).

In line with the results above, research by Salahuddin & Maulana (2018) shows that the family plays an important role in a person's life, especially those suffering from CKD who are undergoing hemodialysis therapy. Also supporting the research of Tiar et al. (2022) explained that there is a relationship between patient compliance and the level of quality of life of chronic kidney failure patients undergoing hemodialysis. This research is not in accordance with the results of Apriliani's (2023) research, where in his research there was no relationship between compliance and quality of life in chronic kidney failure patients undergoing hemodialysis therapy.

5. CONCLUSION

Based on the research results, it can be concluded that the variable compliance with routine visits is an intervening variable that can influence family support and self-acceptance on the quality of life of kidney failure patients. The influence of the intervening variable compliance with routine visits on the dependent variable quality of life for hemodialysis patients has the largest contribution from the influence structure of other variables. Apart from that, family support is the strongest independent factor influencing quality of life through compliance with routine visits through the emotional support dimension.

This research has managerial implications in that the results of this research can be used as a reference for evaluation, collaboration and implementation in providing support and care services for hemodialysis patients. Apart from that, as input for the Jakarta Haji Hospital, compliance with routine visits is influenced by family support and self-acceptance. If all hemodialysis patients can have this, it will improve the patient's quality of life.

Hospital management needs to maintain and continue to improve synergy with the families of hemodialysis patients to provide motivation for patients to comply with hemodialysis visit schedules, provide information so that the level of self-acceptance of hemodialysis patients towards therapy becomes better, take a persuasive approach for patients who do not comply with visits. routinely, by providing psychological assistance, and assessing the physical health of hemodialysis patients.

BIBLIOGRAPHY

- Apriliani, E. A. P. (2023). *Hubungan kepatuhan menjalani terapi hemodialisa dengan kualitas hidup pasien gagal ginjal kronis di unit hemodialisa Rumah Sakit Panti Waluya Sawahan Malang* [Other thesis, STIKes Panti Waluya Malang].
- Azizah, N. (2019). *Hubungan penerimaan diri dengan kualitas hidup pada pasien diabetes melitus tipe II di Poli Penyakit Dalam RS Tingkat III Baladhika Husada Jember*.
- Bowden, T. A., Crispin, M., Harvey, D. J., Jones, E. Y., & Stuart, D. I. (2010). Dimeric architecture of the Hendra virus attachment glycoprotein: Evidence for a conserved mode of assembly. *Journal of Virology*, 84(12), 6208–6217.
- Cukor, D., Ver Halen, N., Asher, D. R., Coplan, J. D., Weedon, J., Wyka, K. E., & Kimmel, P. L. (2014). Psychosocial intervention improves depression, quality of life, and fluid adherence in hemodialysis. *Journal of the American Society of Nephrology: JASN*, 25(1), 196.
- Friedman, M. (2010). *Buku ajar keperawatan keluarga: Riset, teori, praktik* (5th ed.). EGC.

- Habibah, S. U. (2020). *Hubungan self acceptance dengan kepatuhan menjalani hemodialisa pada pasien gagal ginjal di RSI A. Yani Surabaya* [Other thesis, University of Nahdlatul Ulama Surabaya].
- Kamaluddin, R., & Rahayu, E. (2009). Analisis faktor-faktor yang mempengaruhi kepatuhan asupan cairan pada pasien gagal ginjal kronik dengan hemodialisis di RSUD Prof. Dr. Margono Soekarjo Purwokerto. *Jurnal Keperawatan Soedirman*, 4(1).
- Meleis, A. I., & Jonsen, A. R. (1983). Ethical crises and cultural differences. *Western Journal of Medicine*, 138(6), 889.
- Nurchayati, S., & Karim, D. (2016). Implementasi self care model dalam upaya meningkatkan kualitas hidup penderita gagal ginjal kronik. *Jurnal Keperawatan Sriwijaya*, 3(2), 25–32.
- Oguntibeju, O. O., Odunaiya, N. A., Oladipo, B., & Truter, E. J. (2012). Health behaviour and quality of life of patients with type 2 diabetes attending selected hospitals in south western Nigeria. *West Indian Medical Journal*.
- Paath, C. J. G., Masi, G., & Onibala, F. (2020). Study cross sectional: Dukungan keluarga dengan kepatuhan hemodialisa pada pasien gagal ginjal kronis. *Jurnal Keperawatan*, 8(1), 106–112.
- Padilla. (2012). *Buku ajar keperawatan keluarga*. Nuha Medika.
- Rosenstock, I. M. (1974). Historical origins of the health belief model. In M. Becker (Ed.), *The health belief model and personal health behaviour* (pp. 1–28). Charles B. Slack, Inc.
- Shalahuddin, I., & Maulana, I. (2018). Hubungan dukungan keluarga dengan kepatuhan pasien gagal ginjal kronik dalam menjalani hemodialisa di ruang hemodialisa RSUD dr. Slamet Garut. *Jurnal Medika Cendikia*, 5(1), 46–56.
- Sujitno, F. (2019). *Analisis pengaruh dukungan keluarga, kepatuhan pengobatan, gangguan fungsional, depresi terhadap kualitas hidup pasien gagal ginjal kronis dewasa yang menjalani hemodialisis: Studi kasus di RSPP Jakarta* [Master's thesis, Universitas Esa Unggul].
- Tiar, M. A. (2022). Hubungan antara kepatuhan terapi hemodialisis dengan kualitas hidup pasien gagal ginjal kronik. *Media Husada Journal of Nursing Science*, 3(2), 143–152.
- Wahdania, N. (2021). *Hubungan penerimaan diri dengan kepatuhan diet pasien gagal ginjal kronik yang menjalani hemodialisis di RSUD Dr. Soedarso Pontianak*. *ProNers*, 6(1).
- World Health Organization (WHO). (2003). *WHO guidelines*. Retrieved from <http://apps.who.int/medicinedocs/en/d/Js4883e/8.4.3.html>
- World Health Organization (WHO). (2018). *World Health Organization quality of life (WHOQOL)*.
- Xu, J. F., Ming, Z. Q., Zhang, Y. Q., Wang, P. C., Jing, J., & Cheng, F. (2017). Family support, discrimination, and quality of life among ART-treated HIV-infected patients: A two-year study in China. *Infectious Diseases of Poverty*, 6(1), 1–10.