

# Study Phenomenology: Experience of Chronic Kidney Failure Patients of Aspects Psychosocial in Hospital Jambi

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**Abstract:- Psychosocial aspects of kidney failure can cause problems in all aspects of a person's life, where problems often arise include: changes in emotions, fear and anger, despair and loss of hope. This study aims to explore in depth about the experience of patients with chronic renal failure undergoing hemodialysis from psychosocial aspects in Raden Mattaher General Hospital Jambi. This study uses qualitative research methods with a phenomenological approach. Data were obtained by in-depth interviews with ten participants using purposive sampling technique and analyzed by the Collaizi method. The results of the study are seven (7) themes including (1) physiological changes, (2) psychological changes, (3) social changes, (4) coping mechanisms used, (5) sources of support received, (6) patient expectations, (7) the benefits of hemodialysis. It is expected that nurses are able to provide the best service, able to detect and overcome psychosocial problems experienced by patients, so as to improve the quality of life of patients undergoing hemodialysis.**

**Keywords:- Hemodialysis, Experience of Chronic Renal Failure, Psychosocial.**

## I. INTRODUCTION

Chronic renal failure or late stage renal disease is a disorder of kidney function, where the body is unable to maintain metabolism and fluid and electrolyte balance (Brunner & Suddarth, 2013). According to Suharyanto (2009), chronic renal failure is a condition in which the kidney cannot carry out its function to transport metabolic waste.

Management of chronic kidney failure includes maintaining fluid and salt balance, a high-calorie and low protein diet, controlling hypertension, controlling electrolyte imbalances, preventing and managing kidney bone disease, early detection and treatment of infections and dialysis and kidney transplants (Rendy, 2012).

Hemodialysis is one of the therapies carried out in chronic kidney failure apart from the regulation of diet and fluids and kidney transplants (Brunner & Suddarth, 2013). Hemodialysis is a process carried out to remove fluids and waste products from the body when the kidneys are no longer able to carry out the process (Suharyanto, 2009).

*Indonesian Renal Registry (IRR)* from the Indonesian Nephrology Association (PERNEFRI), it is known that the number of patients undergoing hemodialysis from year to year is increasing, namely in 2008 the number of new patients was 5392, in 2010 the number of new patients was 9649 (an increase of 43% ) and in 2012 the number of new patients was 19621 (an increase of 99.72%). In Raden Mattaher General Hospital Jambi there was also an increase in the number of visits of patients undergoing hemodialysis each year, namely in 2013 as many as 860 patients, in 2014 as many as 1039 and in 2015 as many as 1547.

Acts of hemodialysis can cause several impacts including physical impact such as fatigue, weakness and resulting in a decrease in ability to carry out daily activities. According to Patel (2012), hemodialysis can affect a patient's life both physically and psychologically. Leung (2003), states that the integration of care in patients with hemodialysis can affect activities in daily life, therefore providing care to hemodialysis patients not only focuses on physical intervention but also reduces the psychosocial impact on daily life caused by because of uncertainty about life expectancy, fear and emotion.

Patients undergoing hemodialysis tend to experience problems in controlling their daily and social activities, such as loss of freedom, early retirement, financial problems, disruption in family life, changes in self-image, and low self-esteem. This results in psychosocial problems, such as anxiety, depression, social isolation, loneliness, helplessness, and despair (Tezel, 2011).

According to Gerogianni (2014), in his research it was found that the effects of hemodialysis actions were physical impacts (anemia, pain, bone disorders) while psychosocial impacts (depression, disease rejection, anxiety, low self-esteem, social isolation, negative perceptions of the body image /*body image*, fear of disability and death, job loss, and financial difficulties). Kioses (2012), said depression is one of the most common psychological problems in patients with hemodialysis with a prevalence between 5-58%. The results of the Kizilcik study in Turkey (2012), out of 294 respondents, 82 (27.9%) experienced depression.

Anxiety is a common psychological problem that may appear during the initial period of hemodialysis. Anxiety is an unclear fear related to feelings that are uncertain and

helpless (Townsend, 2011). Continuous anxiety for a long time and not being dealt with immediately can cause fatigue and death (Stuart, 2007).

Various problems faced in patients with chronic kidney failure can cause stress, where prolonged stress can affect changes in everyday life so that patients need to solve problems or coping mechanisms in dealing with these problems (Kozier, 2010). According to Romani (2012), in his study found coping used by patients undergoing hemodialysis namely adaptive coping mechanism (71.4%) followed by maladaptive coping mechanisms (28.6%).

Several studies have been conducted to determine the psychosocial impact of patients undergoing hemodialysis, including a study by Salmiyah (2011), about the phenomenological analysis of experience in 5 patients undergoing hemodialysis. The results of the study show that there is a theme; feeling angry, wanting to be cared for, feeling afraid of death, surrender and returning all to God, feeling lost of independence, and family as a driver of the spirit of life.

Other qualitative research, namely about the experience of hemodialysis patients on quality of life conducted by Farida (2010) from the results of the study found a theme; changes in fulfilling the client's basic needs, increased spiritual quality, decreased physical and psychosocial quality, satisfaction with nursing services, and the need to obtain social support.

Preliminary study conducted by researchers on March 22, 2016, based on the results of interviews with 3 nurses implementing in the hemodialysis room, it was found that patients undergoing hemodialysis had psychosocial problems and had not received optimal attention. It can be seen that patients with hemodialysis are more easily provoked by emotions, are more sensitive to both nurses and families, are anxious to be felt in the initial period of undergoing hemodialysis, patients feel useless and inferior to the disease experienced. The amount of cost also affects the anxiety of patients undergoing hemodialysis, patients are not able to carry out activities as usual. Based on the above phenomena, researchers are interested in exploring the experience of patients with chronic renal failure undergoing hemodialysis from psychosocial aspects.

## II. METHODS

This study uses qualitative research with a phenomenological approach to explore the experience of patients with chronic renal failure undergoing hemodialysis. Phenomenology is a science that has the purpose of explaining the phenomenon of life experience (Saryono & Anggraeni, 2010). The population in this study were patients with chronic kidney failure who underwent hemodialysis at Raden Mattaher General Hospital Jambi. The sample in this study was ten participants where the participant's statement had reached saturation (no additional information).

The researcher determined participants by using a *purposive sampling technique*, namely the selection of participants based on the criteria and objectives of the study. Participants in writing fulfill the inclusion criteria as follows: (1) participants are early period patients who undergo hemodialysis up to 4 years, (2) participants are willing to be interviewed and recorded conversations, (3) participants are able to communicate well.

Data collection is carried out at a place agreed upon by the participants. All participants want an interview conducted in the Hemodialysis room. Interviews were carried out after participants had been placed on a hemodialysis device. The study was conducted with two meetings using a *voice recorder*. The data collection tool used in this study was the researchers themselves as interview guides. In addition, researchers also use *field notes* to describe the environmental atmosphere, nonverbal responses and interview processes.

The results of the study were presented in the form of verbatim transcripts, then the authors determined the categories related to the experience of patients with chronic renal failure undergoing hemodialysis from psychosocial aspects. Data analysis using the method *Collaizi*.

## III. RESULTS

### A. Characteristics of Participant

Participants in this study were patients with chronic renal failure who underwent hemodialysis in RSUD. Raden Mattaher Jambi, The characteristics of participants can be seen in the table below.

Characteristics Participant	Number (org)	
Age	31-40 years	4
	41-50 years	4
	51-60	1
	years>60 years	1
Gender	Female	8
	Male	2
Public	PNS	2
	Private	2
	IRT	6
Education	Elementary	1
	Junior	1
	High School	6
	Diploma / PT	2
Diseases accompanying	Hypertension	7
	DM	1
	Kidney	1
	Stones Gallstones	1
Long suffering	2 months -3 years	

Table 1:- Characteristic Participant

**B. Identification Themes**

Based on the results of the study, eight (8) main themes were found, namely (1) Physiological changes, (2) Psychological changes, (3) Social change, (4) Coping mechanisms used, (5) Sources of support, (6) Expectations for the community and health services, (7) Benefits of hemodialysis.

Themes	Subtheme	Categories
Physiological Change	weakness	Fatigue weakness
	Circulatory disorders	Anemia Enlargement stomach oedem
	Skin disorders	Pruritis Skin discoloration Hair fall
Psychologic Change	Psychologic response	Anxiety Irritability Easily irritable Insecure receives
Social Change	Role Change	Decreased work Roles in the family Changes activities social
	Decreased Financial	Reduce income
Coping Mechanism	Adaptive	Abandon Attempted Spiritual Receiving
	Maladaptive	Silent Crying
Source of Support	family	Nuclear family Extended family
	Non family	Neighbors / community Office colleagues
Patient Expectation	Community attitudes	Patient desires for the community
	Expected services	services Patient desires for services
Benefit Hemodyalisis	Fulfilled basic needs Faster	Body refres Increased appetite Rest and sleep activities Comfort

Table 2

➤ **Theme 1:- Physiological Changes**

Changes felt by patients feed impact after undergoing hemodialysis. These physiological changes are expressed such as physical weakness, circulatory disorders and skin disorders.

• **Physical Weakness Physical**

Weakness is one of the effects of Hemodialysis that is experienced by CRF patients. The physiological changes expressed by the patient are fatigue and weakness. Physical

weakness that is often felt by nine participants is fatigue. As the following expression:

... "So easily tired because the Hb goes down continuously" (P1) (Participants frown, smile)

... "Because now it can't be tired a little" (P2)

... "But we just get tired easily Sis ... Because it's not like before, right "(P3) (Participant holds his head, sounds soft)

... "Mother just sits, I'm just sitting at home ... because now it's easy tired (P5)

... "Indeed, my husband may not do my work, because I am easily tired from this illness" (P6)) (Participants look pale, low voice)

... "If it's now easy to tired ... so the work at the office and at home has also been reduced ... (P7)

... "Easy to get tired from sick ... not like before" (P2, P9, P10) (participants smile)

• **Disorders of circulation**

Circulation is the effect of Hemodialysis experienced by patients stated by participants including anemia, enlargement of the stomach and edema. The following is the participant's expression:

... "Yes, this Hb blood problem ... the Hb has been told that the Hb has dropped again, where did it run" (P1) (Participants laughed, frowned)

... "Low Hb also sometimes ..... "(P2)

... "Eating is less appetizing, yes ... I have a low Hb "(P3)

• **Disorders of the Skin**

Disorders of the skin are also often felt by patients with kidney failure. Participants stated that the skin problems they experienced were like itching, the skin became black and the hair easily fell out. The following is the participant's expression:

... "Itching in the hands is lost when you have dialysis" (P4) (participants show their hands)

... "Hands also itchy, usually a lot of poisons in the body if itching, (P5)

➤ **Theme 2:- Psychological Changes**

At the beginning of undergoing hemodialysis, participants experience psychological changes that are denying, anxious, hopeless, sad, irritable and irritable. After undergoing hemodialysis there are still psychological changes in which participants still feel anxious, irritable, irritable, insecure and some participants have received.

• **Psychological Response**

Response is the emotional feeling of patients after undergoing Hemodialysis including anxiety, irritability, irritability, insecurity and acceptance. The psychological response that always appears in three participants is irritability. Like the following expression:

... "I am also often angry with his father. But only a short time after that is fine ... Hmmm ... "(P5)

... "If the relationship with the husband is fine, but often angry after getting sick ... but after that it's good to be easily angry " (P6) (smiling)

... "only since I was sick was more angry with my father ... sometimes Samo was a child too ... but they were asked if I was angry again ..." ( P8)

#### ➤ Theme 3:- Social Change

Change is a problem experienced by patients in undergoing treatment, including changes in roles and changes in income.

##### • Change in Role

Impact of hemodialysis also influences activities and roles experienced by participants such as decreasing work activities, changing roles in the household and changing social activities. The role change that always appears in four participants is the decrease in work activities. Like the participant's expression:

... "Now that I have often entered the office ... but the work is not much like it used to be" (P2) (smiling)

... "We are not like that anymore ... Before we got sick, we had a lot of activities ... now the pain became somewhat reduced, at the office, usually this work was reduced ... just like that "(P3) (sad, soft voice)

... " Previously I was the principal because I was sick I resigned ... so my ordinary teacher was only given a teaching hour for only 4 hours, usually 8 hours ..... "(P7) (smiling)

... " because since I was sick This is why we are often told to do outside service, because it multiplies biso breaks "(P9)

##### • Change in Revenue

Change in income is one of the impacts experienced by participants. Participants said that since undergoing Hemodialysis his income was reduced because his physical condition was easily tired. The following is the participant's expression:

... "That was since my illness, my certification was lost ... because the hours I taught were not the same as it used to be" (P7)

... "If you sell it now, just father, I usually help" (P8)

#### ➤ Theme 4:- Coping Mechanism

Coping a method that is done to overcome the problem at hand. Coping mechanisms used by patients are adaptive coping mechanisms and maladaptive coping mechanisms. Adaptive coping mechanism, especially that is spiritual, is the coping strategy most used in this study. The spiritual way done by patients is by trusting, praying, worshipping. In addition, other adaptive coping mechanisms used by patients are resigned, trying and accepting, such as the participant's expressions as follows:

... "The most important thing is the business of treatment" (P3)

... "I only trust, pray with God to get well soon ... can take care of children, pray if you can take the prayer "(P6)

... " Yes ... trust ... surrender to God, so that the best is given ... "(P7)

... "I prayed and worshiped a lot ... asking for healing from God ... maybe if I was not sick like this, I am not like this" (P9)

While the maladaptive coping mechanism used by participants is silent and cry. Like the following participant's expression:

... "Shut up ... sometimes people behind me say, I just shut up ..." (P3)

... "But if the feeling is not good, let's just shut up a lot. ... sometimes lazy "(P4)

... " Anyway, since I was sick, I have been treated a lot ... "(P8)

#### ➤ Theme 5:- Source of Support

Support needed by participants is family support, support for staying strong in undergoing kidney failure. The source of support received by participants came from family and non-families.

##### • Support from Family

Families is the biggest source of support for patients because families are the first and closest environment for individual life. The source of support received by participants from the family is from the nuclear family and extended family. The following is the participant's expression:

... "Hmmm ... yes ... if you painstakingly take care of me, advise ... just be patient this is fate, just live it" (P1) (with a smile)

... "If the husband usually gives encouragement so that I diligently cleanse the blood ..... motivation and help with medical treatment too ... "(P2, P3, P4, P5, P6, P8, P10)

... " Alhamdulillah he (wife ) want to take care of me ... "(P7, P9)

##### • Support from Non Families

Support from non-families is also needed by patients, so patients can live their lives. Participants in this case receive a source of support from the community / neighbors, office friends and nurses. The following is the participant's expression:

... "If a neighbor's pain comes and prays for him" (P1, P7, P8, P9, P10)

... "There is support too ... Diligent in treatment he said" (P4)

... "All are well with us ... recommend also dialysis so that it is healthy. "(P5) (looks excited)

... " They come home ... until the place is not enough "(P6) (smile)

#### ➤ Theme 6:- Patient

Expectations needed by patients in undergoing treatment include hope for the community and health services.

##### • Community Attitudes

Expectation needed by participants in undergoing treatment is community attitudes toward patients, namely the hope of being prayed for, given support and understanding. The following is the participant's expression:

... "Well ... of course we ask for prayer, hopefully we will receive healing ... (P1-P10)



- *Expected*

Service Health care provided by the officers has been good and satisfying, so the relationship between nurses with participants well established and have an impact on the recovery of patients. Expectations of health services expected by participants were expressed such as more improved, more painstaking, more responsive, paying attention to the condition of the tool / machine, and providing the best service. The attitude of the health worker who is expected by the participants includes being more patient and more attentive. The following is the participant's expression:

... "Well ... Improve the service, ... because if we are sick this is usually more sensitive ... It's easy to get tired too ... "(P3, P8)

... "The service here is good ... the nurses are friendly ... maybe it should be further improved "(P7)

- *Theme 7:- Benefits of Hemodialysis*

The benefits of hemodialysis felt by participants after undergoing hemodialysis with the fulfillment of basic human needs including the body feels fresher, appetite increases, rest and sleep are fulfilled, activity and comfort. The following is the participant's expression:

... "I feel lighter, so my body ... the poison has been thrown away like that ... so it's a better body " (P1, P5, P10)

... "Right now He began to go to the office often, because the body was already in trouble "(P2)

... "The body is better too, it feels more fresh "(P3, P4, P7)

... "The body feels good ... when compared to the beginning sick first "(P6)

#### IV. DISCUSSION

- *Theme 1:- Physiological Changes*

Fatigue and physical weakness experienced by participants during undergoing appropriate hemodialysis as expressed by participants. Physical weakness that occurs can be caused by anemia, where there is a decrease in erythropoietin function due to damage to kidney function. The results of this study are in line with the research of Hatthalit (2012), where hemodialysis can cause physical limitations such as fatigue, weakness caused by lack of energy due to restrictions on food diets and regulation of fluids.

- *Theme 2:- Psychological Changes*

Loss is an experienced by every individual during life and tends to recur even in different forms. Losses can occur suddenly or gradually, and can be temporary or permanent. Loss events such as loss of body function or health of the body, loss of role due to being treated, or loss of loved ones (Dalami, 2009). Patients who undergo hemodialysis experience loss of bodily function and health and respond negatively to their condition. At the beginning of undergoing hemodialysis, participants experience psychological changes, namely denying, anxiety, despair, sadness, irritability and irritability. After undergoing hemodialysis, some participants still felt anxious, irritable, irritable, insecure and some participants had received the condition, especially participants who had undergone

hemodialysis for 10 months to 2.6 years. This, because the longer patients undergo hemodialysis, the better the adaptation and patients have received health education from health workers. The results of this study are supported by the research of Armiyati & Rahayu (2014), that the longer the patient undergoes hemodialysis, the more the patient can adapt to his condition and can anticipate the problems caused by hemodialysis.

- *Theme 3:- Social Changes*

When clients are hospitalized, they can directly influence social roles such as changing roles in the family, changing roles in work or school and changing roles in various groups (Muhith, 2015). In this study participants revealed the limitations of activities in work, where since the pain of the workload of participants decreased. This can be caused by physical limitations experienced by participants.

- *Theme 4:- Coping Mechanism*

Coping mechanism is an effort made by individuals to manage stress that can be constructive or de-constructive (Stuart, 2013). The coping mechanism used by patients is adaptive and maladaptive coping mechanisms. The coping mechanism that most patients use in this study is adaptive mechanism coping that is spiritual with tawakal, and prayer. Spiritual coping that is used by patients such as giving up and returning all the problems they have experienced to God. Patients have the belief that health and pain come from God, and only to God where they complain and ask for help. The results of this study are in line with the research of Armiyati & Rahayu (2014), found that adaptive coping mechanisms are shown by the patient's efforts to try to talk to other people, try to find more information about the problems being faced, such as doing worship and praying, doing physical exercise to reduce tension.

Besides spiritual, other coping used by patients is crying and silence. The coping strategy is in accordance with the concept at the stage of loss and grieving in humans (Potter & Perry, 2010). This will occur rejection in the early stages of the client undergoing hemodialysis treatment, then the patient will feel angry about the symptoms and impacts experienced by patients during treatment, and the next process will begin to bargain in the patient's mind, after the patient adapts to the condition and can accept the situation.

- *Theme 5:- Sources of Support*

Family are two or more people who are united by togetherness and emotional closeness and identify themselves as part of the family. The family consists of a nuclear family and a large family (Friedman, 2010). In this study found a source of support obtained by participants including families (nuclear family and extended family) and non-family (friends / community, office friends, nurses). The source of support that comes from the family includes the nuclear family (husband, wife and child), while the source of support comes from a large family (parents, in-laws, siblings, grandchildren).

Family support can have a positive influence on the development of a person's health condition, where with high family support it will be able to deal with problems better. In addition to family, friends or friends can also be used as providers of support after family members. This research is supported by Azahra (2014), stating that social support can be obtained from the closest people, such as spouses, families, close friends, coworkers and neighbors. Family is the biggest source of support for individuals because family is the first and closest environment for individual life.

➤ *Theme 6:- Patient*

Expectations Participants' for the community and the health services needed by patients with chronic kidney failure who undergo hemodialysis are the attitudes of the community where participants want the community to be prayed for, supported and understood. Health services expected by participants with such services are more improved, more painstaking, more responsive. Research conducted by Lubis (2006), that social support not only provides a positive effect, but also can have a negative effect (support provided is not in accordance with what the patient needs). Therefore the patient's expectations of the community, where patients expect an empathy for people who are sick in the surrounding environment, and want to be noticed by others.

According to Kallenbach in Dewi (2010) states that the role and function of hemodialysis nurses is as a care provider, educator, and researcher. Nurses in carrying out their roles and functions as care providers and educators. The results of this study were supported by Farida (2010). It was found that participants were satisfied with the nursing services provided by hemodialysis units.

➤ *Theme 7:- Benefits of Hemodialysis*

The benefits of Hemodialysis felt by participants after undergoing treatment are the fulfillment of basic human needs such as the body feels fresher, appetite increases, rest and sleep are fulfilled, can do activities and feel more comfortable. Abraham Maslow (1970 in Farida 2010), divides basic human needs with levels, namely; physiological needs, safety and security needs, social needs, the need for rewards and self-actulatory needs.

## V. CONCLUSION

The experience of patients with chronic renal failure undergoing hemodialysis from psychosocial aspects include: changes that occur in patients with kidney failure such as physiological changes, psychological changes and social changes. Coping mechanisms used by participants use adaptive coping mechanisms to overcome psychosocial problems such as surrender, striving, spirituality and acceptance. The source of support received by participants came from family and non-families. The expectations of participants during treatment provided hope for the community to be prayed for, given support and understanding. While the expectations of health services

such as services are more improved, more patient and responsive to action, officers are more patient and considerate. The benefits obtained by participants after undergoing treatment are the fulfillment of basic human needs such as the body feels fresher, appetite increases, rest and sleep are fulfilled, the needs of activities are fulfilled and feel more comfortable.

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