Available online at http://nursingjurnal.respati.ac.id/index.php/JKRY/index
Nursing Journal of Respati Yogyakarta, 7(1), January 2020, 48-55

ASPECTS OF SPIRITUALITY AND RELIGIUSITY IN PATIENTS END STAGE RENAL DISEASE (ESRD)

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Abstract

Comprehensive and holistic nursing care by professional nurses is continuously improved, especially nursing care in ESRD patients. This has an impact on the importance of knowing the potential to be revamped so that the poor quality of life in ESRD patients can be enhanced one of the aspects of spirituality and religiusity included in the comprehensive and holistic. This study aims to study the aspects of spirituality and religiusity in End Stage Renal Disease (ESRD) patients. The method used is a litelature review was chosen as the method used for this study by collecting litelature from ProQuest, Wiley Online, and Scientdirect databases using the keywords "sentimental and ESRD Spritual", "Religious beliefs and ESRD "," Spiritual Beliefs and ESRD ", and "Religious and Spiritual Beliefs and ESRD" and the chosen circuit are full text journals published from 2010 to 2019, and written in English. The aspect of spirituality and religiusity is the provision of comprehensive and holistic care services. Both aspects are proven to have a good impact on the Quality of Life (QoL), Health-Related Quality of Life (HRQoL), and self-caring in the ESRD patients undergoing HD. Therefore, it still needs research related to the aspects of Spirituality and Religiusity in particular in ESRD patients especially in highly religious countries, one of them in Indonesia so that the nursing care provided will be more comprehensive and holistic.

Keywords: *Spirituality; Religiality; End Stage Renal Disease*

Article info: *Sending on November 16, 2019; Revision January 06, 2020; Accepted on January 06, 2020*

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1. Introduction

End Stage Renal Disease (ESRD) is a function of end-stage renal impairment characterized by a decrease in Glomelular Filtration Rate (GFR) less than 15 ml/min/1,73m^2. In addition, ESRD is one of the most progressive and irrevesible diseases. Irreversible means that the damage that occurs can not be returned in normal condition or the initial and progressive State has the meaning of the situation will gradually become worse (Black & Hawk, 2014). At ESRD the damage lies in the part of the kidney that serves to regulate fluid and electrolyte balance. Therefore, ESRD patients will have a major problem in setting fluid and electrolyte balance and other problems such as nausea, vomiting, hives as an impact to other body systems that are also affected by the kidneys (Black & Hawk, 2014; Tjokroprawiro, et al, 2015).

ESRD is currently a health problem that is often encountered either in developed countries or developing countries. According to World Kidney Day: Chronic Kidney Disease (2015), as many as 10% of the world's population is suffering from ESRD and every year there are thousands of people who die of not accessing or obtaining appropriate therapies. National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) (2010), in the United States there are more than 500,000 people living with ESRD. In addition, the CDC (2019), as much as 15% or 37,000 of the adult population in the United States ESRD, where 9 out of 10 of those adults did not realize that he suffered ESRD. If viewed from age, the age of 45-64 years is the most suffering age of GGT, where the female gender occupies the highest prevalence. It shows that there are still many world residents who are experiencing ESRD where the age of 45-64 years and women's gender is the dominant characteristic.

In Indonesia there are about 70,000 patients diagnosed with ESRD annually, where the number of ESRD patients is expected to continue to rise (Hatthakit, Bayhakkia, & Thaniwatthananon, 2019). According to Indonesia Renal Registry (IRR) (2017), the year 2017 there are 30831 new ESRD patients

and 77892 ESRD patients who are active in hemodialysis therapy, where the province of East Java occupies the second highest position that has added a new patient, namely of 4828 patients. Meanwhile, the data on the results of basic health Research (RISKESDAS) in 2018 there is the average prevalence of the disease of GGT is from 2.0‰ in 2013 to 3.8‰. It shows that not only globally and in the United States, in Indonesia, there are also many ESRD prevalence.

To remind ERSD is a disease that is irrevesible and progressive, one of the most precise treatment is with kidney replacement therapy (Santos et al, 2017). There are several renal-treatment therapy Plilahn, namely Contious Ambulatory Peritoneal Dialysis (CAPD), hemodialysis (HD), and renal transcripation. CDC Data (2019), showing only 1 in 2 people not undergoing HD therapy from all American residents who suffer from GGT one of them is with HD therapy. Meanwhile, in Indonesia, 19.3% of ESRD patients undergoing hemodialysis therapy (Indoensia Renal Registry, 2017).

Hemodialysis is done in order to eliminate the symptoms of uremia, addressing the problem of excessive fluid and electrolyte balance, where the function is a function owned by the kidneys (Tzanakaki & Boudori, 2014). In addition, ESRD patients will undergo HD 2-3 times a week and are carried out throughout his life because kidney function can never return to normal, but with HD can lengthen the length of life of the patient (Santos, P et al, 2017). However, on the other hand, the fact that HD must be performed a lifetime of ESRD patients can cause dilemmas, because the effectiveness of HD is also determined from the patient itself.

Effective HD therapeutic effect is not only determined by the patient in performing HD according to the schedule, but also other factors. Other factors in question may be the time restriction of activity, the barrier of dietary diets and liquids, functional limitations, changes in sexual function, the side effects of perceived drugs, awareness of death, stopping work, difficulties in Changes in the family dynamics of the ERSD in HD patients also occur and will be a series of emerging problems (Cukor, et al, 2007). In addition, Davidson (2010), explained that the HD performed by ESRD patients can lead to the dependence of health professionals and family members, especially to meet their daily needs (Cheawchanwattana, Chunlertrith, & Saisunantararom, 2015).

The poor quality of Life (QoL) and Health-Related Quality of Life (HRQoL) on an ESRD psien that undergo HD demands that nurses should provide comprehensive and holistic nursing care. This has an impact on the importance of knowing potentially altered things so that poor Quality of Life (QoL) and Health-Related Quality of Life (HRQoL) in ESRD patients can be improved. One of the potentially revamped aspects of holicytic is the aspect of spirituality and religiality (Koenig, George, & Titus, 2004). The role of spirituality and religiality in this can be used to overcome complex problems by stirring up the hopes, meanings, and support of what he has done himself (Khurana et al, 2007). In addition, aspects of spirituality and religiality can positively influence the aspect of spirituality and religiality to physical health (Pargament, Feuille, & Burdzy 2011). Other studies have explained that the aspect of spirituality and religiality in ESRD patients can serve as one of the koping that is formed from its religious beliefs and practices to understand and come up with its current situation and the stress He suffered (Lucchetti et al, 2016). It shows that the aspect of spirituality and religiusity is one of the very few aspects and potential to be utilized, but in countries where almost all residents tend to be very religious, such as Brazil, India and Indonesia, the health workers involved have not been trained in the use of religiusidity or spirituality in daily practice (Ramirez et al, 2012).

2. Method

Litelature Review was chosen as the method used for this research. The research was made into a full text journal, published from 2010 to 2019, and speaks English. Litelature is collected from the ProQuest, Wiley, and Scientdirect databases using the keywords "*sentimental and ESRD Spritual"*, *"Religious Beliefs and ESRD"*, *"Spiritual Beliefs and ESRD"*, and *"Religious and Spiritual Beliefs and ESRD"*. Once collected and selected, we get 5 full text journals that meet the criteria. Then the collected journals are done riview related results.

3. Results and Discussion

Quality of Life (QOL) is a subjective meaning, that the meaning of QoL itself depends on the individual itself (Kim, Kim, & Park, 2013). According to Santos, et al (2017), quality of life is how individuals assess the aspects of health that include physical, psychological, and social. The physical aspect determines how the patient's daily activities, how the physical health impacts affect, how to perpepsi the patient to his current health, and the level of energy and the patient is assessed, including depression and Anxiety. The psychological aspect assesses how the emotional influence of patients affects their daily life. The social aspect assesses the level of socialization of patients while healthy and how the patient's pain condition affects the social function. So, QoL is how the patient's perspsi related to physical, psychological, and social aspects of the current situation.

Health Related Quality of Life (HRQoL) is a term used in quality of life in health and disease aspects. HRQOL is a combination of several components. This is because health is a multidimensional thing including physical, social, emotional, and mental (Barile, et al, 2013). Jason, et

al., (2011) explains that HRQoL domains have been expanded into physical, mental, social, and spiritual. The breadth of this spiritual domain will support the comprehensive health model of Biopsicososiospiritual. Therefore, health workers especially nurses can provide nursing care by utilizing the spiritual aspect in patients suffering from chronic diseases such as ESRD. As a result, the results show that spiritual and religious nature includes religiality contributing to HRQoL and is important to cope with the disease (Jason, et al, 2011).

The wider definition of HRQoL has explained that spiritual is one of the aspects that exist in it to describe the comprehensive health model of biopsicososiospiritual that is given by health workers, especially nurses. Spirituality is a very difficult aspect to be defined. The use of words such as meaning, hope, love, quality, and relationships are often used to describe the meaning of spirituality (Potter, 2009). Farran et al (1992) in Potter (2009), explaining there are two characteristics of spirituality, namely the unity of theme in our lives and living conditions. A functional spirtuality can be interpreted as a supreme commitment of a very strong individual who has been given to decide the choice in the individual's life. According to Puchalski, et al (2014), spirituality is an aspect in humanity that is dynamic and intrinsic to seek the highest meaning, purpose, and transcendence. In the context of palliative care, spirituality is defined as a humanitarian aspect that refers to the way individuals seek and express meaning and purpose, as well as the way people in establishing relationships with themselves, with others, to Natural. The Selian, spirituality is expressed through belief, values, traditions, and religious practices. Based on the affirmation it can be concluded that spirituality is a dynamist aspect of human being that describe how the Manusi seek meaning, hope, and purpose and regulate how the Masnusia is in contact with Himself, the LAN, and the nature that influenced the decision making in his life. Based on the criteria set, 8 corresponding journals are selected. Judging from his research site, there were two journals conducted in Brazil, three journals conducted in Thailand, a journal conducted in Suadi Arabia, a journal conducted in Jordania, and a journal conducted by the United States. The eight journals were published in 2011, 2012, 2015, 2017, and 2018. Meanwhile, if viewed from the journal publication, the eight journals were published in the Journal of Psychosomatic Research, Journal of Pain and Symptom Management, Enfermeria Clinica, the Journal Relig Health, Scandinavian Jounal of Caring Science, Hemodialysis International, Perpective in Perspect Psychiatr Care, and BMC Nephorology.

The eight selected journals consist of five journals is a quantitative study using a cross-sectional approach and three journals is a qualitative study using a prospecgraphy and ethnographic approach. The selected journal shows that the spiritual and religiality aspects are associated with QoL, HRQoL and Self-Caring in the ESRD patients undergoing HD. The relationship formed is a positive relationship where the better the aspect The spirituality and religiality of ESRD patients undergoing HD then QoL, HRQoL, and Self-Caring patients is also good. In addition, the themes formed from the results of qualitative analysis, namely decision-making, the ESRD patients, participants' spiritual pressures, self-caring meaning, self-caring action, Islamic influence on self-caring, and cultural influences on Self-caring. Review journals by author, publication year, research design, number of samples, and results (Table 1).

Judging from the research quantitatively, shows that there is a significant relationship in the analysis of the data. At a study conducted by Ramirez, et al (2012), STATISITK showing Religious straggle relates to depressive and anxiety symptoms. This shows that Religious straggle is associated with greater psychological distress and impaired life quality, while a positive religious environment is associated with improved quality of life. In addition, sociodemography factors, physical complaints, and distress patients also affect the level of spirituality and religiality. The physical complaints that are often complained of are pain and compostment of other diseases. Therefore, in utilizing the aspect of Spiritulitas also have to pay attention to other aspects especially physical because not uncommon physical aspects also affect how the patient performs his worship.

Another study conducted by Santos, et al (2017), indicating the relationship between koping religiusity/Spirituality (R/S) and quality of life is positively correlated identified between positive R/S handling scores and general health score the negative correlation identified between scores koping R/S negative and score social function and health score. This suggests that positive R/S-related methods are associated with better perception of life, shortens the length of stay, decreased mortality and increased immune function. As such, the study also showed that the score of negative R/S is associated with a five-fold increase in the chance of depression. According to Miller, et al (2014), there is anatomical evidence that spirituality and religiuity are attached with thicker cerebral cortex so that it can provide resistance to the progression of depressive symptoms. Therefore, the multidisciplinary team must support and motivate various types of religious activities known to improve the use of the positive R/S, such as reading religious books, praying or engaging in a group of spiritual discussions. Cheawchanwattana, et al (2015), his research showed that the results of the research were quantitatively proven that the aspect of spirituality and religiusity positively affects the QoL and HRQoL patients of ESRD. The results of this study also showed no significant spritual difference in chronic renal disease stage. However, when

viewed from gender the level of spiritual welfare of male patients is lower than for female patients. Meanwhile, if associated genders and ages of the patient are also associated with spiritual well-being, where both of these gender factors are a significant factor attributed to all spiritual scores.

According to the results of the study conducted by Alradaydeh & Khalil (2018), indicating that based on the test coefficient Pearson has a significant negative relationship between spiritual welfare and depression, where the higher the welfare Spiritual then the lower the level of depression. In addition, his research has also shown from 132 ESRD patients undergoing HD most (51.9%) Experiencing mild depression. When viewed from demographic characteristics, such as marriage and education. Patients who are married and have lower secondary education have higher levels of depression and have a low spiritual level. Saffari, et al (2013), explained that there was an increased burden on ESRD patients who had been married because of their loss of social roles as a wife, husband, mother, and/or father. Meanwhile, Bjelland, et al (2008), explained in patients with low levels of education will have very limited job options, so that they have a higher risk of physical and psychological disorders. These results indicated that the level of spirituality and depression of ESRD patients was also influenced by other factors, such as marital status and education level. Therefore, the intervention of the virginity given by the nurse by utilizing the aspect of spirituality should consider the marital status and the level of education of the patient so as to prevent the psychological disorders caused by the ESRD burden.

Cruz, et al (2017) in the results of the study showed the factors of spirituality and religiusity that could affect the better HRQoL in ESRD patients is a religious practice (RP), Intrisict religous (IR), use of religion, and age. In patients with threaded ESRD > 51 years have a high level of religiality because it has an involvement or activity of RP more often than in younger patients (18-30 years). Kaplan & Berkman (2011), explained that the level of religiosity as people age and older individuals often participate in religious activities and consider it to be the most common social activity. In addition, the religious community is considered a source of their social support, the second after their family. Judging from the IR aspect, ESRD patients with low activity and socialization rates tend to have higher IRS. This can be because ERSD patients with low levels of activity and social tend to rely on religious beliefs to address problems and to grow Hope (Pecha & Ruprah, 2015). Then, judging by how to make use of the religious and non religiously, the older ERSD patients (> 51 years) were using both of the koping compared to the younger ERSD patients (18-30 years). It can happen because, older individuals (> 51 years) use religion as the most important factor for addressing physical health problems. Additionally, older individuals (> 51 years) will feel more comfortable by relying on spiritual/religious beliefs and behaviors as they are regarded as overcoming pressure strategies during his life, thereby avoiding the possibility of negative impacts on them (Vitorino & Vianna, 2012). Therefore, in utilizing the aspect of Spiritualias and religiusity as one aspect of intervention to increase QoL and HRQoL in the ERSD patients who undergo HD should pay attention to the age of the patient, because age affects the level of Spiritualias and religiusity.

Qualitative views of selected journals show several themes formed. The results of Elliot research, et al (2012), performed in patients with Christian background show that there are five themes related to the religious beliefs and practices that arise. The five themes show two themes related to decision-making which is religious based belief. The theme is explained by patients with the expression that dialysis is a gift from God and there is no conflicting problem between taking therapy diaslsis with a religious belief and meaning arising from the belief that By experiencing kidney disease that the individual always relies on God. In addition, out of the five Thema can be two themes depicting how ESRD patients are affected by the religious practice of ESRD patients themselves. This theme is explained by the patient with the expression that prayer performed alone and together with family members or religious figures is a means of achieving the desired outcomes and answers from the prayers reduce suffering Patients, as well as the perceived support of the participants from the community of the church, shown by his or her willing family members to deliver worship and prayer and the presence of religious figures to pray directly. Meanwhile, one final theme depicts the spiritual pressure of the patient due to poor church management problems that affect the bad spiritual experience. Based on the results of the study suggests that the aspect of the spiritularity is subjective to the effect of how the ESRD patient looks at the current situation, how to make a decision on the current disease problem and shows that The role of others especially family members is very important for ESRD patients, so that ESRD patients who undergo HD can improve their QoL and HRQoL.

Another study conducted by Bayhakkia, et al (2018) for ESRD patients undergoing HD with Islamic religious background, embodying four themes reflecting meaning and how ESRD patients care about themselves and how teaching Islam and cultural values affect them. The four themes that appear are self-caring, self-caring, Islamic influence on self-caring, and cultural influences on self-caring. Self-caring means that the patient is self-caring, where the theme reflects how the ERSD patient survives or wants to stay alive with his illness and rely on hemodialysis machines for families and have a healthy condition Healthy.

Table 1. Journal Identification

Writers and Years	Title	Desing	Sample	Result
Ramirez, et al, 2011	The relationship between religious coping, psychological distress and quality of life in hemodialysis patients	Quantitative; Cross-Sectional	170 ESRD patients undergoing HD	Positive or negative religious strategies are often used by hemodialysis patients with ESRD. Religious Straggle relates to depressive and anxiety symptoms, so it will adversely affect HRQoL overall, physical, mental, social and environmental relationships. The Sementra, a positive religious association is associated with HRQoL, a better mental status and social relations.
Elliot et al, 2012	Religious Beliefs and Practices in End-Stage Renal Disease: Implications for Clinicians	Qualitative prospective	31 elderly patients undergoing HD and family members	There are five themes related to religious beliefs and practices that arise. Two themes related to decision-making: religious-based beliefs and the emerging meanings of such beliefs; the two themes illustrate how they have been influenced: the religious practice of the participants and the support that participants felt from the church community; and one theme depicts the spiritual pressures of the participants.
Cheawchanwattana, et al, 2015	Does the Spiritual Well-Being of Chronic Hemodialysis Patients Differ from that of Pre-dialysis Chronic Kidney Disease Patients?	Quantitative; Cross-Sectional	161 ESRD patients undergoing HD	Spiritual well-being does not differ significantly at the stage of chronic kidney disease. The gender of the patient is associated with spiritual welfare. To improve spiritual well-being, researchers should consider the gender of the patient as a significant factor.
Bayhakkia et al, 2018	Self-caring in Islamic culture of Muslim persons withESRD and hemodialysis: An ethnographic study	Qualitative: Ethnographiy	12 ESRD patients undergoing HD	There are 4 categories that reflect meaning and how participants care about themselves and how Islamic teachings and cultural values affect them. The emerging categories of this study are self-caring, self-caring, Islamic influences on self-caring, and cultural influences on self-caring.
Santos, P., et al, 2017	Religious coping methods predict depression and quality of life among endstage renal disease patients undergoing hemodialysis: a cross-sectional study	Quantitative; Cross-sectional	204 ESRD patients undergoing HD	Depressed patients have a lower positive R/S score and score higher negative R/S than patients who are not depressed. The R/S score is positively correlated with depression scores
Alradaydeh, MF. & Khalil, AA., 2017	The association of spiritual well-being and depression among patients receiving hemodialysis	Quantitative; Cross-sectional	132 ESRD patients undergoing HD	There is a significant negative relationship between spiritual welfare and depression, where the higher the spiritual well-being will then the lower the level of depression.
Cruz et al, 2017	Influence of religiosity and spiritual coping on health-related quality of life in Saudi haemodialysis patients	Quantitative; Cross-sectional	168 ESRD patients undergoing HD	The factors of spirituality that can affect the better HRQoL in ESRD patients are the religious practice (RP), the intrinsic religious belief, the use of the religion and age.
Yodchai et al, 2017	The role of religion and spirituality in coping with kidney disease and haemodialysis in Thailand	Qualitative eksploratory	20 ESRD patients undergoing HD	The use of Buddhist religious and spiritual practices (illness is karma, doing good, reading Dharma books, praying, singing to save lives, and making promises to Pran-Boon) to address problems and care in ESRD patients Live HD.

Self-caring actions describe the activities performed by the patient to care for themselves, what patients do when they have health problems or how patients deal with the problems that arise in their lives. Selian, as the subtheme formed from the theme of self-caring action that controls drinking and eating, resting, massaging oneself, using wheelchairs, asking for family assistance and seeking medical treatment. Meanwhile, the influence of Islam on self-caring illustrates the influence of Islamic religious teachings in the patient's life and self-caring patients who give encouragement, encouraging to keep trying (endeavoring), and create peace. The theme of cultural influence of the patient towards self-caring is how the culture affects against self-caring patients. It is demonstrated through events, actions or activities that are based on elements in culture, such as social and traditional values, wherein the theme's subthemes are comprised of the support of the community and the choice of treatment or treatment Traditional. The results of the study indicated that spirituality and religiusity have a positive impact of the koping and affect the self-caring patients of ESRD will have better QoL and HRQoL

The results of the research of Yodchai, et al (2017) conducted on ESRD patients undergoing HD against the background of Buhda religion indicate that there are some aspects of spiritality and religiality according to the Buddhist teachings or beliefs used by patients as Adapation mechanisms. The doctrine or key is to consider the disease as karma, one must do good, read Dharma books, pray, singing to save lives, and make promises to Pran-Boon. Illness is karma indicating the relationship of either physical, oral or mind action that we have ever done before with the current state, where if the action is good it will have a good impact and vice versa. From the statement expressed by ESRD patients, most think that current illness is bad karma, bad luck, and destiny. The assumption will have an impact on the acceptance of ESRD patients in receiving current illness. The doctrine of the day is to do good, and the purpose of this teaching is to gather good karma and will have an impact on the future of the ESRD patient. A statement of some ERSD patients suggests that doing well is done as well to balance the bad karma he has done. The good deeds undertaken by the ESRD patients are the majority of them or give money to the nomads and go to the Temple (Wat) to offer food, clothing, and medicines to the monks on the Buddhist sabbaths (the day of Buddhism's greatness). The third teaching is prayer and Benyanyi to save lives, in which all ESRD patients explain this activity is done in front of statues or images of Buddha. In addition, ESRD patients also added there are two Do'a performed by Shinabunshorn and Burapharatsaming. These two are prayers in common Buddhism which is pronounced to Buddha as a request to save life and for a better life. The final teaching is to make an appointment with Pran-Boon, Pran-Boon described by some ESRD patients is an ancestor's spirit that is worshipped for the purpose of requesting healing and overcoming the fear and infidelity of ERSD disease. This is only done by some ESRD patients because those who do still believe in the supernatural powers and spirit worship. Some patients who take this action feel they can take control of the situation so as to be able to do so at present. Based on the results of the study, the Buddhist teachings conducted by ESRD patients have a positive impact on the acceptance of ESRD patients in receiving their current situation.

4. Conclusion

The aspect of spirituality and religiusity is the provision of comprehensive and holistic care services. Both aspects are proven to have a good impact on QoL, HRQoL, and self-caring for ESRD patients undergoing HD. Therefore, research is still needed related to the aspects of spirituality and religious religiality in the ESRD patients Especially in highly religious countries, one of them in Indonesia so that the nursing care provided will be more comprehensive and holistic.

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