ASSESSING FAMILY COMMUNICATION PATTERNS IN PATIENTS OF HEMODIALYSAL THERAPY WITH THE PATTERN OF KIDNEY FAILURE

Rr Dinar Soelistyowati[1] and Silvia Nurlaila[2]
[1]*Department of Communication Art, University of Bhayangkara Jakarta Raya, Bekasi, Indonesia*
dinar.soelistyowati@dsn.ubharajaya.ac.id
silvia.nurlaila@dsn.ubharajaya.ac.id

Keywords: Kidney Failure Patients, Hemodialysis Therapy, Family Communication, Health Communication

Abstract: This study aims to examine the pattern of family communication carried out by a husband or wife if their partner suffers from kidney failure and must do hemodialysis or dialysis and discuss how communication efforts made by the hospital to be able to make patients feel happy and calm. This study covers how the interaction of family communication carried out by a husband or wife to their partner who is a patient with kidney failure before and during hemodialysis therapy and communication efforts made by doctors and nurses as the hospital in providing information about the development and results obtained to patients. This research is qualitative by using a combination of Peplau's Interpersonal Relations Theory with the Theory of Health Belief Models and Behavior Change. The results of this study are expected to be able to bring behavioral changes and cultural changes between husband or wife to their partners so that the results of this communication can be socialized and become a reference for families of patients with similar diseases and as standard operational procedures for doctors and nurses in assisting hemodialysis patients.

1 INTRODUCTION

As a creature that always lives together, communication is an ability inherent in humans. Through communication, we can express what is in our minds. With communication as well, we can build relationships with many people, be it forming a network of professional relationships where we work, building social relationships with people in the environment where we live, to establish relationships that are affective and personal like love and affection with the people we choose as life partners in creating a happy and prosperous family both physically and mentally.

Within social boundaries, the family is explained as an element of a larger kinship network that connects one's ancestors and descendants (Nam, 2004, p. 2). Whereas from a medical point of view, the family is defined as a group of people related to blood or marriage or strong mutual ties, such as those from the same ancestor, or a husband, wife, and their children (Miller, Keane, & O 'Toole, 2003). If considered together, these two understandings have a similarity in which these people can be considered as families if there is a relationship between family members, both those from the core members or from outside parties who have joined to become part of the family. . This means, in the process of its formation, every member in the family needs communication activities to channel what will be discussed in the family.

As in the formation of other communication networks, the formation of family networks requires several aspects that are at least worthy of attention so that the family can be considered a prosperous family. One important aspect is health. Health itself has become one of the most important things in human survival. Various ways have been done by humans, both in terms of innovation or findings on drugs, methods, and other medical efforts to maintain human health both physiologically and psychologically. However, in a dynamic era like now, maintaining health seems to be a complex endeavor for the community, especially in people with high mobility levels. The density of daily activities combined with a fluctuating lifestyle makes it difficult to implement healthy food consumption patterns. As a result, people are more

likely to turn to fast food that has the potential to cause various diseases, ranging from external diseases such as allergies to internal diseases involving important organs such as stroke and kidney failure.

The existence of kidney failure in Indonesia is slowly increasing. Through her seminar, Nila F. Moeloek (2018) also believes that diseases caused by kidney such as Diabetes Mellitus and its complications ranks 8th out of 10 causes of death in Indonesia with a prevalence of 6.7 percent, also ranks 3rd out of 4 on a national scale of 41,590 deaths in Indonesia with a total of 2,786 people. While quoted from the results of the Basic Health Research (Riskesdas) in 2018, the prevalence of chronic kidney disease (PGK) occurred at 3.8 percent or an increase of 1.8 percent compared to 2013. According to the Director of Prevention and Control of Non-communicable Diseases the Ministry of Health of the Republic of Indonesia, Cut Putri Arianie, an increase in the number of kidney patients is caused by three factors. First, there is an extension of the life expectancy of Indonesians to 71 years for women and 68 for men. Secondly, the occurrence of technological transition phenomena that makes people less likely to move so that it can potentially cause symptoms of diabetes and hypertension and high blood pressure. Third, there is an economic transition which has resulted in an increase in the income of Indonesian people so that they tend to be reluctant to make their own food and switch to fast food whose ingredients have the potential to cause obesity and other physical health disorders. These diseases can be a major cause of chronic kidney disease in Indonesia (Novita, 2019).

Responding to the situation, several efforts have been socialized and carried out by the government to the people of Indonesia as a form of preventive measures in preventing chronic kidney disease, such as diligently exercising, multiplying activities, and implementing a drinking pattern of eight glasses of water every day. However, when it is already experiencing kidney disease, especially chronic diseases such as renal failure undergoing hemodialysis therapy or dialysis, special assistance is needed , either from the family or from the hospital, in which each of facilitation required a strong and intense communication.

In his research related to social studies on health, Armstrong (Liliweri, 2013, p. 33) states that health problems and disease problems, and even the definition of illness, experienced by humans is not solely derived from individual neglect, family negligence, negligence of groups or community, even community neglect in maintaining individual health. According to him, various social studies on health actually reported that most of the illnesses suffered by individuals as well as community "illnesses" in general stem from ignorance and misunderstanding of various health information that they access. Therefore, we need to pay attention to the flow of health information that is sent and received by humans. This means we must study health communication.

Communication at the family level itself also needs to be considered, especially when accompanying family members who have certain diseases. They need to be given special enthusiasm and motivation given verbally in order to persuade patients when undergoing a medical process such as a healing effort. In addition, family communication also needs to be done to be able to make patients feel happy and calm when undergoing each of these medical processes.

Seeing the background picture above, researchers are interested in reviewing research on family communication interaction patterns as a form of mentoring for kidney failure patients undergoing hemodialysis therapy and communicating communication efforts undertaken by doctors and nurses towards patients specifically through the work of science. Researchers hope the results of this study can be used as a reference for families of patients with similar diseases as well as standard operational procedures for doctors and nurses in assisting hemodialysis patients.

2 THEORETICAL STUDY

5.1 Communication

In his book entitled Mapping Health Communication, Gangar defines communication as the process of delivering and receiving messages from someone who is shared with others. Communicating here can be interpreted to help convey the message to then be known and understood together. Message in communication is used in choosing and making decisions.

Communication is defined as such because it is fundamental in daily life. We cannot live without communicating. Therefore, communication means conveying a message from the source of the message (communicator) to one or more recipients of the message (audience) using a set of rules or

certain methods. At the simplest level, communication requires several elements in the form of the sender of the message, the message itself, the recipient, and the communication media. However, for each complex event, the message sender also functions as the recipient of the message, and other different messages are sent through different media (2009, p. 4).

5.2 Family

According to the WHO regional director for the Southeast Asia region, Dr. Samlee Plianbangchang, the family is a basic unit on a social level and provides a basic physical and psychological environment when children begin to grow and develop. The family also plays a very important role in caring for and socializing children as well as influencing adolescent development (WHO, 2013, p. 3).

The word "family" itself is full of images. In general, the term "family" refers to the motto or call to the activities of family members, for example hard working families, togetherness, or those who prioritize the welfare of the group over the individual. Another reason, the word "family" embodies a set of values that distinguish normal individuals from abnormal people and right people from wrong people (Bahfiarti, 2016, p. 65).

5.3 Family Communication

Family communication is important to learn. This is due to the constitutive relationship between communication with family. To know the description of the activities of a family, a social interaction is needed, in which in the process the ability to communicate between family members is needed. Quoted from Hurlock (1997, p. 198), family communication is defined as the formation of family life patterns in which there is an element of education, the formation of attitudes, and behavior of children that affect the child's development.

From different sources, family communication is explained as an activity that must occur in family life. This explanation is obtained because without communication in the family, life in the family will become lonely due to the loss of speaking, dialogue, exchanging ideas so that it will cause vulnerability between family members. An example of this explanation is the communication held between husband and wife, as well as communication between parents and children need to be built in harmony in order to build good relationships in the family (Bahfiarti, 2016, p. 70).

5.4 Health Communication

As we all know, health communication is a scientific field that is growing rapidly in recent decades. As a scientific field, health communication is a field that is rich in studies, amazing and relevant to the study of communication between humans and media communications relating to health efforts and health promotion efforts (Junaedi & Sukmono, 2018, p. 2).

Based on the eight points set out in the Toronto Consensus Statement, Rogers in Harrington (2015, p. 8) defines health communication as a multi-aspect and multi-disciplinary approach to reach different audiences and share information related to health with the aim of getting involved influence, and support individuals, communities, health experts, special groups, policy makers and the public to defend, introduce, adjust, or maintain behavior, practices, or policies that will ultimately improve their health outcomes.

In addition to definitions from experts, the NCA (National Communication Association) provides a definition that health communication is the science of communication related to experts and health education, including the interaction science of providing clients, as well as the diffusion of health information through public health campaigns. While the ICA (International Communication Association) explains that health communication is communication that is primarily involved with the role of communication theory, practice, and research in terms of health promotion and health care (Mulyana, 2018, p. 38).

5.5 Cronic Kidney Disease

Chronic renal failure or what is commonly called CKD (cronic kidney disease) is a fatal progressive kidney damage in which the body's ability to maintain metabolism and fluid and electrolyte balance, causing azotemia (urea retention and other nitrogenous waste in the blood). This disease is also known as end

stage renal disease (ESRD). Apart from the continuation of acute kidney failure, chronic kidney failure can be caused by several conditions such as: (1) systemic diseases, especially Diabetes Mellitus, hypertension, lepitopirosis; (2) chronic kidney infections (glomerulonephritis, pyelonephritis); (3) autonomal genetic makeup; (4) obstruction (disturbance) in the urinary tract; (5) drugs and nefrotoxic chemicals, and; (6) environmental factors, such as the presence of cadmium, mercury, and chrome exposure (Diyono & Mulyanti, 2019, pp. 43-44).

5.6 Health Belief Model Theory

If interpreted language and separately, this theory has three main words as concepts, namely health, beliefs, and models. The word health (health) refers to the perfect condition that is owned by a person, be it physically, mentally, or socially, and is not in a condition of having a disease or disability (WHO, 2017).

The word belief (belief) means to have a faith, so that belief can be translated as one's belief in something that can cause certain behaviors or actions (Putri, 2016, p. 11). Meanwhile, according to Hayden, belief (belief) is very closely related to culture which is one's perception of the right thing even though it is not a truth. From these two explanations, it is concluded that belief is a belief in something that is considered right or wrong that is influenced by culture so that from that belief will produce an action or behavior (2017, p. 67).

While the model is generally explained as a representation (representation) of an object, object, or ideas in a simplified form of conditions or natural phenomena. While the model that refers to the Health Belief Model is interpreted as a representation of an idea into a condition.

Basically, the Health Belief Model is a translation of the sociopsychological model. This model describes four variables that are the size and attitude of individuals towards health. The four variables include: (1) understanding vulnerability to disease, (2) overall understanding of disease, (3) the benefits of taking action in dealing with disease, and (4) readiness of individual actions against disease (Notoatmodjo, 2010, p. 113 -115).

In its application, this model is used as an effort to explain broadly how the failure of community participation in the prevention and early detection of a disease, is also used as the main framework in behavior related to human health. This model can also be said as a conceptual formulation to find out the perceptions of individuals whether they accept or not about their health, so to find out about individual perceptions, can be assessed from variables that include individual desires to avoid pain, their belief that there is an effort to avoid the disease.

5.7 Behaviour Change Theory

Basically, this theory considers several main theories about behavior and behavior change that can be a problem for the development of effective interventions in driving behavior, including theories and concepts from the mainstream of psychology, and branches of science related to health, pleasure, recreation, physical activity and training in psychology.

Prochaska and DiClemente explained that behavioral changes occur in five stages, including:

a. Pre-contemplation: at this stage, the individual has no desire to change his behavior in a predictable future.
b. Contemplation: in this stage, the individual begins to be aware that a problem has arisen and to consider several actions in a serious way to explain the problem. However, at this stage, the individual has not made a commitment to take the action.
c. Preparation: includes the desire to change and some behaviors that are usually minor and often experience limited success.
d. Action: In this stage, the individual actually changes his behavior, experience, or environment in order to get past his problems or to achieve his goals.
e. Maintenance: individuals who have reached this stage tend to try to prevent relapses and strengthen the results obtained at the previous stage of the action.

3. RESEARCH METHOD

This study uses descriptive qualitative methods, with retirees aged 50 years and older as research objects and case studies as research methods and purposive sampling as data analysis techniques. These methods and techniques were chosen to determine the type of family communication patterns used between husband or wife who are hemodialysis therapy patients with their partners when mentoring patients and implementing communication carried out both with family members and with doctors and nurses. In conducting its research, researchers used a combination of theories between health belief model theory and behavior change theory.

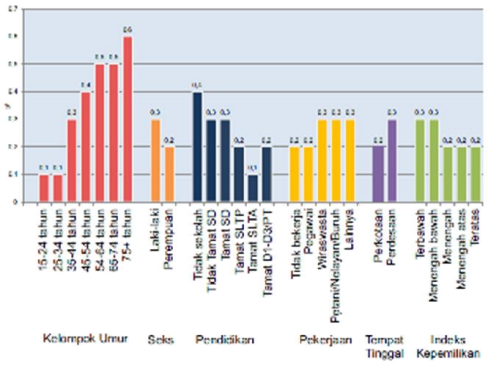
This study focuses on family interaction patterns communicated through husband or wife to their partners who are kidney failure patients undergoing hemodialysis therapy and health communication used by doctors and nurses to provide information and persuasion to patients related to hemodialysis therapy carried out by patients. In the process of research, researchers collect data by non-participatory observation and study of literature and inquiry.

4. DISCUSSION & RESULT

5.1 The Situation of Kidney Failure in Indonesia

Based on the results of research conducted by the Basic Health Research (Riskesdas) in 2013, there was an increase in prevalence with age, with a sharp increase in the age group of 35-44 years compared to the age group of 25-34 years. Prevalence in men (0.3%) is higher than women (0.2%), higher prevalence occurs in rural communities (0.3%), not going to school (0.4%), self employed, farmers / fishermen / laborers (0.3%), and the lowest and lower middle ownership index quintiles of 0.3% respectively. Whereas the province with the highest prevalence was Central Sulawesi at 0.5%, followed by Aceh, Gorontalo and North Sulawesi at 0.4% each.

Figure 1. Prevalence of Chronic Kidney Failure by Characteristics in Indonesia in 2013

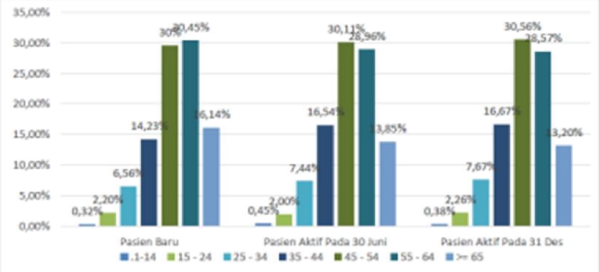


Source: Basic Health Research (Riset Kesehatan Dasar) 2013

Other data was also obtained from the Indonesian Renal Registry (IRR) in 2017. In its report, the number of new patients continues to increase from year to year in line with the increasing number of HD units, new patients are patients who first had dialysis in 2017 while active patients are all patients both new patients in 2017 and old patients from the previous year who are still undergoing routine HD therapy and are still alive until December 31, 2017. In 2017 active patients increased sharply this shows that more patients can undergo longer hemodialysis, apparently a factor JKN has a role in maintaining the continuity of this therapy (Indonesian Renal Registry, 2017, p. 8).

In the same report, referring to the age category of patients, the highest proportion of patients was still in the 45 to 64 years category. When seen in the table above patients aged less than 25 years contributed 2.64% to active patients, this shows that it is time to pay attention to the young age group to start paying attention to kidney health (Indonesian Renal Registry, 2017, p. 11).

Figure 2. Age Distribution Chart for Hemodialysis Patients in Percent of 2017



Source: 10th Report of Indonesian Renal Registry

This should be taken seriously, because until now chronic kidney failure is still incurable, so it still relies on treatment aimed at slowing the process of developing kidney failure, reducing complications, and controlling symptoms of the disease.

5.2 Hemodialysis Therapy as a Fluid Replacement Treatment for Kidney Failure Patients

As explained in the previous discussion point that there is no medical method that can treat kidney failure holistically (thoroughly). Therefore, if it is not taken seriously, it will be fatal for patients because they cannot remove metabolic waste products and excess fluid that accumulates in the body when they have entered the final stage of kidney failure (capacity is only 10% to 15% of normal kidney function) . In response to these conditions, it is necessary to replace fluid that is needed by the patient to survive. One form of treatment in question is a dialysis method which is medically better known as hemodialysis.

Practically, hemodialysis uses a dialiser (artificial kidney) to remove excess fluid, electrolytes, and metabolic waste products from the blood. Blood is drawn from the patient's body through access to blood vessels such as arteriovenous fistulas (connections are made between the arteries and veins in the lower arm) or a venous catheter is inserted into the main vein in the neck. Blood is circulated by a dialysis machine at a speed of around 200cc / minute, passing through an artificial kidney to filter metabolic waste products and excess fluid. Blood that has been "cleaned" is then returned to the patient's body. A patient may require 2 to 3 times hemodialysis treatment per week, and each treatment session will take 4 to 6 hours (Smart Patient, 2016).

5.3 Family Communication Patterns Between Patients with Hemodialysis Therapy and Companions and Its Situation in Implementing Hemodialysis Therapy

The form of family communication applied between one patient's family and another patient's family is not the same. In general, there are four models of family communication applied between therapeutic patients (husband / wife) and their companions. The four models are:

1. Equality Pattern, where each individual shares the same rights in communication opportunities. The role of each person is carried out equally. Communication runs honestly, openly, directly, and free from power sharing. All people have the same rights in the decision making process. Families get the highest satisfaction when there is equality.
2. Balance Split Pattern, which is a pattern of communication in which equality of relations is maintained, but in this pattern each person has a different area of authority than the others. Each person is seen as an expert in a different field. For example, in a normal / traditional family, a husband is trusted in business or political matters. The wife is trusted for matters of child care and cooking. But the division of roles based on gender is still flexible. Conflicts that occur in families are not seen as a threat because each individual has their own area and their own expertise.
3. Unbalance Split Pattern, is a communication pattern where one person dominates, one person is considered an expert more than another. One person is in control, this person usually has higher intellectual intelligence, wiser, or higher income. Other family members compensate by submitting to the person, allowing the dominating person to win their own arguments and decision making.

4. Monopoly Pattern, which is a communication pattern that is centered on one person who is seen as the holder of power. One person is more giving commands than communicating. He has the full right to make decisions so rarely or never ask or ask for opinions from others. The power of attorney instructs others what may and may not be done. Then other family members ask for permission, ask for opinions, and make decisions based on the decisions of that person (Saputra, 2014).

Looking at diverse communication patterns like this, of course there are also some verbal or nonverbal behaviors that are applied both by the patient and by the patient's family based on these patterns. The following is a general description of the patient's behavior in undergoing the process of hemodialysis therapy.

Table 1. Overview of Implementation of Patient Communication Patterns

Focus Point	***Informan***	***Implementation***
The Communication between Patient and Doctor	*Mr. Y*	*Patients tend to have an element of openness with the doctor, especially regarding information on the development of patient hemodialysis therapy. In addition, patients have a stable level of emotions, high patience and always have positive thoughts so that it is easy for doctors to provide advice and motivation to patients.*
	Mrs. H	*Patients tend to have an element of openness with the doctor, especially regarding information on the development of patient hemodialysis therapy. Have a slightly more emotional level so that it needs a little detailed communication to avoid miscommunication with the doctor /. Even so, patients have a sense of tolerance and patience that is good enough so that it is easy to reduce emotions and motivate patients regularly.*
	Mr. P	*The patient has an intermediate level of emotion so a gradual explanation of information is needed from the doctor. Patients are also proactive in carrying out therapy so they can still be able to do their daily routine.*
	Mr. W	*Have a high level of emotion and passive activities so that different communication approaches are needed and are carried out in stages in order to achieve an interpretation in accordance with patient expectations.*
The Companion's Attempt in Assisting the Patient	*Mr. Y*	*In providing assistance to patients, couples tend to be faithful to accompany patients. Couples also communicate proactively, both with patients, doctors, and with other patients' families.*
	Mrs. H	*Companion tends to actively accompany the patient when doing therapy. In addition, the companion also actively communicates routinely to remind and motivate patients and be selective in communicating to avoid conversations that can discourage the patient.*
	Mr. P	*Companion has a dominant role in providing assistance to patients. Almost all activities related to patient assistance and routine patient activities are carried out independently by the companion.*
	Mr. W	*In providing assistance to patients, the companion tends to communicate minimally. There are not*

		many activities that can be done by the companion when accompanying the patient.
The Companion's Skills in Assisting The Patient	*Mr. Y*	*The companion carries out a detailed scheduling to be adjusted to the patient's activities in the hospital. The companion also actively checks the patient's condition, especially when the patient feels uncomfortable after doing therapy.*
	Mrs. H	*The companion does leave to be able to focus on assisting the patient during the therapy period. Although communication between the companion and patient is fairly minimal, the companion is always there to meet the patient's needs especially if the patient feels unwell due to therapy or starts to think negatively.*
	Mr. P	*The companion is flexible in accompanying the patient. In addition, no obstacles were found between the chaperone and the patient.*
	Mr. W	*To be able to accompany the patient, the companion conducts a shift system with his assistants. In addition, although the interaction between the chaperone and the patient is fairly passive and minimal, the chaperone is proactive in seeking and broadening his horizons by talking with the doctor and other patients' families.*

5.4 Health Communication Strategies Performed by Doctors in Communicating the Process and Results of the Development of Patient Hemodialysis Therapy

As in other fields of science, communication is also an essential part of health services, especially in patient safety. Depending on how the health worker - be it a doctor or nurse - communicates with the patient, the results of that communication can threaten the patient's safety but can also prevent the patient from a health threat. In addition, communication for health services is often used as a basis to be able to provide certainty that patients get the best treatment process, explain the purpose of treatment and discuss the patient care process with other professionals involved.

Basically, establishing a relationship with a patient is very important. Doctors are always required to be friendly, polite, and show a desire to help patients by letting patients express what is the problem for patients. This is done so that the doctor is able to understand what medical obstacles are being experienced by the patient so that he is able to make an agreement with the patient regarding the treatment plan that will be given to the patient. In addition, it is important to ensure that the patient understands and agrees with the treatment plan and offers the opportunity to ask questions, confirm a repeat visit, and provide an emergency contact number if something unexpected happens before the consultation time ends. To increase understanding between doctors and patients, active involvement of the patient and the patient's family is needed in the therapy process by giving an informed consent process.

The consent process is a barometer used to determine the extent of patient involvement in the therapy process. Informed consent is not only limited to giving signatures by patients and their families, but also a process to provide opportunities for patients and their families to consider all the options and risks associated with patient treatment.

Viewed from the professional aspect, doctors are also encouraged to use evidence-based medicine, where information that contains the possibility and failure of a treatment or therapy must be conveyed to patients to help make decisions. Information that must be given to patients includes:

1. Diagnosis: includes the diagnostic procedure and results of the examination. If medical measures are taken to make a diagnosis, the diagnostic procedure must be explained.
2. The degree of certainty of diagnosis: Medical science is a science that has a high degree of uncertainty, with more symptoms appearing, the diagnosis can change or can be more certain.
3. Therapeutic risks: patients need to know the side effects of therapy, complications due to therapy or medical treatment, outcomes that may affect the mental health of patients, the background of the risk of therapy, the consequences if not done therapy. Patients also need to know the available therapeutic options, not just the type of therapy the doctor chooses. Patients also need to know the type of therapy chosen, the expected results, when therapy should be started, the duration of therapy and the costs involved.
4. Benefits of therapy and risks if no treatment is done: some of the treatment prognosis is poor, so the choice not to provide therapy will be better.
5. Estimated recovery time: the type of therapy or medical treatment chosen may affect the patient's life, such as work, the distance of the place of treatment from the patient's home if he must frequently control.
6. Name, position, qualifications, and experience of health workers who provide therapy and care: patients need to know whether the health personnel who will provide therapy or perform medical treatment are experienced enough. If not, supervision is needed from the senior and information about this supervision must also be given to the patient.
7. Availability and cost of care after discharge from the hospital: patients may still need treatment at home after discharge from the hospital. Then the information on the availability of health workers around his home and the estimated cost of treatment to recover must also be submitted.

5 CONCLUSIONS

Based on the results of the study found, the researchers draw the following conclusions:

1. In creating communication interactions between facilitators and patients in assisting, there are four communication patterns, namely equality communication patterns, balanced split communication patterns, unbalanced split communication patterns, and monopolistic communication patterns (monopoly).
2. In relation to the husband / wife's efforts in assisting patients, referring to the communication patterns of each informant, there are several methods pursued by each of the assistants. This variation in approach between assistants and patients arises because of several factors such as: a) division of tasks within the family, b) gender issues, and c) the ratio of the internal status ratio of each family member.
3. With regard to the special skills of the companion in accompanying the patient, the intensity of communication is a key factor in the application of verbal interactions, both internally (between the companion and patient) and externally (between the patient's family and the hospital including the doctor, nurse, OB, and the family of fellow HD therapy patients.

Referring to the conclusions that have been concluded previously, the authors provide some constructive suggestions as follows:

1. With regard to the many family communication patterns that are formed from each patient's family, it helps them try each type of each of the existing communication patterns so that they then compare and choose the best communication pattern to be applied in their respective families.
2. For each companion who wants to provide assistance to their partners, it should be noted that they must use consideration when and where they must communicate based on the portion of their duties in the family, how they communicate based on their gender, and for what communication is used if based on status position in the family. In addition, to be able to increase the intensity of communication, the selection of the right words needs to be considered so that the companion can create good quality communication in order to

maintain the hearts and minds of patients undergoing hemodialysis therapy.

3. For doctors, especially those who work directly in handling patient hemodialysis therapy, it is better to inform patients and their families of the process and results of routine therapy. This is needed in ensuring that patients feel prioritized so as to be able to bring up motivation for patients to recover.

REFERENCES

Bahfiarti, T. (2016). Komunikasi Keluarga (Suatu Pendekatan Berkelanjutan Regenerasi Anak Petani Kakao di Provinsi Sulawesi Selatan). Makassar: Kedai Buku Jenny.

Diyono, & Mulyanti, S. (2019). Keperawatan Medikal Bedah: Sistem Urologi. Yogyakarta: Andi Offset.

Gangar, A. (2009). Memetakan Komunikasi Kesehatan. Bandung: BP2Ki.

Harrington, N. G. (2015). Helath Communication: Theory, Method, and Application. New York: Routledge.

Hayden, J. A. (2017). Introduction To Health Behaviour Theory. Burlington: Jones and Bartlett.

Hurlock, E. B. (1997). Psikologi Perkembangan: Suatu Pendekatan Sepanjang Rentan Kehidupan. Jakarta: Erlangga.

Indonesian Renal Registry. (2017). 10th Report of Indonesian Renal Registry. Retrieved from indonesianrenalregistry.or: https://www.indonesianrenalregistry.org/data/IRR%202017%20.pdf

Junaedi, F., & Sukmono, F. G. (2018). Komunikasi Kesehatan - Sebuah engantar Komprehensif. Jakarta: Prenadamedia Group.

Liliweri, A. (2013). Dasar-Dasar Komunikasi Kesehatan. Yogyakarta: Pustaka Belajar.

Miller, B. F., Keane, C. B., & O'Toole, M. (2003). Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing, and Allied Health (7th ed.). Philadelphia: Saunders.

Moeloek, N. F. (2018). Air Bagi Kesehatan: Upaya Peningkatan Promotif Preventif Bagi Kesehatan Ginjal di Indonesia. Jakarta: Menteri Kesehatan RI.

Mulyana, D. (2018). Komunikasi Kesehatan: Pemikiran dan Penelitian. Bandung: Remaja Rosdakarya.

Nam, C. B. (2004). The Concept of Family: Demographic and Genealogical Perspective. Sociation Today, 2.

Notoatmodjo, S. (2010). Metodologi Penelitian Kesehatan Edisi Revisi. Jakarta: Bhineka Cipta.

Novita, M. (2019, March 13). Ini Penyebab Pasien Penyakit Ginjal di Indonesia Meningkat. Retrieved from Tempo: gaya.tempo.co/read/1184925/ini-penyebab-pasien-penyakit-ginjal-di-indonesia-meningkat/full&view=ok

Putri, D. (2016). Gambaran Health Belief Model Pada Penderita Kanker yang Memilih dan Menjalani Pengobatan Alternatif. Surabaya: UIN Sunan Ampel.

Rogers, E. M. (1996). The Field of Health Communication Today: An Up-To-Date Report. Journal of Health Communication, 15-16.

Saputra, H. (2014, May 14). Pola Komunikasi dalam Keluarga. Retrieved from https://lumalilaresearch.com: https://lumalilaresearch.com/2014/05/14/pola-komunikasi-dalam-keluarga/

Smart Patient. (2016). Gagal Ginjal Kronis. Retrieved from ha.org.hk: https://www21.ha.org.hk/smartpatient/EM/MediaLibraries/EM/EMMedia/Chronic-Renal-Failure-Indonesian.pdf?ext=.pdf

WHO. (2013). Family as Centre of Health Development - Report of A Regional Meeting. Bangkok: World Health Organization - Regional Office of South East.

WHO. (2017). Constitution. Retrieved June 20, 2019, from WHO: https://www.who.int/about/who-we-are/constitution