

The Effect of the Prophet Ayub Bibliotherapy on Self-Concept of Chronic Renal Failure Patients Undergoing Hemodialysis

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ABSTRACT

Intoduction: *Chronic renal failure is a clinical condition characterized by an irreversible decline in renal function requiring hemodialysis therapy or kidney transplantation. Routine hemodialysis therapy for CRF patients is at risk of negatively affecting self-concept. Bibliotherapy of the Prophet Ayub story to increase the patient's understanding of himself, broaden his cultural horizons, and provide various emotional experiences is expected to increase a more positive self-concept. Purpose:* This study aimed to determine the effect of bibliotherapy of the Prophet Ayub story on the self-concept of chronic kidney failure patients undergoing hemodialysis at PKU Muhammadiyah Hospital, Sragen. **Methods:** This study is quasi-experimental (Quasi-experimental) with a pre-test and post-test design. The subjects of this study were 46 patients with chronic kidney disease who underwent hemodialysis at PKU Muhammadiyah Sragen Hospital. Data analysis used Paired T-test with a confidence level of 95%. **Results:** Bibliotherapy of the Prophet Ayub story influenced the self-concept of chronic kidney failure patients undergoing hemodialysis at PKU Muhammadiyah Hospital, Sragen. **Conclusion:** There is a positive effect of bibliotherapy of the Prophet Ayub story on the self-concept of chronic kidney failure patients undergoing hemodialysis.

INTRODUCTION

Chronic kidney failure is a condition in which progressive kidney damage occurs, which is fatal and is characterized by uremia and other nitrogenous wastes circulating in the blood and complications if dialysis or kidney transplantation is not performed (Nursalam & Batticaca, 2011).

The World Health Organization (WHO) in 2016 stated that CKD patients undergoing hemodialysis are estimated to reach 1.5 million people worldwide. The incidence is estimated to increase by 8% every year. CKD is a chronic disease with the 20th highest mortality rate globally. Data from the Indonesia Renal Registry (2016) stated that in Indonesia, the number of CKD patients who register to the hemodialysis unit continues to increase by 10% every year. CKD prevalence is estimated at 400 per 1 million population, and the prevalence of CKD patients undergoing hemodialysis is 15,424. Until 2016, 15,424 Indonesians were dependent on hemodialysis. Riskesdas 2018 show that the prevalence of non-communicable diseases has increased compared to Riskesdas 2013, one of which is chronic kidney disease, which rose from 2% (499,800) to 3.8% (1,07,000). The case of chronic kidney failure, according to Riskesdas 2013 based on a doctor's

diagnosis in Central Java, ranks third, namely 0.3%.

Hemodialysis is an alternative to chronic kidney failure replacement therapy that functions to take body waste that should be removed but cannot be done because of damage to kidney function. Achieving good hemodialysis needs to be supported by several factors, including dialysis adequacy, nutrition, medication adherence, and no less important is family support. Hemodialysis patients experience physical and mental disorders such as anxiety, depression, or even psychosis. Patients with kidney failure also feel helpless, ashamed of their condition, unattractive, feeling less accepted, isolated, and hopeless. Other psychosocial problems are withdrawal, socialization disorders, role disorders, worries about relationships with partners, lifestyle changes, loss of enthusiasm due to restrictions, and feelings of isolation. Even young patients are concerned about their marriage, children, and burden on the family. In addition, the views of family and people around them about the limitations of life expectancy cause patients to have negative feelings (Brunner & Suddarth, 2014).

Based on the results of research by Tamba et al.(2016) regarding the self-concept of chronic kidney failure patients undergoing

hemodialysis at the Hemodialysis Polyclinic of the Ulin Regional General Hospital, Banjarmasin in 70 patients, 34 people (48.6%) had negative body image results, low self-esteem in 22 people (31.4%), and role dissatisfaction in 48 people (68.6%).

A negative self-concept in patients with chronic kidney failure will cause individuals to experience constant anxiety when facing a problem that they cannot accept properly. This situation will erode his self-esteem and cause severe emotional disappointment, withdraw himself and avoid interacting with others, do not have psychological defenses that can maintain his self-esteem, feel isolated, and unfortunate because of his condition, which can increase depression. A positive self-concept makes the patient accept his situation, give himself a proper appreciation, not easily give up and blame himself, be open with other people, both family, and social environment, remain optimistic, and less struggle to live life even though his body condition is weak. (Ritandiyono and Retnaningsih, 2007).

One therapy that is oriented towards counseling to increase positive feelings and positive self-concept is bibliotherapy. Bibliotherapy is psychotherapy support through reading materials to help someone experiencing personal problems or other

therapeutic purposes (Harvey, 2010). In this bibliotherapy, someone uses a book to find positive things that can be implemented. (Herlina, 2013).

According to Yusuf et al. (2016), the main goal of bibliotherapy is to help individuals have self-respect, find ways to develop themselves, and about things that cannot be changed more creatively.

A story in the Qur'an that can be used as a material for reflection and increase positive self-concept in dealing with chronic disease and its complications is the Prophet Ayub story. According to Yusuf et al. (2016). Prophet Ayub always thinks positively and returns to Allah with dhikr, gratitude, and patience in every situation, including a terrible illness ordeal for 18 years, so that humans are reluctant to approach him. Stoltz (2005) argues that Prophet Ayub can survive and continue struggling when faced with a life problem. This is an example of adaptive coping in dealing with disease problems and the complications of other life problems.

METHODS AND MATERIALS

This type of research is a quasi-experimental research with one group pre-test post-test design. This research data collection was carried out in July - August 2020 in the

Hemodialysis Room of PKU Muhammadiyah Hospital Sragen.

The population in this study were patients with chronic kidney failure who underwent hemodialysis at PKU Muhammadiyah Hospital, Sragen. Sampling in this study using the purposive sampling technique. The number of samples used as many as 46 respondents.

The data collection tools used in this study were a self-concept questionnaire (pre-test and post-test) made by Ma'rifah (2019), tested for validity and reliability, and the bibliotherapy booklet of the story of Nabi Ayub compiled by the author. The self-concept questionnaire contains 25 statement items with details of 5 statement items for each component of the self-concept, namely body image, self-ideal, self-esteem, self-role, and self-identity.

The data collection process begins with research explanations and an initial self-concept assessment. Then the patient reads the booklet of the story of the Prophet Ayub with a time of one week. At the next meeting, when the patient was undergoing hemodialysis therapy, a discussion was held to take lessons from the story of the Prophet Ayub and continued with the final self-concept assessment.

Analysis of the data used was univariate and bivariate analysis. The normality test of the data was carried out using the Kolmogorov-Smirnov test. The data were normally distributed, so the bivariate analysis used a paired T-test with a 95% confidence level and a significance level of p-value 0.01.

RESULT AND DISCUSSION

Bivariate Analysis

Table 1. Characteristics of Respondents

Variable	Categories	F	%
Gender	Male	30	65.2
	Female	16	34.8
Age	20 – 29	2	4.4
	30 – 39	3	6.5
	40 – 49	11	23.9
	50 – 59	23	50.0
	60 – 69	7	15.2

Variable	Categories	F	%
Education	Elementary School	6	13.1
	Junior High School	14	30.4
	Senior High School	21	45.7
	Bachelor	5	10.8
	Postgraduate	0	0
Income	< 1 million/month	24	52.2
	1 – 2 million/month	19	42.3
	2 – 3 million/month	2	4.3
	3 – 4 million/month	1	2.2
	4 – 5 million/month	0	0
Length of Illness	0 – 6 month	7	15.2
	7 – 11 month	3	6.5
	1 year	7	15.2
	2 year	13	28.3
	3 year	13	28.3
	4 year	3	6.5
Total Respondent		46	100

Characteristics of respondents based on gender in Table 1 show that men with chronic renal failure are more than two times more dominant than women, namely 30 patients (65.2%). This is in accordance with the results of a study conducted by Pranandari & Woro (2015), which stated that gender had a statistically significant relationship with the incidence of chronic kidney disease in hemodialysis patients (OR=2.033; $p < 0.05$; 95% CI=1.028- 4.023). This is also in line with Umri's research (2011) results at Dr. Pringadi Hospital Medan, which stated that the highest proportion of CKD sufferers was male (54.7%). The development of kidney disease

in women is slower due to diet, differences in kidney structure, the hemodynamic response to stress, and sex hormones. In his research, Silbiger and Neugarten (2010) stated that female sex hormones such as estradiol play a role in inhibiting the progression of kidney disease or as antioxidants that can protect the hemodynamic activity of the glomerulus. According to Smeltzer & Bare (2012), CKD is dominant in men. One of the causes is prostate enlargement causing obstruction and infection that can develop into kidney failure. According to Lestari (2017), men also have habits that can affect health, such as smoking, drinking coffee, and alcohol,

triggering systemic diseases that can decrease kidney function. The pattern of bad habits in men can increase the risk of chronic kidney disease. Men also tend to work harder and use supplement drinks. Riesenhuber (2006) reported that several psychostimulants (caffeine and amphetamines) had been shown to affect kidney function. Amphetamines can constrict the arteries to the kidneys, reducing the blood going to the kidneys. As a result, the kidneys will lack food and oxygen intake.

The most dominant characteristic of the age group of respondents with chronic kidney failure is the age above 50 years, which is 30 people (65.2%). This data shows that age is a risk factor for kidney failure. This is in accordance with Harahap (2016) research regarding risk factors for the incidence of early CKD, it is known that the age group of 46-55 years is more dominant, and also in the research of Pranandari and Supadmi (2015), which stated that clinically patients aged >60 years have a risk of 2.2 times greater to experienced chronic renal failure compared with patients aged <60 years. According to Santoso (2009), the aging process will make the elasticity of blood vessels decrease, and calcification occurs, increasing the tendency of high blood pressure. Hypertension is

the second most common cause of chronic kidney failure. In addition, according to Price and Wilson (2006), adult men over the age of 60 years are often found with prostate hypertrophy which obstructs the flow of urine that compresses the renal pelvis and ureter. Urethral strictures and neoplasms can also cause obstruction. Obstruction causes kidney infection and leads to kidney failure.

The education level of the most dominant respondents is Senior High School as many as 21 respondents (45.7 %). The level of education is one element that is often seen in relation to morbidity and mortality because it can affect various aspects of life, including health care. According to Syamsiah (2011), patient education increases patient compliance in understanding treatment instructions and the importance of care. Compliance with the education level of the respondent patients was found more in those with secondary education than those with low education. Notoatmodjo (2010) explains that education is needed to get information, for example, things that support health to improve the quality of life. Education can affect a person, including a person's behavior will be a pattern of life, especially in motivating. In general, the higher a person's education, the easier it

is to receive information. Formal education factors influence knowledge. Knowledge is very closely related to education, where it is hoped that the higher the education, the wider the knowledge will be.

The income or economy of the most dominant respondent has an income of less than Rp. 1 million/month as many as 24 respondents (52.2%). According to Norris and Nissenson (2008), low socioeconomic status is one of the determinants of chronic kidney failure. Low socioeconomic conditions reduce access to health services, so they do not realize chronic kidney failure occurred.

The longest duration of illness of the respondents was two years and three years. Furthermore, the number of patients whose duration of illness was < 6 months were seven patients. This is in accordance with Puspitasari and Pujiastuti's research (2018) with the title characteristics of grieving in patients undergoing hemodialysis in Yogyakarta Private Hospital Hemodialysis Units. It was found that more than half of the respondents took 1-6 months in the denial stage, namely 17 people (56, 67 %). These data indicate that it takes more time to adapt to the denial stage.

Table 2. Self-Concept of Respondents

Self Concept	Self Concept			
	Pre Biblio therapy		PostBiblio therapy	
	F	%	F	%
Positive	27	58.7	43	93.5
Negative	19	41.3	3	6.5
Total	46	100	46	100

Based on table 2, it was found that the respondents' negative self-concept before bibliotherapy therapy was quite a lot, namely 19 patients (41.3%). This is in line with Wakhid A and Kamsidi (2018), which found that chronic kidney failure patients undergoing hemodialysis at the Semarang District Hospital had a negative self-concept, namely 52 people (61.2%). The condition of patients with chronic kidney failure undergoing hemodialysis therapy can affect the way the patient views himself. According to Alfiyanti et al. (2014), the dependence on hemodialysis machines resulted in changes in the lives of CKD patients who undergo hemodialysis therapy. Changes that occur such as financial problems, difficulty in maintaining a job, diminished sex drive and impotence, depression due to chronic illness, feelings of disappointment and hopelessness, and suicide attempts. According to Smeltzer

& Bare (2013), planned lifestyle changes related to dialysis therapy and food and fluid intake restriction eliminate the patient's enthusiasm for life. This can cause psychological problems, namely depression, in patients with chronic kidney failure.

Table 2 shows an increase in positive self-concept after bibliotherapy from 27 (58.7%) to 43 (93.5%). This is in accordance with the explanation of Yusuf et al. (2016) that bibliotherapy functions to develop individual self-concepts.

Table 3. Overview of the Self-Concept Components of Respondents

Self Concept Categories		Pre Bibliotherapy		Post Bibliotherapy	
		F	%	F	%
Body Image	Positive	7	15.2	40	86.9
	Negative	39	84.8	6	13.1
Ideal Self	Positive	10	21.7	38	82.6
	Negative	36	79.3	8	17.4
Self Esteem	Positive	26	56.5	44	95.7
	Negative	20	43.5	2	4.3
Role Performance	Positive	35	76.1	37	80.4
	Negative	11	23.9	9	19.6
Self Identity	Positive	30	65.2	42	91.3
	Negative	16	34.8	4	8.7
Total		46	100	46	100

Based on table 3, data shows that the body image of respondents before bibliotherapy showed the most negative categories, namely 39 (84.8%). This is in accordance with Oktaviani (2019) research in the hemodialysis room at the PMI Hospital in Bogor. It showed that 35 people (48%) of respondents experienced body image negatively. Also, in accordance with the research of Tamba et al. (2016) at the Hemodialysis Polyclinic of the

Ulin Regional General Hospital Banjarmasin, the results obtained from 20 people showed negative body image was 14 people (70%). Disturbances in body image are caused by changes in a person's function or physical condition (Potter & Perry, 2010).

Based on table 3 above, each component of self-concept shows a significant increase in positive categories after bibliotherapy, especially in body image, self-ideal, self-

esteem, and self-identity. Positive body image of patients increased after giving bibliotherapy from 7 patients (15.2%) to 40 patients (86.9%). This is in accordance with the results of a study by Swastika, A.C, (2007) entitled the effect of giving bibliotherapy to reduce dissatisfaction with body image in adolescent girls. The results of this study indicate that bibliotherapy has a good enough significance to reduce dissatisfaction with body image. Positive self-esteem also increased from 26 patients (56.5%) to 44 patients (95.7%). Bibliotherapy of the Prophet's story teaches that pain is not a disgrace or punishment but a test of faith. Pain means eliminating sins for a Muslim according to the hadith, which

reads, "It does not happen to a believer that continuous pain, exhaustion, illness, and sadness, even to the point of distress troubled him, but his sins will be blotted out." (HR. Muslim no. 2573).

Meanwhile, role performance only increased slightly. This shows that bibliotherapy has not been able to increase the patient's role in people's lives because patient focuses on their health. This is supported by the theory of Potter and Perry (2010), namely that chronic diseases interfere with role performance. During the change from healthy to sick, pressure will cause role conflict, role ambiguity, role tension, and role overload, leading to role dissatisfaction.

Bivariate Analysis

Table 4. Paired T-Test The Effect of Bibliotherapy on Self-Concept

	Paired Different					T	Df	Sig. (2-tailed)
	Mean	Std. Dev	Std. Error mean	95% Confidence Interval of the Different				
				Lower	Upper			
Pair 1 Self Concept Pre – Self Concept Post	-19.41	11.346	1.673	-22.782	-16.044	-11.604	45	0.000

This research was conducted in four stages. The first stage is the introduction stage and pre-bibliotherapy self-concept assessment. In the second stage, the activity of reading and capturing the meaning of the bibliotherapy book of the story of the Prophet Ayub independently. In this booklet, the author writes the story of Prophet Ayub by emphasizing the attitude of Prophet Ayub who is patient, grateful, sincere and always worships and prays to Allah and adds arguments from the Qur'an and Al-Hadith which mention the virtues of gratitude, patience, asking forgiveness, praying and ways to practice positive feelings. Patients were allowed to read the booklet at home for one week. In the third stage, discussion activities are carried out regarding the readings previously read. The fourth stage is a post-bibliotherapy self-concept assessment.

Based on the results of the study in table 4, it was found that there was a significant increase in positive self-concept between before and after bibliotherapy from 27 (58.7%) patients to 43 patients (93.5%).

Based on the dependent T-test results in table 6 above, the value of $p = 0.000$ ($p < 0.01$) is obtained. These results indicate a significant difference in the patient's self-concept before bibliotherapy compared

to after bibliotherapy. It can be concluded that the bibliotherapy of the story of Nabi Ayub has a positive effect on improving the self-concept of CKD patients undergoing hemodialysis. This is in line with the research of Trihantoro et al. (2020) regarding the effect of bibliotherapy on students' self-concept, which shows the results of changing self-concept to be positive. This research is also in line with Maydiana & Siswanto (2012) that giving bibliotherapy treatment three times reduced the patient's anxiety. It will be even more effective if the patient continues the reading activities independently and can discuss with trusted people such as husband, children, or friends. It motivates the patient to slowly increase his self-confidence through the readings given during the treatment. Bibliotherapy therapy will also help patients regain their strength by comparing and balancing on a new experience, hoping to gain benefits by thinking and feeling (White, 2015).

Bibliotherapy intervention acts as a person's spiritual enhancer to provide positive emotions to reduce depression. Positive emotions affect the process of modulating the process of releasing endogenous opioids such as beta-endorphins by the central nervous system. The mechanism of modulation by

psychological aspects involves many parts of the brain. Some of the effects of the modulation of depression in patients include disturbance factors that can make the mood and feeling uncomfortable, mentioning that the risk factors for depression occur because of the emergence of a sense of loss (Patimah, 2015).

Yusuf et al. (2016) explain that the purpose of bibliotherapy is to develop a more positive self-concept and feeling in themselves, learn about the world, deal with stress, provide insight into a problem, affirm thoughts and feelings, stimulate discussion about the issue, create awareness that other people have the same problem, provide solutions to problems, communicate new values and attitudes, and find meaning in life. Bibliotherapy can help clients overcome and change their current problems when they read about others who have overcome problems like theirs.

The story of the Prophet Ayub provides an ideal example of a positive self-concept and a positive perspective on living conditions. In the story of the Prophet Ayyub, two different conditions are narrated. The first was the Prophet Ayyub as a rich man, and the second was the Prophet Ayyub being in a severe illness and for a very long time. In these two circumstances, it is said that the Prophet

Ayyub remained in a state of faith and piety to Allah. There were many temptations from the devil against him, his wife, and children in these two circumstances. The temptations and trials faced by the Prophet Ayyub were when he was rich and when he did not have wealth, even when he was sick. The trials and temptations of the Prophet Ayyub came from the devil and his wife, children, and brothers (M. Quraish Shihab, 2000).

Harmaini (2020) explained that Prophet Ayub always thought positively about the circumstances he faced. Positive thoughts come from belief; negative thoughts come from doubts; genuine fear is fear combined with hope because it is born of faith and hope in the God we believe in; while false fear is combined with despair because we fear God; some are afraid to lose Him, while others are afraid to seek it. Prophet Ayyub had faith and belief in the greatness of Allah. Prophet Ayyub continuously maintained positive thoughts in any circumstances by getting rid of negative things and continuously protecting themselves and their families from the devil's temptations and human talk about him. Prophet Ayyub seems to be well aware that this thought is a strength to keep him close to Allah. Elfiky (2015) explains that positive thinking is a source of strength and

freedom. It is said to be a source of strength because it can help someone think of a solution to become more proficient, trusting, and strong. Source of freedom because it can free a person from the confines of negative thoughts and their effects on the physical.

The researcher taught the respondents to mention the name of Allah in the prayers contained in the bibliotherapy, namely the prayer of the Prophet Ayub As. The power of prayer to Allah is not only mentioning Allah's name in the mouth and the mind but in the heart. However, considering Asma, Dzat, and the nature of Allah, which made Prophet Ayub surrender to life and death, so there will no longer be a sense of worry and fear of facing all trials from Allah. Respondents are recommended to surrender to health and illness from Allah. Getting used to remembering Allah with dhikr will cause feelings for oneself to be firm, calm, peaceful, and happy. This is also found in the word of Allah SWT in the Qur'an Surah Ar-Ra'd verse 28, which means: "Those who believe and their hearts become peaceful in the remembrance of Allah. Remember only Allah, this heart will be at peace."

Bibliotherapy is one of the interventions that can be used to reduce negative thoughts. According to Saputra (2019), bibliotherapy

provides a solution to psychological problems because books are a source of information easily obtained at low cost, time-saving interventions, and can be used in private, small groups, or large groups. The benefits of using bibliotherapy can regulate feedback from others about interpretation and behavior to improve communication.

CONCLUSION AND SUGGESTIONS

The bibliotherapy of the story of Nabi Ayub has a positive effect on the self-concept of chronic kidney failure patients undergoing hemodialysis at PKU Muhammadiyah Hospital, Sragen.

The suggestions for nurses in the Hemodialysis Room are to train themselves and use psychospiritual bibliotherapy of the story of the Prophet Ayub to improve a more positive self-concept in chronic kidney failure patients undergoing hemodialysis.

REFERENCES

- Alfiyanti, et.al.2014. *Pengaruh Relaksasi Otot Progresif Terhadap Tingkat Depresi Pada Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisis Di Unit Hemodialisis RS Telogorejo Semarang*. Karya Ilmiah Stikes Telogorejo.Vol.3

- Batticaca, F.B., & Nursalam. 2011. *Asuhan Keperawatan pada Pasien dengan Gangguan Sistem Perkemihan*. Jakarta: Salemba Medika.
- Brunner & Suddarth. 2014. *Keperawatan Medikal Bedah*. Edisi 8. Volume 2. Jakarta : EGC.
- Darmawan, 2012. *Penerapan biblioterapi di Rumah Sakit Dr. Ciptomangunkusumo*. E-Jurnal mahasiswa Universitas Padjadjaran Vol.1 no. Bandung : Universitas Padjadjaran.
- Elfiky, Ibrahim. 2015. *Terapi Berpikir Positif : Biarkan mukjizat dalam diri anda melesat agar hidup lebih sukses dan lebih bahagia*, Penerjemah: Khalifurrahman Fath & M. Taufik Daman. Jakarta : Zaman
- Harmaini 2020. *Pikiran positif Ala Nabi Ayub As*. Proyeksi: Jurnal Psikologi vol 15 no.1 (2020) hal 136-148
- Harahap, Solihuddin. 2016. *Faktor-Faktor Risiko Kejadian Gagal Ginjal Kronik (GGK) Di Ruang Hemodialisa (HD) RSUP H. Adam Malik Medan*. Diakses pada tanggal 15/01/2019.
- Harsono. 2011. *Buku Ajar Neurologi Klinis*. Edisi 5. Yogyakarta : Gadjah Mada University Press pp. 60-65.
- Harvey, Pam. 2010 *Bibliotherapy Use By Welfare Teams In Secondary Colleges*, Australian Journal of Teacher Education, Vol 35/No 5, hal 29-39
- Iskandar, J. 2011. *Stroke: waspadai ancamannya*. Yogyakarta : Andi.
- Jalaludin Rakmat. 2015. (ed 30). *Psikologi Komunikasi*. Bandung : Remaja Rosda Karya
- Keliat, B.A dan Akemat. 2012. *Model Praktik Keperawatan Profesional Jiwa*. Jakarta: EGC.
- Keliat B.A, 1999, *Gangguan Konsep Diri*, Edisi 1. Jakarta : EGC.
- Masril, 2011. “*Konseling Regulasi Diri Kesiapan Karir Siswa Melalui Strategi Bibliotherapy*,” (Makalah dalam Prosiding disampaikan pada Konvensi Nasional XVII Asosiasi Bimbingan Konseling Indonesia (ABKIN), Pekanbaru, 17-18 Desember, 2011. hal. 8
- Ma’rifah, T. 2019. *Hubungan Konsep Diri dengan Self Efficacy pada Pasien Gagal Ginjal kronik yang Menjalani Hemodialisa di RS PKU Muhammadiyah Gombong*. (Skripsi). Gombong. Stikes Muhammadiyah Gombong

- Maydiana, T & Siswanto. 2012. *Efektifitas Biblioterapi untuk mengurangi kecemasan pada pasien kanker payudara*. VITASPHERE Volume II Agustus 2012 hal 72-77.
- Muntholi'ah, 2002. *Konsep Diri Positif Penunjang Prestasi PAI*. Semarang: Gunungjati
- Norris dan Nissenon 2008. Race, Gender and socioeconomic Disparities in CKD in the United States. <http://jasn.asnjournals.org/content/19/7/1261>.
- Papalia, Old, dan Feldman. 2009. *Human Development, Perkembangan Manusia*. edisi10, Buku 2. Jakarta : Salemba Humanika
- Patimah, I.S, Suryani, & Aan,. N. 2015. *Pengaruh Relaksasi Dzikir terhadap Tingkat Kecemasan Pasien Gagal Ginjal Kronis yang Menjalani Hemodialisa*. Jurnal Keperawatan Padjadjaran 3.(1).
- Potter dan Perry. 2010. *Fundamental Of Nursing: Consep, Proses, and Practice*. Edisi 7. Vol. 3. Jakarta: EGC
- Pranandari dan Supadmi .2015. *Faktor Risiko Gagal Ginjal Kronik di Unit Hemodialisis RSUD Wates Kulon Progo*. Majalah Farmaseutik (*Pharmaceutic Journal*).Vol 11 no.2.
- Price dan Wilson.2006. *Patofisiologi Vol 2 ; Konsep Kllinis Proses-proses Penyakit*. Penerbit Buku Kedokteran. EGC. Jakarta
- Puspitasari, E.I dan Pujiastuti, T. 2018 *Karakteristik Berduka pada Pasien yang Menjalani Hemodialisis Di Salah Satu Unit Hemodialisa Rumah Sakit Swasta Yogyakarta*
- Rahman, A. 2013. Psikologi Sosial: Integrasi Pengetahuan Wahyu Dan. Pengetahuan Empirik. Jakarta: rajawali pers.
- Riesenhuber A, Boehm M, Posch M, Aufrich C. 2006. *Dierutic potential of energy drinks*. Amino Acids: 31(10):81-3.
- Riswandi. 2013. Psikologi Komunikasi. Yogyakarta: Graha Ilmu.
- Safaria, T dan Saputra, N.E. 2009. *Managemen Emosi*. Jakarta: PT Bumi Aksara. Situmorang
- Salbiah. 2003. *Konsep Diri*. Program Studi Ilmu Keperawatan Fakultas Kedokteran Universitas Sumatera Utara.
- Santoso (2009), 60 Menit Menuju Ginjal Sehat. Surabaya : Jaring Pena .
- Saputra, B. 2019. *Pengaruh Metode Biblioterapi Terhadap Perubahan Tingkat Depresi Dan Cemas. Pada*

- Pasien Kanker Payudara di RSUD Arifin Achmad Pekanbaru*. Tesis. Universitas Muhammadiyah Jakarta.
- Sarafino. 2011. *Health psychology biopsychosocial interactions, 7th edition*.
- Shihab, M.Q. 2000. *Tafsir Al-Misbah*. Jakarta: Lentera Hati
- Sousa, A. D. 2008. *Psychiatric Issues in Renal Failure and Dialysis*. *Indian J Nephrol* 18(2):47-50.
- Smeltzer, S.C. & Bare, B.G. 2013. *Buku Ajar Keperawatan Medikal Bedah*. Brunner & Suddarth, edisi 8. Jakarta : EGC
- Stuart, Gail W. 2007. *Buku Saku Keperawatan Kesehatan Jiwa*. Jakarta: EGC.
- Stuart, dan Sundeen. 2006. *Buku Saku Keperawatan Jiwa*. Edisi 5. Jakarta: EGC .
- Suliswati. 2005. *Konsep Dasar Keperawatan Jiwa*. Jakarta : EGC
- Syamsiah, N. 2011. *Faktor-Faktor yang Berhubungan dengan Kepatuhan Pasien CKD yang Menjalani Hemodialisa di RSPAU Dr Esnawan Antariksa Halim Perdana Kusuma Jakarta*. Tesis. Fakultas Ilmu Keperawatan, Universitas Indonesia
- Trihantoro, dkk. 2016. *Pengaruh biblioterapi untuk mengubah konsep diri siswa*. *Insight: jurnal bimbingan konseling* 5 (1). FKIP. UNJ.Jakarta. Juni 2016.
- Wakhid A dan Kamsidi (2018) *Gambaran tingkat depresi pasien Gagal Ginjal Kronik yang menjalani Hemodialisis*. *Jurnal Keperawatan Jiwa*. Vol 6 No.1.
- White, P. B 2015. *Bibliotherapy for bereaved sibling*, Diperoleh dari <http://siblingconnection.html>.
- Yusuf, dkk .2016. *Kebutuhan Spiritual: Konsep dan Aplikasi dalam Asuhan Keperawatan*. Jakarta : Mitra Wacana