



PERCEPTIONS OF THE KERINCI COMMUNITY RELATED TO PREVENTING THE SEVERITY OF CKD: A REVIEW OF CULTURAL ASPECTS IN PATIENTS AT MAYJEND HOSPITAL H.A THALIB KERINCI

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Abstract

Public perceptions regarding the prevention of CKD play an important role in the recovery of patients in survive. This study examines the cultural aspects experienced by patients in understanding their illness. This study used a qualitative research method with in-depth interview techniques to patients at Mayjend HA Thalib Kerinci Hospital. The focus of this research is to look at the perceptions of the Kerinci people in preventing CKD. The findings show that there are patient perceptions of CKD disease, patient family perceptions of CKD disease, treatment of CKD disease, belief in traditional medicine, obstacles to implementing discharge planning, health worker services, patient compliance and the process of implementing discharge planning. The results of the study showed that there were misperceptions and the patient's trust in the local culture was still high. Shows the low knowledge and confidence of chronic kidney failure patients at Mayjend HA Thalib Kerinci Hospital, which affects treatment adherence which results in the severity of kidney conditions. Meanwhile, the cultural-based regional language factor in communicating with patients is highly recommended so that messages can be well received by patients.

Keywords: Chronic Kidney Disease, Perception, culture

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1. INTRODUCTION

Chronic Kidney Disease (CKD) is a non-communicable disease with a fairly high incidence and has a major impact on community morbidity, mortality and socio-economic conditions (Organization, 2013), which researchers will later call CKD. According to data from the World Health Organization (WHO) deaths from CKD are as many as 850,000 people each year. This figure shows that CKD is ranked the 12th highest as a cause of death in the world (U. USRDS, 2013). Chronic kidney disease is an umbrella term for heterogeneous disorders that affect the structure and function of the kidneys. The 2002 guidelines for the definition and classification of this disease represent an important shift towards its recognition as a worldwide public health problem that should be managed at an early stage by internal medicine specialists (Levey Andrew S 2012).

The prevalence of CKD in Indonesia continues to increase from year to year. The Indonesian Nephrology Association (PERNEFRI) in the Indonesia Renal Registry (IRR) Program reported that the number of CKD sufferers in Indonesia in 2011 was 22,304 with 68.8% of new cases and in 2012 it increased to 28,782 with 68.1% of new cases (PERNEFRI, 2012 [cited March 13, 2017]). Based on the 2018 Riskesdas data, the prevalence of CKD based on a doctor's diagnosis in Indonesia was 2.0 per mil in 2013, and increased in 2018 by 3.8 per mil (dapus Riskesdas Main Results Report, 2018, Ministry of Health (Registry, 2014). Risk actors are classified into two, namely modifiable risk factors such as general and genetic factors, and modifiable risk factors such as smoking and exercise (Bustan, 2007). According to the National Kidney Foundation 2009, risk factors for kidney failure are in patients with diabetes mellitus or hypertension, obesity or smokers, over 50 years of age, and individuals with a family history of diabetes mellitus, hypertension, and kidney disease (National Kidney Foundation, 2009).

For healing and preventing severity or complications in CKD patients, maintenance activities are needed. Preservation of renal function can improve outcomes and can be achieved through non-pharmacological strategies (eg, dietary and lifestyle adjustments) and renal disease and chronic kidney disease-specific pharmacological interventions. A plant-based, low-protein, low-salt diet may help reduce glomerular hyperfiltration and maintain kidney function longer, possibly while also causing beneficial changes in acid-base homeostasis and the gut microbiome (Kalantar-Zadeh Kamyar, Tazeen H Jafar, Dorothea Nitsch, Brendon L Neuen 2021).

The implementation of this treatment is not only carried out while being treated at a health facility but also when a CKD patient returns home or is called discharge planning. Discharge planning is a very important treatment activity implemented by patients to avoid poor understanding of the actions taken after treatment. Discharge planning failure carries a risk of disease severity, life threat, and physical dysfunction.

The successful implementation of discharge planning is inseparable from the role of the nurse. Nurses need to apply a comprehensive discharge planning (patient selection, assessment, intervention, implementation, and evaluation) and carry it out using the 4C strategy, namely Communication, Coordination, Collaboration, and Continual Reassessment to ensure continuity of care at home. Discharge planning is very important for patients with chronic renal failure. Through the implementation of discharge planning, it is hoped that the patient will have a good understanding of the therapy program and self-care that is carried out after returning from the hospital (Maslakha L, Santi W H, 2015).

Discharge planning is a systematic process in health services to assist patients and families in determining needs, implementing, and coordinating treatment plans that will be carried out after the patient returns from the hospital so that they can improve or maintain their health status. In addition, it can reduce the days of repeated visits (readmissions) which also have an impact on JKN financing (Ibrahim, Buick, Major, & McNeil, 2000). This is also in line with data from the Family Care Giver Alliance (2010).

Implementation of discharge planning between nurses and patients is strongly influenced by communication so that the health information conveyed can be understood and understood by patients. A good communication strategy will be achieved if the nurse understands the aspects of effective communication. One important aspect in the implementation of communication is the cultural aspect.

Culture is customs or habits that are formed from thoughts, minds, knowledge, behaviors and beliefs that develop in society and become guidelines in life so that human beings become advanced and civilized. In the Kerinci people, culture does not only influence social and economic aspects, but also influences health aspects.

The importance of cultural aspects in conveying health information is a challenge for nurses in planning to return to patients. This is because nursing care and patient learning processes must consider the cultural diversity of patients and their families. The importance of cultural aspects in nursing care is explained in Simamora's research

(2003) in Desimawati (2013) which states that culture is one of the factors that influence customer satisfaction with nursing care.

Nurses must understand that cultural factors greatly influence the patient's learning process. Nursing care and patient learning processes must consider the cultural diversity of patients and their families (Rankin & Stallings, 2001).

Cultural competence can improve nurse, doctor and patient communication and collaboration, increase patient satisfaction, and improve adherence, thereby improving clinical outcomes and reducing health care disparities. Culture is defined as a way of life of people that is transferred from generation to generation through various learning processes to create a particular way of life that is best suited to the environment. Culture is a pattern of shared basic assumptions that groups learn through solving problems of external adaptation and internal integration (Sumarto 2019).

According to Hariyati and Novieastari (2015) patients are more satisfied with nurses who perform culture-based services than nurses who provide services without paying attention to cultural aspects. Culture-based nursing is important to implement because it increases patient satisfaction thereby affecting the degree of health and well-being for individuals, families, groups and communities.

Based on a preliminary study on January 6, 2020 at the Major General H.A Thalib Hospital, it was found that three out of five patients said they were unsure about going home for fear of unwanted things happening and it was better to be in the hospital so they could be supervised by a doctor or nurse. Meanwhile, the other two said they were unsure. In the preliminary study it was found that the majority of patients at Major General H.A Thalib General Hospital were Kerinci language users and were not fluent in Indonesian. The use of the Indonesian language used in carrying out discharge planning causes patients at the General Hospital Major General H.A Thalib to not understand the delivery given by nurses.

This study examines the issue of Kerinci people's perceptions regarding the prevention of CKD severity in reviewing cultural aspects in patients at the Major General H.A Thalib Kerinci Hospital. Being a study that researchers focus on public perception to prevent the severity of CKD disease. The review was also focused on the cultural aspects of the Kerinci people at Major General H.A Thalib Hospital.

2. METHOD

This research uses qualitative research methods, according to Strauss and Corbin defining qualitative research methods as "a type of research

whose findings are not obtained through statistical procedures and other forms of calculation" (Afrizal, 2017). It is simply understood by the general public that qualitative research is to describe, analyze a phenomenon or case.

According to Afrizal, qualitative research methods are defined as social science research methods, which collect and analyze data in the form of spoken and written words and human actions. As well as researchers not trying to calculate from what is being researched, the data analyzed in qualitative research are human words and deeds (Afrizal, 2017). In the research conducted, the researchers used qualitative research methods to find out the perceptions of the Kerinci people regarding the prevention of CKD severity in reviewing cultural aspects in patients at the Mayjend H.A Thalib Kerinci Hospital.

Researchers use the case study methodology. The reason the researchers chose cases to discuss the study of chronic kidney disease was because there were cultural factors in the community, especially patients who had not maintained a pattern of health and treatment.

Researchers using a constructivist paradigm, In (J. Creswell, 2017) believe that individuals are always trying to understand the world in which they live and work. Researchers try to rely on as much as possible the views of participants about the situation being studied, namely patients who carry out treatment at the General Hospital of Major General H.A Thalib. Participants will see how the problem exists, then give their perception of the reality they have experienced and have experienced directly through experiences that have been felt during the healing process from chronic kidney disease and nurses. The informants in this study were patients with grade 2-4 chronic kidney failure who received treatment at the Mayjend HA Thalib Kerinci Hospital.

3. RESULT AND DISCUSSION

Patient Perceptions of CKD

One of the aims of giving discharge planning to patients is to prevent the emergence of unfavorable views or perceptions in patients regarding kidney disease which has been a growing disease in society in Kerinci Regency. A view of a severe or incurable disease. This assumption arises because the patient or the patient's family feels that kidney failure is a chronic disease in which sufferers feel excruciating pain day by day. In addition, the assumption that chronic kidney failure is difficult to cure is also a factor of misperception in patients or their families of chronic kidney failure patients. This is in accordance with what was conveyed by patients

with chronic kidney failure as excerpts from interviews with the following informants:

“Penyakit ake leah muloa parah, Nteh mbauh sihek ake iniuh nteh idauk, tambah lame tambah parah” (P2 Interview, March 29, 2022)

Translation

"My disease has started to get worse, I don't know if it can still be cured, as time goes on my condition feels worse"

This statement is in line with what was conveyed by other informants to researchers who stated that the disease had started to get worse, the patient had started to be pessimistic or unsure about being able to recover, the lack of enthusiasm in treatment would certainly worsen the patient's condition. The patient feels pessimistic and cannot stand and give up on recovering from his illness. This is a situation that needs to be anticipated in discharge planning, namely when nurses are caring for patients. The patient's pessimistic expression is a big challenge for the hospital in managing an effective nursing care pattern. One of the informants who used siulak dialect revealed.

“penyakit aku minin lah parah , lah lamo aku sakit, idak ugo nak sihat-sihat” (P5 Interview, 6-April-2022)

Translation

"My illness has started to get worse, I have been feeling sick for a long time and it doesn't get better"

The notion that this disease is a disease that can not be cured, and with symptoms that easily get worse, makes patients feel that this disease can be life-threatening. This is in accordance with what was conveyed by patients with chronic kidney failure.

“bahayo, penyakit ini gawat, soalnya 6 anggota keluarga kami sakit ini galo, dan 2 uhang lah mati” (P4 Interview, April 2, 2022)

Translation

"It's dangerous, this disease is a serious disease. Six of our family members suffer from chronic kidney failure and two of them have died"

From all the interview excerpts above, according to the researcher's view, all patients consider their disease to be a serious disease, difficult to cure. As well as being able to cause severity and even death, from these assumptions it can be concluded that how the patient's view of the disease they are suffering from is CKD disease which is severe and hard to cure. The patient's

perception cannot be blamed either, because that is what the patient feels, but as a nurse, it is necessary to explain what are the advantages and factors of discharge that can be applied to ensure that the patient can get well. Of course by giving an idea if the patient complies with the discharge planning briefings conveyed by the nurse. Moreover, there is a traumatic side from informant P4 who has witnessed six people from his family get CKD and two of them died.

Patients with chronic kidney failure at the Mayjend HA Thalib Kerinci Hospital are the people of Kerinci Regency who still have beliefs about mystical things which then have an impact on the causes of diseases that arise in society. The existence of belief in mystical things causes patients to think that their illness is a disease that is bewitched or as a result of spirits. This belief is difficult to contain, because this belief is part of the culture of the surrounding community which is rooted in mystical issues. There are even thoughts that they are used to bewitched, as a result that cannot be scientifically proven. Until there is a patient who thinks he was poisoned because there are people in the village who are not happy with him.

Patient's Family Perception of CKD

After knowing the perceptions of different patients about CKD, it is also necessary to know more about the perceptions of the patient's family about CKD. So that in this study it can be seen from two sides, namely the perception of the patient and the perception of the patient's family. According to the informant KP 1, CKD is a serious disease, patients are often unconscious and feel weak. With the presence of CKD disease, the perception of the patient's family views CKD disease as severe as the patient's view.

“Yokalap, lah lamo sakit, lah kmano-mano baubat, idak ugo nak sehat, tambah ahi utambah parah” Diseases that are troublesome and difficult to cure, have gone everywhere for treatment, have not recovered and are getting worse (KP informant interview 2)

The perception of the families of patients with CKD is a disease that is troublesome, they have tried to recover but it's still difficult. Already treated everywhere but the patient is also recovering and getting worse. The two informants' statements above show that the patient's family's perception of CKD is a serious disease. This was corroborated by the perception that KP 6 informants said that CKD was a serious disease, had to be treated quickly and had to be treated by medical personnel.

According to the patient's family, the cause of CKD was kidney damage due to fatigue at work, frequent drinking of beverages such as kratindeng,

patients experiencing body aches due to fatigue at work, headaches, leg pain, and high blood pressure. The perception of the patient's family is based on the experience of the family accompanying the patient for treatment at the hospital. Yes, it's important, whether you're sick or not, because you're parah (Treatment to the hospital is important because the disease is already severe).

Efforts made by the patient's family range from accompanying patients to alternative medicine to medical treatment. Because going to the hospital is important according to the patient's family, because the patient's family has tried various alternative healing methods, treated because it was already bad. Going to the hospital is very important because of kidney failure, it must be handled by a doctor who is trained and trusted. In the perception of the patient's family, CKD is a serious disease and difficult to cure.

Treatment of CKD

Sources of medicine in the world cover three interrelated sectors, namely household medicine or self-medication, traditional medicine and medical treatment carried out by nurses, doctors, health centers or hospitals. Ignorance of patients and patients' families about the disease they are experiencing certainly worsens their situation and will also affect how they seek treatment to treat the pain they have felt. People who still hold local beliefs will continue to believe in traditional types of medicine which have been considered effective in providing healing so that medical treatment is no longer the main treatment to be chosen in efforts to cure diseases. ("No, Karno is sick with tasapo so you go to sapo traditional medicine" which means you don't go to the hospital for treatment, this disease is only due to spirits. So you only go to traditional medicine). Alternative medicine has become the first choice for patients and their families so far, when there is no longer a hospital bar as the last place for treatment. Like a patient who decides he wants to go to the Mayjend HA Thalib Kerinci Hospital, and feels the impact of being treated at the hospital.

The treatment system for a disease that occurs in patients at the Mayjend HA Thalib Kerinci Hospital, which is a part of the Kerinci community, still uses traditional medicine systems, this is an open secret for the local population. Traditional medicine systems are determined by their perceptions of health and illness and the causes of illness (etiology). In referring to illness, people generally associate it with supernatural (personalistic) things as well as the way the treatment is carried out in the traditional way. Patients and their families who still hold fast to the customs of the local community have resulted in a

series of treatments that they have received from smart people who are believed to be effective in curing various diseases. Traditional medicine is based on local wisdom adopted by the Kerinci people, moreover in Indonesia there are many kinds of traditional medicine. The recommendation for traditional medicine comes from a community culture that recommends patients to use alternative medicines that are trusted based on experience. The thoughts and facts of going to the doctor are also felt by the patient and the patient's family, that medical treatment costs a lot. Meanwhile, treatment at a traditional healer can be afforded by the community. Alternative treatment recommendations are an option compared to going to a doctor. In addition, the medicines they consume are also recommended by local traditional healers.

"ayi klapo hijau panggang sudah batawa, tlo ayam kampung , sgalo limau, di bagih tau pengobatan tradisional alternative itu, di dbli di balai" (Suggestions for medicine from village shamans such as green coconut water, verses have been read, free-range chicken eggs and all kinds of oranges, all the ingredients are obtained from traditional markets).

Apart from the high level of trust in traditional medicine, failure in the medical treatment system is often the main factor for someone to switch their healing efforts to alternative medicine. This alternative healing method circulates because of information and socialization with neighbors around to the stage where the patient and the patient's family are given recommendations by other people to seek treatment at a traditional healer. Informant P1 explained ubat batawa jak dukun, ubat ku bli k kedai, ubat ku bli kbalai, aku dalak umpu2 aku buh (Medicines consumed come from traditional healers and buy at stalls). The medicine given by traditional healers to people with CKD is the version of each traditional healer who treats and buys drugs from stalls for temporary pain relief. Traditional medicine that is mostly done by residents, namely by going to village shamans and smart people who are considered powerful in curing all types of illnesses suffered and consuming medicines that have long been developed in the local community without any prescription or advice from a doctor. This is also in accordance with the findings of researchers in the field that patients come to traditional healers because their bodies are sick, tired from work. In addition, the informant also bought three kinds of medicine at the traditional hall.

In the context above, the concept of seeking treatment at a shaman has become a habit and culture for the people around Kerinci, especially for people with low levels of education who live in the village. Researchers have witnessed and felt this

phenomenon when it was used as an alternative medicine place for the people of Kerinci, the initial treatment was not carried out by health workers so it was not clear that the drug used by the patient had become a trigger for it to get worse or even really helped the patient. There are also other factors why local people want alternative treatment, including the high cost of going to the doctor, the location of health facilities that are far away and unsatisfactory services. In the end, the patient decided to go to the hospital for treatment, because he could no longer stand the disease, he had tried everywhere to seek treatment without success. The perception of patients who are still unfamiliar is that it is enough to go to a traditional healer for treatment because they are already feeling bad. This is a habit that occurs in the field, if there is no new effect, use the services of health workers.

“kalau sakit bli obat k kedai dengan k balai, ado hilang aso sakit lah, lamo2 tambah parah, curiga aku sakit apo ini, ku bao baubat ke puskesmas, di suhuh ke rumah sakit, kato dokter aku sakit ginjal, uhang dumah dengan anak tu yang tuo jg model itu gejala, ku suhuh cek jg, kiro samo penyakit” (P4 Informant Interview)

The hospital where the patient last chose to be cured and treated both the patient and the patient's family stated the same thing. His new finding from the modernization of knowing about the world of health is from the existence of the internet which makes it easier for the patient's family to find out what cures for CKD are from the internet. The internet is known as a facility that facilitates current activities and information search, such as applications, easy internet access and the enthusiasm of the public to use new media in the digital era. There are many advantages to the presence of technology in helping various things, one of which is to facilitate connections without dynamic space and time. Technology is a means of delivering virtual-based communication messages from one person to another facilitated by the internet (Zis, 2021).

Belief in Traditional Medicine

Patients and families of chronic kidney failure patients who acted as informants explained their belief in traditional medicine that had long been developed in the surrounding community. The researcher presented the results of interviews and direct observations about the beliefs of patients and their families about traditional medicine, most patients said that traditional medicine was an effective treatment for curing patients. Trust arises because you feel the reaction of traditional medicine can relieve the patient's illness caused, trust arises because of the drugs consumed ye karne nye ngate

uhauk saleh posisi, kite cucok pl badoa kite sakaik2, ubek jange kite minang pas ugoa (Interview with P3 informants). The trust of informants to perform alternative medicine arose because of the experience of the surrounding community who were successful in the treatment process so that they were able to obtain healing. These experiences from the community finally encouraged the informants to choose the same type of treatment with the intention of also getting the same cure as the previous people. Apart from experience, there are other reasons that cause patients and their families to believe in traditional medicine, some patients really feel compatible with the type of treatment that is in traditional medicine and feel that the medicine they are getting is indeed capable of relieving pain.

Patients with chronic kidney failure, although they have faith in traditional medicine, in the end, they still seek medical treatment. This is because patients feel they are no longer able to bear the pain they feel. The drugs that the patient feels are able to relieve pain are no longer able to relieve the pain.

At the most basic level, the patient's understanding of the hospital will not guarantee healing that is carried out medically by nurses. Informants saw that people who went to the hospital also died. The P4 informant's trust in the hospital was not fully present even though he had received treatment at the Mayjend HA Thalib Kerinci Hospital.

“The hospital does not guarantee recovery” (Interview with Informant P4), “but if it's for health, we try not to treat the problem baduo, my family washes the blood, we go to the hospital to die.”

Before taking a treatment to the hospital, belief in traditional medicine has proven that many people are cured. Seeing the testimonies and reactions of the alternative medicine, makes the patient believe that this treatment is effective. Many people who recovered because they did alternative medicine (yo karno, many people grew healthy there) was an interview with Informant P4. This statement is supported by the opinion of the KP 3 informant who said that many people have received healing from alternative medicine (banyek uhau sihek, kbanyake uhe senituh)

“nge pertame banyek uhau sihek site iteuh, lah banyek dapek info manjur, nge ke duo muhau idek banyek biaye, nge ke tige nye dukeng iteuh uhau kite” (KP informant interview 4). “The three reasons for seeking treatment at alternative medicine are that many people have received healing, low prices, and fellow Kerinci people.”

In the view of KP 4 informants, there are three factors for choosing to trust traditional

medicine. The first is the problem of healing, there is hope that the patient can recover from CKD by believing in what the traditional healer gives. The second is the economic factor, which contains elements of cheapness and rewards for people who live in villages, especially those who come from farming families who have no extra income. Third, there is a sense of regional kinship, more familiar with the greeting of the kite people (Kerinci). These three factors are decisive, and the main choice for the people of Kerinci is to seek alternative treatment compared to going to the hospital. In general, informants consisting of patients and families said the same thing, the facts in the field were also the same as the researchers' information. The phenomenon of society has high trust in traditional medicine.

Barriers to Implementation of Discharge Planning

The treatment of chronic kidney failure which is carried out in the hospital for patients includes all aspects of treatment, one of which is providing home nursing care or commonly known as discharge planning. Discharge planning that is successfully carried out properly will reduce the days or length of treatment and prevent recurrence, but on the contrary if the discharge planning is not implemented properly it can be one of the factors that will prolong the healing process which will later have an impact on recurrence and re-treatment. Of course, in carrying out all the health care provided there are various obstacles, both from the nurse or from the patient and the patient's family as the recipient of this form of nursing care.

Discharge planning in practice, very often there are obstacles in the implementation so that it cannot run optimally. In this interview process, informants were asked to explain what caused them to be unable to carry out discharge planning properly. In this section, the researcher describes the results of the obstacles to implementing discharge planning at the Mayjend HA Thalib Kerinci Hospital. These obstacles are seen from the perspective of the patient, the patient's family, nurses, and the head of the room.

First, the obstacle to discharge planning from the patient's point of view is when the patient receives discharge planning information from the nurse. Most patients find it difficult to communicate in Indonesian or feel uncomfortable with Indonesian. Because the Kerinci culture is firstly that they are not fluent in Indonesian, secondly, the culture in Kerinci is that if they communicate in Indonesian they are considered not family, not "kite" people, that is, people who are emotionally close, mean they are still considered foreigners. So when the nurse provides information in Indonesian the

patient can understand, but to respond and ask again the patient and the patient's family feel awkward. So that the communication that is built is not mutually beneficial for the patient, the information conveyed there is no reciprocal interaction. This is included in a serious obstacle, which is related to cultural issues. Information conveyed by treatment is hampered due to language factors, this needs to be understood by the hospital as a communication barrier that needs to be overcome by management, looking for solutions on how to make communication effective and patients can recover after being treated. With the hope that the patient can obey until he recovers in carrying out the discharge planning assisted by the family.

Second, the barrier to discharge planning from the nurse's point of view is that there is no special discharge planning for CKD. This means that the information provided by the nurse will be different for each nurse. For example, there is a nurse who says you can eat fish but it is salty, another nurse says you can't, this is just an example of one thing the nurse said. What if the information conveyed is unclear, let alone endangering the patient. This obstacle occurs to nurses because there are no specific guidelines to regulate it from the hospital. Because nurses get information about discharge planning, self-taught learning and during college and knowledge that comes from senior to junior. There are no references when conveying information to patients. There is an SOP for discharge planning, but there is nothing specifically for CKD.

Third, the obstacles to discharge planning in terms of the family of the KP1 informant patient. Not all applications of discharge planning can be carried out by patients. According to the patient's family, the use of Indonesian prevented the patient's family from understanding the nurse's explanation. Not in accordance with the form of nursing care provided by nurses with the patient's daily habits

Fourth, the obstacles to discharge planning in terms of the head of the room. In line with the issues and results presented in the previous discussion that the language barrier is a crucial issue for discharge planning. Sometimes patients have difficulty understanding language, if we convey it in Indonesian, patients only say yes but don't understand if we ask again. This is the answer to the statement submitted by the patient and the patient's family. According to the head of the room, there were two obstacles experienced. Firstly, there are communication barriers, secondly, there are obstacles to cultural and environmental influences, sometimes we have conveyed discharge planning well, patients don't understand, so we have to convey it in the local language, but sometimes there are those who understand but don't do what we

suggest, because sometimes it's contradictory. With the advice given from the place of alternative medicine. From the results above it can be understood that language is a factor that affects the difficulty of patients in understanding information and discharge planning barriers consisting of communication and cultural and environmental influences. Efforts and solutions that need to be worked out in the future are carried out using local languages.

Many factors become obstacles for patients to carry out discharge planning properly. The main factor behind the patient not carrying out discharge planning properly is the language factor. Patients and families of chronic kidney failure patients who served as interview informants stated that communication with nurses did not go well, this was because nurses used Indonesian to convey nursing information so that informants who used their local language did not understand it. The use of Indonesian in the communication process between nurses and chronic kidney failure patients at Major General HA Thalib Kerinci causes patients to feel awkward and difficult to ask questions if there is something they don't understand. Leininger's theory states that nurses who understand the culture adopted by patients in providing nursing care are one of the keys to success in providing nursing care (Elon et al., 2021).

The next factor that affects the failure of discharge planning for patients and their families at Mayjend HA Thalib Kerinci Hospital is due to a discrepancy between alternative treatments that are developing in the community and what is recommended by nurses. Many types of medication that are prohibited or taboo for patients at the Mayjend HA Thalib Kerinci Hospital are recommendations for alternative medicine that is developing in their environment.

The last factor that also influences the obstacles in carrying out discharge planning is the prohibition and lack of support from the patient's family so that the patient can comply with the implementation of discharge planning because the patient's family also has language problems with the nurses. Because of that, researchers understand the main factors that are obstacles in implementing discharge planning at Mayjend HA Thalib Kerinci Hospital are language factors, differences in nursing advice in the community, and the absence of family support.

Based on the results of Hardivianty's research (2017) it was found that the obstacles to discharge planning were not only from the personal nurse but obstacles could also come from the patient. This patient barrier can occur because the patient is not obedient in applying the nursing rules that have been conveyed by the nurse. The patient's non-

compliance is due to the patient's lack of understanding of the information that has been conveyed by the nurse, making it difficult for the patient to practice all the recommended nursing care.

Health Officer Services

Service of health workers is one of the components that can affect the quality of health services. From the findings in the field, the services of health workers at the Mayjend HA Thalib Kerinci Hospital have been provided according to standards, meaning that it is like a language problem from the patient's side who cannot receive messages. So that patient compliance is not optimal, or patients think nurses who use Indonesian are interpreted as rude, arrogant, in fact nurses have given the standards given. How to communicate nurses use Indonesian, patients do not understand and have the perception of nurses being rude and arrogant. In the process of nursing care, a nurse always interacts with patients.

In nursing care, one of which is in the implementation of discharge planning, the service of health workers is one of the important things that needs to be improved, especially after it was known in the previous discussion that there was an aspect of language that was an obstacle. This increase will have an impact on the maximum running of the nursing process and patients feel happy with the services provided by nurses. This can affect patients to carry out nursing care properly and correctly. In providing health care services, informants from patients and their families explained how they assessed the services provided by nurses at the Mayjend HA Thalib Hospital, Kerinci.

Health services performed by nurses at the Mayjend HA Thalib Kerinci Hospital are still considered unfavorable by the majority of patients and their families. This statement indicates that there are still deficiencies in the Mayjend HA Thalib Kerinci Hospital, of course affecting the low quality of service aspects. This assessment is based on the dissatisfaction of the patient and the patient's family with the form of service provided by the nurse in conveying health information. Nurses at the Mayjend HA Thalib Kerinci Hospital in their services prioritize using Indonesian compared to the patient's language Kerinci.

“Penting, bagi kami jange siduik ngertui, kami mrase dkik jange prawat iteh kale nye buo bahase kite.” (P3 Informant Interview) “Communication in the Kerinci language can improve the nurse-patient communication process.”

Patients specifically want to improve the communication process to run smoothly, so that the healing process for CKD is more effective. Patients really hope that nurses can use the Kerinci language

in providing health services so that closeness is created between patients and nurses and patients do not need to be awkward and embarrassed to be able to communicate with nurses. Researchers understand the wishes of patients, the use of Kerinci language in the process of health services at Mayjend HA Thalib Kerinci Hospital can influence the patient's assessment of the services provided. This means that it is important for nurses to use the Kerinci language in nursing care in order to create the desired treatment success, for this reason there is a need for hospital management support in planning and implementing this program. Accordingly, the patient's family also stated that there was a recommendation to use the local language. They said that the service at the Mayjend HA Thalib Kerinci Hospital was good, but because the nurses used Indonesian, the family was embarrassed to ask questions. Here there is a communication barrier between nurses, patients, and the patient's family that is felt.

“perawatan nye ileuk, kite kmalu tkadau bapanco, cube bahase kite, ade agek tgak tulau kite btuaik” (Informan KP4)

“The service is good, but the nurses use Indonesian so the patient's family is embarrassed to ask questions”

Good health services in a hospital will show that the hospital is of good quality. One indicator of the success of a health service in a hospital is said to be good is the satisfaction of patients and their families with the services provided. Satisfaction is a function of performance impressions and expectations. The patient and the patient's family will feel satisfied if the health services obtained equal or exceed their wishes and vice versa, dissatisfaction or feelings of disappointment from the patient will arise if the performance of the health services obtained is not in accordance with their wishes. One of the dimensions of patient satisfaction that is part of the dimensions of quality of health services is continuity of service, which means that patients get complete services, one of which is providing home nursing care or Discharge Planning (Nofiana).

Health education for patients has become one of the most important roles for nurses who provide nursing care to patients. Patients and family members have the right to receive health education (Potter & Perry, 2005). Nurses as educators seek to provide education or health counseling to clients with evaluations that can enhance learning (Wong, 2009).

In nursing care, the implementation of discharge planning carried out by health workers is one of the important things that needs to be

improved. This increase will have an impact on the optimal nursing process and patients can be satisfied with the services provided by nurses which will affect patients to carry out nursing care properly. One important aspect that needs to be improved in health services is to improve success in implementing communication between health workers both with patients and with the patient's family. This is in accordance with the statement in the study (Liansyah and Kurniawan, 2015) that a health service must begin with a dialogue or discussion between various parties, for example health workers and local residents. Communication between doctors and patients is the most important component and is an important point in providing services to patients. The effectiveness of good communication between health workers and patients will create success in the patient care process, the treatment given so as to improve the patient's health status. There are several important elements that can help achieve success in communication between health workers and patients, namely verbal and nonverbal communication, empathy by health workers, efficient delivery of information, creating good interpersonal relationships (creating a good interpersonal relationship), exchange of information (exchange of information), and medical decision making.

The importance of the information conveyed from health workers to patients includes the procedures to be performed, the risks that may occur, the benefits of the actions to be taken, and alternatives to the actions that can be taken. Besides that, it is also necessary to inform the possibilities that could arise if the action is not taken, as well as the prediction (prognosis) or the course of the disease suffered (Liansyah and Kurniawan, 2015).

At the Mayjend HA Thalib Kerinci Hospital, many patients consider the services provided by health workers to be unsatisfactory because the service process carried out by nurses in particular is not in accordance with what patients want. This is in accordance with statements from informants in the following interview excerpts.

“lun nyo iluk nian, kadang apo ngan di kato kito ado ngerti, main di kato2 bae, dakdo di tunjuk dengan jleh” (P1 Informant Interview)

Translation

not so good, what was conveyed was not understandable, I was not taught well.

In addition, the friendliness of nurses in the process of communicating with patients also affects the quality of service and the level of satisfaction of patients and their families with the services provided. The informant said that KP3 "sidiuk niau ilek kasau" (not good, the officers were rude). In

carrying out the communication process it is important to apply a friendly attitude to patients. Friendliness is the politeness and respect of nurses towards patients and their families. Friendly is a polite attitude towards everyone so that other people feel comfortable and happy, especially in the implementation of the communication process.

Adjustments to the use of the Kerinci language, which is the local language for patients and patient families at Mayjend HA Thalib Kerinci Hospital, need to be made by nurses in order to improve the quality of health services performed. As according to Brown et. al. (1998) in Nugroho (2011) there are 8 specific quality dimensions for guaranteeing the quality of health services in developing countries, one of these dimensions is the dimension of access to services which means access or affordability means that services are not limited by geographical, economic, social, cultural (cultural), organizational, or language. Language affordability means that services are acceptable to the local language or dialect. Thus the health service provider must be able to provide services in a language that is easily accepted by the local community as consumers (Nugroho, 2011).

Patient Compliance

The success or failure of a nursing care can be seen from whether or not the patient is obedient in carrying out the nursing care recommendations. In this interview process, informants explained their compliance in carrying out the health recommendations that had been given by the nurses and what their reasons were when they did not comply with these recommendations.

Patients at Mayjend HA Thalib Kerinci Hospital have not complied in carrying out the recommended nursing care to obtain recovery. Many factors make patients disobedient in discharge planning, including patients who do not understand, still compare the use of traditional medicines, patients feel bored following the nurse's recommendations, and there are also those who comply in carrying out discharge planning such as maintaining a diet and taking medication.

The facts that happened are according to the expression of Informant P2 *siduik galeu, karneu kamui siduik pasauk gale jange in katenye, siduik pule gambe ape catate di baguih ale kamui* (the patient does not understand so not all nursing recommendations are implemented). As a result of not understanding the recommendations, patients do not follow the flow of discharge planning given, even though standard rules have not been made. Nurses as health care workers provide discharge planning based on the knowledge they get. Patient non-compliance was also expressed by informant P4 saying that not everything that the nurse

recommended could be carried out "we just can't do everything, because there are taboos in the hamlet that are sometimes not suitable" (not yet, I mixed it with alternative medicine). The information from informant P4 shows that there is still traditional cultural influence in the mindset of treatment, even though medical treatment has been taken by the patient. But it is not a guarantee that patients will always receive medical treatment. There is still the patient's influence on the environment, namely, the culture of using alternative medicine.

There are also patients who feel bored with the advice from the nurse, as expressed by informant P5 "I do it when I'm hot at the temperature but sometimes I don't check *ugo truh nia*, it's impossible not to eat" (patient's feeling of boredom in following nursing recommendations so disobedient). According to the researchers, the dominance of patient statements indicated more patient non-compliance with the nurse's recommendations. This is a problem that needs to be sought, what causes them to not comply with recommendations which incidentally are very useful for patient compliance.

This non-compliance will later have an impact on the patient's condition. Obedient patients will certainly get the desired healing. Conversely, patients who do not comply will be far from cured. Because the efforts conveyed by the nurse were not followed, patient non-compliance in following the nurse's recommendations was caused by the patient's lack of understanding of the recommendations given by health workers, thus confusing patients in carrying out their nursing care. Not only that, there is conflict between hospital treatment and alternative medicine which is also an important factor that causes patients to not comply in implementing their nursing recommendations.

The provision of home nursing care or Discharge Planning which is carried out for chronic kidney failure patients at Mayjend HA Thalib Kerinci Hospital often encounters obstacles so that this nursing care is not fully carried out by the patient. On the other hand, in terms of the patient's family, the KP5 informant explained "he was treated twice, it was bad to *nuhut*, the doctor from *Bubat Dusun Tui* didn't have *nyu samu*, but we were embarrassed" meaning that the patient was not compliant in taking treatment because there were differences in treatment between alternative medicine and treatment from the hospital. This indication reinforces what the patient has said before, there is the power of alternative medicine that patients are still using. Therefore, it is necessary to know that there is education about future patient compliance to nurses at Mayjend HA Thalib Kerinci Hospital.

Compliance is a positive behavior carried out by patients to achieve therapeutic goals that are

determined jointly by patients and health workers. Patient adherence to medication is strongly influenced by health communication. Patient compliance consists of two things such as they must understand the health problem or health problem they are facing. Patients must know and interpret patient health information, with this it is necessary to know that in communicating providing information health workers need to use medical terms that are easy to understand and not too complicated. (Rofi'i).

Non-compliance can occur when an individual's condition is willing to comply, but there are other factors that hinder adherence to advice or education about health provided by health workers, one of which is that there are differences in treatment patterns between traditional medicine and medical treatment provided by health workers. From this there are still patients who do not comply according to what was disclosed by the KP2 informant.

“yo patuh, Cuma kadang ado ugo ubat lusun ngan kito tuhut yang mlanggar dikit” (KP2 informant interview)

Translation

Patients do not comply because they are still doing alternative medicine

The family support factor for patient compliance in the implementation of the treatment process is also an influential factor. Like the KP6 informant who stated that patients are obedient in carrying out discharge planning such as maintaining food patterns and taking medication. When there is a patient's family who provides support to the patient in the treatment process, it will help the patient to follow the nursing recommendations that have been conveyed by the nurses. Patients cannot do self-medication, take them to the treatment center and carry out control to the doctor. Without family support, it is impossible for the treatment program to be carried out according to schedule. Family support is one of the factors that influence patient compliance so that patients remain consistent with adherence in undergoing treatment so as to avoid unwanted complications. Social support from the family can be in the form of providing information, emotional support, spiritual and instrumental support.

Family support is family participation in providing family assistance and support as well as emotional support which involves the expression of love, trust and concern for patients. Family support can be realized by giving attention, being empathetic, providing support, giving advice, and being able to improve the patient's psychology so

that he can survive because the urge to live and be able to survive is very much needed by a patient (Sumah, 2020). Family support is a driving factor for the behavior of chronic kidney failure patients to be more able to obey themselves so that they are routine in carrying out their treatment. It often happens that patients with chronic kidney failure will experience loss of enthusiasm in life because of the many types of life changes that will change when they suffer from chronic kidney failure. With the existence of factors driving family support, it can increase patient adherence to the treatment therapy being carried out (Ningrum et al., 2020).

In research conducted by Sumigar 2015, social support is positively related to individual health and well-being. This will help the individual to increase creativity to be able to adjust to the pain and stress experienced when suffering from an illness. Family support is needed because patients with chronic kidney failure will lead to life changes for patients which will eventually dispel the enthusiasm of patients in their daily lives.

Discharge Planning Implementation Process

The nurse stated that she had carried out discharge planning in accordance with the SOP in force at the hospital. The nurse stated that in practice it is conducting an assessment of the aspects that really need to be studied in order to achieve a good discharge planning implementation. In addition, nurses at the Mayjend HA Thalib Kerinci Hospital in carrying out nursing care, especially discharge planning, always pay attention to the patient's condition, especially in terms of language and culture. The efforts made were carried out, because nurses realized that language and culture greatly influenced patients in following the recommendations given or not.

Discharge planning is a multidisciplinary or interactive matter in which health care workers, patients, and families collaborate to provide and manage the continuity of care the patient needs (Swanburg, Leadership, & Nursing, 2000). The nurse examines the patient's health aspects, when providing discharge planning. Such as digging up information on how the patient is at home, with whom he lives, how the health services are there, what is being done to maintain health status. As long as the nurse carries out the discharge planning, stating that it can run smoothly and has carried out according to the SOP and applicable regulations.

In efforts to overcome obstacles from patients, nurses try to follow the flow of patients and patient families by following the communication skills of people with CKD. Discharge planning requires good and directed communication so that the patient can understand and be useful when the patient is at home (Efendi, 2008).

“Sometimes I follow the flow of patients and families, starting from the gestures and also the language used, or using terms” (PR informant)

The effect of following the flow of these patients, the findings of the researchers that affect the level of adherence during discharge planning. Because the language that nurses use is the language they know and understand. In changing culture and habits, so that it is easy to follow recommendations. The nurse's statement was also supplemented by a statement from the head of the room who also monitors discharge planning work.

The head of the room who also acts as an observer informant in this study. The KR informant stated that the implementation of discharge planning was also in accordance with the SOP, but there was no specific discharge planning for CKD.

"The implementation of discharge planning is in accordance with the SOP, yes, but there is nothing specific for CKD disease, so to explain the patient's condition, we only provide information to patients about information that we know, there are no specific rules regarding CKD patients" (informant interview KR)

The findings prove that there is a common opinion between the nurse and the head of the room. The head of the room at the Mayjend HA Thalib Kerinci Hospital also believes that the implementation of discharge planning at the Mayjend HA Thalib Kerinci Hospital is in accordance with the applicable SOPs, but the drawback lies in the absence of specific standards for the implementation of discharge planning for patients with chronic kidney failure. This needs to be noted by the head of the room for the progress of the Mayjend HA Thalib Hospital.

Nurse Competency Improvement

In order to improve performance and service, many hospitals are trying to provide education and training to health workers, including nurses. One form of education and training provided is that nurses are taught certain methods that can be used to achieve success in implementing discharge planning. To increase the competence of nurses, the head of the room stated that there was a need for discharge planning for kidney patients. So that trains how nurses communicate with patients. The head of the room added the urgency of having an illustrated leaflet in educating about the rules of CKD disease. This can make it easier for nurses to read and convey information effectively to patients.

For this reason, it is important for patients to have training on discharge planning specifically for CKD. In training there needs to be a cultural

aspect, understanding how the patient's culture is, and the beliefs held in terms of treatment. So as to facilitate communication in the transfer of discharge planning methods. Training for nurse communication, excellent service to patients, so that patients believe that whatever the nurse conveys must allude to cultural aspects, so nurses understand Kerinci culture.

It is important to provide training in order to improve the competence of nurses in the implementation of nursing care, especially training that takes into account cultural aspects. However, it is very unfortunate that the Mayjend HA Thalib Kerinci Hospital itself has never provided training to nurses in the context of carrying out this discharge planning. The competencies and expertise possessed by nurses now are only competencies carried out when attending college so they do not pay attention to the immediate condition of their patients. This should be a concern for the hospital as a party that can implement policies for existing nurses and teams. Language and culture are factors that influence the successful implementation of discharge planning at the Mayjend HA Thalib Kerinci Hospital. The influence of culture and language is inseparable from the low level of knowledge of patients about their illness so that they are still guided by what is developing in society.

Furthermore, the culture used by the Kerinci people, especially patients and families of chronic kidney failure patients at the Mayjend HA Thalib Kerinci Hospital, influences people's beliefs about their life journey. Communities who still adhere to local culture tend to perceive their life events as the influence of spirits, witchcraft and other mystical things. Based on Danso et al's research on the mediating effect of local culture on the relationship between perceived safety risk factors and the risk-taking behavioral intentions of construction site workers, the results of this study explain why site workers in the context of developing countries may engage in risky behavior during construction. This study supports the need for culturally based intervention policies for construction safety education and training with the role of religious institutions and community leaders. There are cultural values that support culturally based interventions that can also be applied in the world of health in discharge planning for CKD (Danso Frederick Owusu , Emmanuel Adinyira, Patrick Manu and Divine Kwaku Ahadzie 2022)

In addition, the use of the regional language, in this case Kerinci which is the daily language, causes patients at Mayjend HA Thalib Kerinci Hospital to be less fluent in using Indonesian and less understanding of its use based on local culture. This of course hampers the communication process between nurses and patients

because in practice nurses use Indonesian to convey health information. The delay in the communication process causes the health recommendations that are conveyed to be not well understood by the patient and the patient's family so that these recommendations do not work optimally. This of course affects patient compliance in carrying out health recommendations such as taking medication, carrying out physical activities, maintaining a diet, and other recommendations in order to maintain body condition and obtain health. From the results of the qualitative data analysis above, the essence of the qualitative findings consists of compliance, belief, and knowledge.

Nursing has a very important role in efforts to achieve patient safety and health. Nurse is a job in a hospital that has a major function in efforts to provide health services to the community. Nurses are responsible for providing nursing care to patients and their families. Nursing care that is carried out by a nurse to patients and their families must be based on the knowledge that has been obtained and studied by a nurse. Nursing care is a benchmark in carrying out the nursing process which is an important element in ensuring the quality of health services (Adelia Sabrina, 2020).

One of the things that determines the good running of a nursing care is the performance of the nurse itself. Performance or performance is the output that is created from the roles and parameters of one job for a predetermined period of time. The performance of nurses has a major impact in order to achieve maximum quality and quality health services. This is because the nurse is the first impression maker and the health worker who interacts with the patient the longest, therefore the nurse is a figure who can represent all the images or appearance of the hospital (Laksana, 2021).

Competence is a variable that influences employees in producing performance in doing work. The level of competence possessed by a nurse greatly influences the level of performance that will be produced (Laksana, 2021). Actions or efforts that can be carried out by the Mayjend HA Thalib Kerinci Hospital are to provide nursing training and practice on an ongoing and ongoing basis so that nurses can remain consistent in providing the best performance and service to patients. However, it is very unfortunate that the Mayjend HA Thalib Kerinci Hospital itself has never provided training to nurses in the context of carrying out discharge planning, especially for patients with chronic kidney failure.

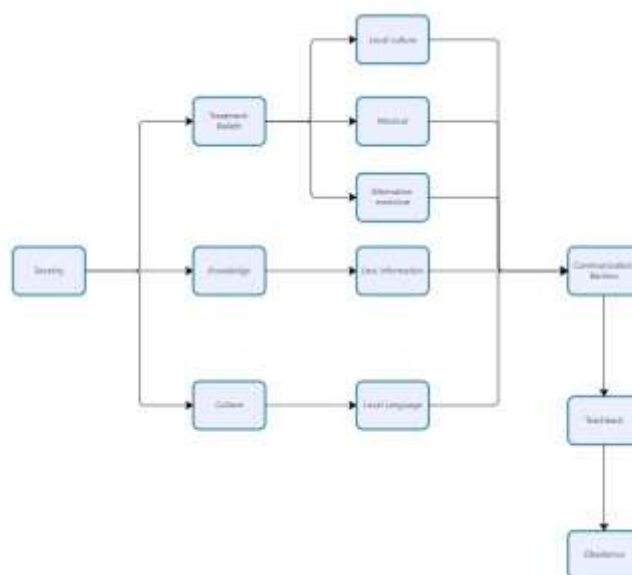


Figure 1. Inner Patient Perception Taxonomy Model Prevention of CKD

4. CONCLUSION

Based on the results of the study, it can be concluded that there are misperceptions and there is still high trust in local culture indicating that there is still low knowledge and confidence of chronic kidney failure patients at Mayjend HA Thalib

Kerinci Hospital, which affects treatment adherence which results in the severity of kidney conditions.

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