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The Impact of Religious Coping on Quality of Life Among Hemodialysis Patients: A Cross-Sectional Study

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Safruddin[*1], Sumbara[2], Wini Resna Novianti[2], Junaidin[3], Santi Puspitasari[2], Rahmat Hidayat[1]
[1*]Faculty of Public Health, Universitas Muslim Indonesia, Makassar, Indonesia
[2]Faculty of Nursing, Bhakti Kencana University, Bandung, Indonesia
[3]Nursing Department, Stikes Amanah Makassar, Makassar, Indonesia

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Correspondence Author:
Safruddin,
Universitas Muslim Indonesia,
Urip Sumoharjo KM 5,
Makassar 90231
Email:
safruddin.safruddin@umi.ac.id

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Abstract

Background: Patients with End-Stage Renal Disease (ESRD) require routine hemodialysis. Long-term hemodialysis often leads to physical, psychological, and socioeconomic challenges that reduce quality of life. Religious and spiritual coping mechanisms represent important adaptive strategies for managing chronic illness and improving well-being. This study investigates the relationship between religious coping strategies and quality of life in patients with ESRD undergoing hemodialysis.

Methods: An analytic observational study with a cross-sectional design was conducted involving 80 patients receiving hemodialysis therapy. Participants were recruited through accidental sampling. Data were analyzed using descriptive statistics and Spearman correlation tests to assess the relationship between religious coping and quality of life across four domains: physical, psychological, social, and environmental.

Result: The results indicated that patients employing positive religious coping experienced significantly better quality of life across all domains ($p < 0.005$). Conversely, patients using negative religious coping demonstrated lower quality of life in these domains ($p < 0.005$).

Conclusion: These findings emphasize that religious coping functions as a psychosocial resource for patients undergoing hemodialysis. Incorporating coaching interventions grounded in religious coping into nursing care may enhance patients' quality of life with End-Stage Renal Disease (ESRD).

Keywords: Hemodialysis, Religious Coping, Quality of Life

BACKGROUND

The global burden of non-communicable diseases, including chronic kidney disease (CKD), is increasing and represents a significant public health concern worldwide. In 2021, the World Health Organization (WHO) reported CKD as one of the top ten leading causes of death globally. (1) The 2023 Indonesian Health Survey documented approximately 638,178 individuals living with CKD in Indonesia, with the highest prevalence in provinces such as South Sulawesi, where 21,459 cases were recorded. (2) These data align with the 2023 Indonesian Renal Registry (IRR), which reported over 130,930 patients undergoing hemodialysis therapy in Indonesia. (3) The rising prevalence of kidney failure underscores the urgent need to enhance public awareness and understanding of the disease. Increased awareness is anticipated to improve knowledge, confidence, and patient engagement in self-management, including adherence to and active participation in life-sustaining treatments such as hemodialysi. (4)

CKD constitutes a major global health challenge due to its increasing prevalence and high mortality rates. CKD involves progressive and irreversible loss of kidney function, potentially leading to End-Stage Renal Disease (ESRD). At this stage, renal function is severely compromised, necessitating renal replacement therapies such as transplantation or dialysis for patient survival. Hemodialysis is the most common treatment for ESRD, typically administered two to three times per week indefinitely. Although hemodialysis prolongs life, patients often experience significant lifestyle changes and dependence on medical devices and healthcare services, which may adversely affect their quality of life.

Patients undergoing long-term hemodialysis frequently encounter multiple physical, psychological, and social challenges, including fatigue, limitations in daily activities, anxiety, depression, and alterations in social and economic roles. These factors often contribute to a lower quality of life than in the general population. (7,8) Such challenges affect patients' daily routines and interactions with their environment, resulting in emotional distress and physical discomfort. (9,10) Consequently, enhancing quality of life has become a critical outcome measure in evaluating the management of patients with ESRD.

Recent approaches to chronic illness care have increasingly emphasized psychosocial and spiritual factors. Spirituality and religiosity facilitate coping with the stress associated with chronic diseases and support psychological well-being. Religious coping refers to the use of beliefs and practices to manage illness-related stress. Positive religious coping involves finding spiritual meaning and strengthening one's relationship with God, whereas negative religious coping encompasses feelings of punishment or abandonment by God.

Managing patients with ESRD presents challenges beyond dialysis therapy, as it necessitates substantial lifestyle modifications that can significantly impact social and psychological well-being. (11) Patients must adhere to treatment protocols and integrate these regimens into daily life to slow ESRD progression and maintain a stable, sustainable quality of life. (12) Studies have identified several factors influencing quality of life in chronic kidney disease patients undergoing hemodialysis, including participation in religious practices, intrinsic religious beliefs, use of religious coping strategies, and age. (13) Religiosity and spirituality constitute important dimensions of well-being and coping in illness management. A comprehensive understanding of patients' religious and spiritual beliefs is essential, as these factors may affect treatment adherence and recovery in individuals with chronic health conditions. (14) Consistent with prior research, physical, psychological, mental, and social factors significantly influence quality of life. Therefore, personal beliefs and levels of spiritual and religious commitment are critical variables in the overall conceptualization of quality of life. (15)

A literature review on dialysis patients found that spirituality and religiosity improve doctor–patient relationships, quality of life, and coping skills. Literature review of dialysis patients

demonstrated that spirituality and religiosity enhance doctor–patient relationships, quality of life, and coping skills. The review emphasized the importance of incorporating spirituality and religiosity into dialysis care. These factors influence quality of life and play a crucial role in coping with chronic illness, thereby contributing to improved outcomes. Evidence on how positive and negative religious coping affect the quality of life in hemodialysis patients. Some research shows religious coping relates to quality of life: positive coping links to better outcomes, while negative coping leads to more psychological distress and lower quality of life. Other studies find that religious resources can help reduce depression and improve life quality for hemodialysis patients. (16,17)

Most research explores general associations between spirituality and quality of life without differentiating between positive and negative religious coping across physical, psychological, social, and environmental domains. Furthermore, studies on the impact of religious coping among hemodialysis patients across diverse cultures and populations remain limited. Additional research is necessary to elucidate how these coping strategies enhance quality of life in patients with ESRD. This study aims to analyze the relationship between religious coping strategies and quality of life among patients with ESRD undergoing hemodialysis. The findings are expected to enhance understanding of religious coping as a mechanism for adaptation and quality-of-life improvement in this patient population.

METHODS

Study Design

The research design is a quantitative, cross-sectional, analytical survey. This research was conducted at Makassar Hospital. The research was carried out from September to October 2024.

Sample/Participants

The research population comprised patients with chronic kidney failure undergoing hemodialysis. Accidental sampling was employed, including all 80 patients receiving hemodialysis therapy. The inclusion criteria comprised patients with ESRD undergoing regular haemodialysis therapy, aged 18 years or older, capable of effective communication, and willing to provide informed consent. Exclusion criteria included patients with cognitive impairments or mental health conditions that hindered questionnaire completion, those with unstable clinical conditions during data collection, and patients who did not fully complete the questionnaire.

Instruments

Several standardized measures were used in the study. To determine eligibility positive religious coping were assessed using the Brief (Religious Coping Scale) RCOPE, with a reliability coefficient of 0.94. While religious coping was negative 0.81 (19). Meanwhile, quality of life is measured using the WHOQOL-BREF questionnaire, which consists of 26 questions and is scored 0-100 (20).

Data Collection

Data collection which took place from Hospital in Makassar city from september to october, 2024. The data collection team consisted of eighty patients. Before the interviews, respondents received an invitation letter instructing them to attend the research interview at the designated Hospital location nearest to their homes. The head Nursing collaborated with the researchers to schedule the interviews. During data collection, the research team conducted direct interviews using a structured questionnaire. The questionnaire package included an explanation of the interview procedure, an informed consent form, respondent identity details (name, date of birth, gender, address and etc).

Data Analysis

Data processing involves calculating a total score for each assessment component for each patient, then determining the mean. The data processing procedure entailed calculating the total score for each assessment component for each patient, then determining the mean value. The collected data were then subjected to a series of statistical tests to ascertain their distribution. The results of the normality test indicate that the data are not normally distributed; therefore, the Spearman Rank Correlation test is used. The present study utilises a rigorous investigative approach to ascertain the correlation between religious coping mechanisms and the quality of life experienced by patients suffering from chronic kidney failure who are undergoing haemodialysis therapy. The entire data analysis process was conducted using IBM SPSS Statistics version 29, with a significance level of $\alpha = 0.05$. However, this study did not specifically analyse confounding factors, such as patient age, duration of haemodialysis, and comorbidities. As these factors can affect the quality of life of haemodialysis patients, they should be considered in future studies to gain a more comprehensive understanding of the relationship between religious coping and patients' quality of life.

RESULT AND DISCUSSION

Demographic Characteristics

This research is about religious coping methods on the quality of life of chronic kidney failure patients undergoing hemodialysis therapy, with a total of 80 respondents suffering from chronic kidney failure undergoing hemodialysis therapy. The results of the research obtained from univariate and bivariate analyses, are as follows:

Table 1. Demographic Characteristics of Respondents (N = 80)

Variable	n	Mean	SD	Min-Mak	95% CI
Age	80	49.83	12.531	19-79	47.04-52.61
The Length of Hemodialysis	80	18.34	29.231	1-180	11.83-24.84

N: sample; SD:Standar Deviation; CI:Confidence Interval

In Table 1, the average age of hemodialysis patients is 49.83 years, with a standard deviation of ±12.531; the youngest patient is 19 years old, and the oldest is 79 years old. From the interval estimation results, it can be concluded that 95% of respondents estimate the average age to be between 47.04 and 52.61 years. Meanwhile, the average time on hemodialysis was 18.34 months, with a standard deviation of ±29.231. The shortest treatment duration was 1 month, and the longest was 180 months (15 years). From the interval estimation results, it can be concluded that 95% of respondents estimate the average duration of hemodialysis therapy to be between 11.83 and 24.84 months.

Table 2. Frequency distribution of respondents based on gender and comorbid diseases

Category	Frequency (n)=80	Percentage (%)=100%
Gender		
Male	35	43.8
Female	45	56.3
Comorbid Diseases		
Yes	73	91.3
No.	7	8.8

Based on table 2, it shows that the majority of respondents were female, 45 patients (56.3%). Meanwhile, 73 patients (91.3%) tended to experience comorbid diseases.

Table 3. Distribution of Religious Coping Methods With Quality Of Life In Chronic Kidney Failure Undergoing Hemodialysis Therapy

Variable	n	Mean	SD	Min-Max	95% CI
Positive Coping	80	22.15	3.304	16 - 28	21.41 - 22.89
Negative Coping	80	12.70	3.623	7 - 19	11.89 - 13.51
Physical Domain	80	58.83	14.673	25 - 81	55.56 - 62.09
Psychological Domain	80	59.09	15.422	25 - 94	55.66 – 62.52
Social Domain	80	65.91	15.860	25 - 94	62.38 – 69.44
Environmental Domain	80	62.21	14.048	31 - 94	59.09 – 65.34

SD: Standard Deviation; 95% C1: Confidence Interval

In Table 3, the average percentage of positive religious coping was 22.15% (± 3,304), ranging from 16% to 28%. From the interval estimation results, it could be concluded that 95% of respondents believed the coping score was between 21.41% and 22.89%. The percentage of patients with negative religious coping was 12.70 (± 3.623), with a lowest score of 7 and a highest score of 19. From the interval estimation results, it can be concluded that 95% of respondents believed the positive religious coping score was 11.89% to 13.51%. The average quality-of-life score in the physical domain is 58.83, with a range of ±14,674; the lowest score is 25, and the highest is 81. From the interval estimation results, it can be concluded that 95% of respondents believe the physical aspect quality-of-life score is between 55.56% and 62.09%.

The average quality-of-life score in the psychological domain is 59.09. patients with (up to ±15,422); the lowest score is 25, and the highest is 94. From the interval estimation results, it can be concluded that 95% believe the quality-of-life score for the psychological aspect is 55.66% to 62.52%. The average quality-of-life score in the social domain is 65.91, with a range of ±15,860; the lowest score is 25, and the highest is 94. From the interval estimation results, it can be concluded that 95% believe the quality-of-life score for the social aspect is 62.38% to 69.44%. Meanwhile, the average quality-of-life score in the environmental domain is 62.21, with a range of ±14,048; the lowest score is 31, and the highest is 94. From the interval estimation results, it can be concluded that 95% of respondents believe the environmental quality-of-life score is between 59.09% and 65.34%.

Table 4. The relationship between religious coping methods, self-efficacy and the quality of life of chronic kidney failure patients undergoing hemodialysis therapy

Variabel		Quality of life domain							
		Physical		Psychological		Social		Environment	
	n	r	*P*	r	*p*	r	*p*	r	*p*
Positive Religious Coping	80	0.285	0.010	0.363	0.001	0.248	0.027	0.278	0.012
Negative Religious Coping	80	-0.374	0.075	-0.247	0.027	-0.408	0.001	-.0311	0.001

P-Value: 0,005

Table 4 presents the relationship between positive religious coping and quality of life in haemodialysis patients. In the physical domain, the p-value is 0.010, and the Spearman correlation is r = 0.285, indicating a weak positive correlation. In the psychological domain, p = 0.001 and r = 0.363 also show a weak positive association. In the social domain, p = 0.027 and r = 0.248 suggest a weak positive correlation. Similarly, in the environmental domain, p = 0.012 with r = 0.278 indicates a weak

positive relationship. Overall, these results suggest that positive religious coping is significantly associated with quality of life in all domains, though the correlations are weak. Table 4 also shows the relationship between negative religious coping and quality of life in haemodialysis patients. In the physical domain, a p-value of 0.075 and r = -0.374 suggest a weak negative relationship that is not statistically significant. In the psychological domain, p = 0.027 and r = -0.247 reflect a weak negative correlation. In the social domain, p = 0.001 and r = -0.408 show a moderate negative relationship. In the environmental domain, p = 0.001 and r = -0.311 indicate a weak negative correlation. Overall, these findings suggest that higher negative religious coping is linked to lower quality of life, especially in psychological, social, and environmental domains.

DISCUSSION

The main finding of this research is a measurable correlation between religious coping methods and quality of life in physical, psychological, social, and environmental domains. Specifically, the data indicate that positive religious coping is weakly but positively correlated with quality of life, as shown by the Spearman correlation coefficient. These weak correlations may be affected by differences among respondents, such as their religiosity, spiritual experiences, and interpretation of illness. Additionally, the lack of analysis for confounding factors such as age, dialysis duration, and comorbidities may have weakened the observed relationships.

The data show that, on average, participants with high positive religious coping scores have a good quality of life across physical, psychological, social, and environmental domains. Conversely, patients with low scores for negative religious coping also exhibit good quality of life. This demonstrates an inverse relationship: higher negative religious coping is associated with lower quality of life.

The results of this study are in line with several previous studies on populations facing advanced disease, such as advanced cancer (21), in asthma patients (22), quality of life and depression (23), and end-stage renal disease. (24) The results of research on healthy adult patients show that the influence of a higher level of spiritual religiosity among healthy adult individuals is associated with a higher level of patient quality of life, thus indicating that spiritual religious coping can be an important strategy for dealing with bad environmental situations even among those who do not have chronic diseases, thereby improving individual well-being. (25) There are three approaches to coping with illness: facing the diagnosis, overcoming the crisis of illness, and adjusting to physical illness, as well as cognitive adaptation theory. (26)

Research conducted by Barberis confirms that coping strategies that focus on problems will improve quality of life, while those that focus on emotions will have a less favorable impact. (27) The results of other research reveal that patients with negative religious coping abilities are at risk of having a less-than-optimal quality of life. Including religious support in the care of hemodialysis patients may help improve the quality of life in this patient population. Further longitudinal studies are needed to determine whether this relationship is causal and the direction of its impact. (28)

Chronic kidney disease, undergoing hemodialysis therapy, not only destroys patients' physical well-being but also threatens their social, functional, and emotional well-being. This condition causes the patient to ask questions about himself and the meaning of his life, giving rise to a feeling of disconnection and an unstable relationship with God. This condition causes a poorer quality of life (29)

The spiritual realm refers to the search for meaning and answers to fundamental aspects of life through experiences with the sacred and transcendent, which can improve health conditions. Spirituality includes values, principles, beliefs, and inner strength and is universal, subjective, multidimensional, and transcendental, and is generally experienced individually (30-32).

Accordingly, religiosity and spirituality represent vital dimensions of well-being and essential avenues for overcoming illness. Gaining a deeper knowledge of religious and spiritual beliefs is crucial, as this may significantly influence the treatment and recovery of patients with chronic health conditions. (27)

CKD and its treatment can affect the biological, psychological, economic, and social dimensions of patients and their families, potentially disrupting their perceived quality of life. In fact, Chronic Kidney Disease patients tend to have a poorer quality of life. (33) Religious patients tend to use coping strategies to manage their problems and conflicts and have greater religiosity, which is intrinsically linked to a sense of satisfaction and well-being, resulting in better perceptions of life health quality. (16,34). Comfort and well-being linked by belief in spirituality, religion, and personal beliefs have a positive influence on the individual's way of life, as well as encouraging an increase in general health status. (35)

Taking into account the limitations of CKD and its treatment approach, the spiritual dimension can be considered as an additional resource that can potentially help overcome the disease.(36) Results from other studies indicate that providing spiritual services can be a positive and important strategy in the clinical care of CKD patients. This approach not only serves as an effort to prevent disease, but can also improve overall quality of life. (37)

CONCLUSION

The conclusion of this study was that there was a positive correlation between religious coping methods and the quality of life of kidney failure patients undergoing hemodialysis across physical, psychological, social, and environmental domains, with a weak correlation strength. Meanwhile, negative religious coping methods on the quality of life of kidney failure patients undergoing hemodialysis, covering physical, psychological, social, and environmental domains, show a negative correlation with weak to moderate correlation strength.

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AUTHOR'S CONTRIBUTION STATEMENT

S, S, WRN, J, SP, RH.: Conceptualization, Writing-Original Draft, Review & Editing. S, WRN, RH: Conceptualization,Methodology,Manuscriptreview. S, SP: Supervision. S: Formal analysis, Writing - Original draft, Manuscript review. S, S, WRN, J, SP, RH: Validation, Manuscript review.

CONFLICTS OF INTEREST

The authors declare no conflict of interest

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

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REFERENCES

1. World Health Organization. Global Health Estimates: Life expectancy and leading causes of death and disability. 2021. Retreived from: https://www.who.int/data/gho/data/themes/theme-details/GHO/mortality-and-global-health-estimates
2. Ministry of Health Indonesia. Survei Kesehatan Indonesia (SKI). 2023. Retreived from: https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/
3. Indonesian Renal Registry (IRR). 13 th Annual Report Of Indonesian Renal Registry 2020. Indonesian Renal Registry (IRR). Retreived from: https://www.indonesianrenalregistry.org/media/laporan%20IRR%202020.pdf
4. Johnson ML, Zimmerman L, Welch JL, Hertzog M, Pozehl B, Plumb T. Patient activation with knowledge, self-management and confidence in chronic kidney disease. J Ren Care. 2016 Mar 1;42(1):15–22. doi:10.1111/jorc.12142. PMID: 26537188.
5. Mousa I, Ataba R, Al-Ali K, Alkaiyat A, Zyoud SH. Dialysis-related factors affecting self-efficacy and quality of life in patients on haemodialysis: A cross-sectional study from Palestine. Ren Replace Ther. 2018 May 9;4(1). doi:10.1186/s41100-018-0162-y
6. Fradelos EC, Alikari V, Tsaras K, Papathanasiou I V., Tzavella F, Papagiannis D, et al. The Effect of Spirituality in Quality of Life of Hemodialysis Patients. J Relig Health. 2022 Jun 7;61(3):2029–40. doi:10.1007/s10943-020-01153-x. PMID:33411225
7. Kaplan Serin E, Ovayolu N, Ovayolu Ö. The Effect of Progressive Relaxation Exercises on Pain, Fatigue, and Quality of Life in Dialysis Patients. Holist Nurs Pract. 2020 Mar 1;34(2):121–8. doi:10.1097/HNP.0000000000000347. PMID: 31567304.
8. Santos PR, Capote Júnior JRFG, Cavalcante Filho JRM, Ferreira TP, dos Santos Filho JNG, da Silva Oliveira S. Religious coping methods predict depression and quality of life among end-stage renal disease patients undergoing hemodialysis: a cross-sectional study. BMC Nephrol. 2017 Dec 17;18(1):197. doi:10.1186/s12882-017-0619-1. PMID: 28623903
9. Allana G, Alves De Oliveira Oller S, De Cássia Helú R, Ribeiro M, Suellen D, Travagim A, et al. Functional independence in patients with chronic kidney disease being treated with haemodialysis 1 Pendeta Latino-Am. Enfermagem 20 (6) Des 2012. doi:10.1590/S0104-11692012000600004
10. Ramirez SP, Macêdo DS, Sales PMG, Figueiredo SM, Daher EF, Araújo SM, et al. The relationship between religious coping, psychological distress and quality of life in hemodialysis patients. J Psychosom Res. 2012 Feb;72(2):129–35. doi:10.1016/j.jpsychores.2011.11.012.PMID: 22281454
11. Tsay SL, Healstead M. Self-care self-efficacy, depression, and quality of life among patients receiving hemodialysis in Taiwan. International Journal of Nursing Studies. 2002; 39(3): 245-51. doi: 10.1016/s0020-7489(01)00030-x. PMID: 11864647
12. Lin CC, Wu CC, Anderson RM, Chang CS, Chang SC, Hwang SJ, et al. The chronic kidney disease self-efficacy (CKD-SE) instrument: Development and psychometric evaluation. Nephrology Dialysis Transplantation. 2012;27(10):3828–34. doi:10.1093/ndt/gfr788. PMID: 22344776.
13. Cruz JP, Colet PC, Alquwez N, Inocian EP, Al-Otaibi RS, Islam SMS. Influence of religiosity and spiritual coping on health-related quality of life in Saudi haemodialysis patients. Hemodialysis International. 2017 Jan 1;21(1):125–32. doi:10.1111/hdi.12441. PMID: 27329681.
14. Pilger C, Santos ROP Dos, Lentsck MH, Marques S, Kusumota L. Spiritual well-being and quality of life of older adults in hemodialysis. Rev Bras Enferm. 2017 Jul 1;70(4):689–96. doi:10.1590/0034-7167-2017-0006. PMID: 28793096.
15. Peres MFP, Kamei HH, Tobo PR, Lucchetti G. Mechanisms Behind Religiosity and Spirituality's Effect on Mental Health, Quality of Life and Well-Being. J Relig Health. 2018;57(5):1842–55. doi:10.1007/s10943-017-0400-6. : 28444608.

16. Lucchetti G, de Almeida LGC, Lucchetti ALG. Religiousness, mental health, and quality of life in Brazilian dialysis patients. Hemodialysis International. 2012 Jan;16(1):89–94. doi:10.1111/j.1542-4758.2011.00623.x. PMID: 22099479.
17. Panzini RG, Sicca N, Rocha DA, Bandeira DR, De MP, Fleck A. Qualidade de vida e espiritualidade Quality of life and spirituality. Rev. Psiq. Clín. 2017; 29(3): 263-82. doi: 10.1080/09540261.2017.1285553. PMID: 28587554
18. Taheri-Kharameh Z, Zamanian H, Montazeri A, Asgarian A, Esbiri R. Negative Religious Coping, Positive Religious Coping, and Quality of Life Among Hemodialysis Patients. Nephrourol Mon. 2016 Sep 20;8(6). doi:10.5812/numonthly.38009. PMID: 27896237
19. Pargament K, Feuille M, Burdzy D. The Brief RCOPE: Current psychometric status of a short measure of religious coping. Religions (Basel). 2011 Feb 22;2(1):51–76. doi:10.3390/rel2010051
20. World Health Organization. WHO Quality of Life-BREF (WHOQOL-BREF). 2014. Retreived from: https://www.google.com/search?client=safari&rls=en&q=World+Health+Organization.+WHO+Quality+of+Life-BREF+(WHOQOL-BREF).+2014.+Report.&ie=UTF-8&oe=UTF-8
21. Vallurupalli M, Lauderdale K, Balboni MJ, Phelps AC, Block SD, Ng AK, et al. The Role of Spirituality and Religious Coping in the Quality of Life of Patients With Advanced Cancer Receiving Palliative Radiation Therapy. Journal of Supportive Oncology. 2012 Mar;10(2):81–7. doi:10.1016/j.suponc.2011.09.003. PMID: 22088828.
22. Cotton S, Weekes JC, McGrady ME, Rosenthal SL, Yi MS, Pargament K, et al. Spirituality and religiosity in urban adolescents with Asthma. J Relig Health. 2012 Mar;51(1):118–31. doi:10.1007/s10943-010-9408-x. PMID: 20924680.
23. Santos PR, Capote JRFG, Cavalcante Filho JRM, Ferreira TP, Dos Santos Filho JNG, Da Silva Oliveira S. Religious coping methods predict depression and quality of life among end-stage renal disease patients undergoing hemodialysis: A cross-sectional study. BMC Nephrol. 2017;18(1). doi:10.1186/s12882-017-0619-1. PMID: 28623903.
24. Ramirez SP, Macêdo DS, Sales PMG, Figueiredo SM, Daher EF, Araújo SM, et al. The relationship between religious coping, psychological distress and quality of life in hemodialysis patients. J Psychosom Res. 2012 Feb;72(2):129–35. doi:10.1016/j.jpsychores.2011.11.012. PMID: 22281454.
25. Borges CC, dos Santos PR, Alves PM, Borges RCM, Lucchetti G, Barbosa MA, et al. Association between spirituality/religiousness and quality of life among healthy adults: a systematic review. Health and Quality of Life Outcomes. BioMed Central Ltd; 2021. doi:10.1186/s12955-021-01878-7. PMID: 34674713.
26. Carver CS. COPE Inventory : Measurement Instrument Database for the Social Science. 2013.
27. Barberis N, Cernaro V, Costa S, Montalto G, Lucisano S, Larcan R, et al. The relationship between coping, emotion regulation, and quality of life of patients on dialysis. Int J Psychiatry Med. 2017 Mar 1;52(2):111–23. doi:10.1177/0091217417720893. PMID: 28792286.
28. Sapeni MA., Soraya GA., Yuniyanti TA., Anwar I., Yunus S., Iwan I., & Bage VP. Analysis Of The Application Of Lavender Aromatherapy To Reduce Fatigue In Patients With Chronic Kidney Disease (CKD) Undergoing Hemodialysis: A Case Study. An Idea Health Journal.2025; 5(03): 306–309. doi.org/10.53690/ihj.v5i02.552
29. Syafirah NI., Kadang Y., MM., & Utami L. Family Support Relationship and Nurse Caring Behavior towards Compliance of Kidney Failure Patients Undergoing Hemodialysis. An Idea Health Journal.2022; 2(03): 124–129. https://doi.org/10.53690/ihj.v2i03.133

30. Lepherd L. Spirituality: Everyone has it, but what is it? Int J Nurs Pract. 2015 Oct 1;21(5):566–74. doi:10.1111/ijn.12285. PMID: 24666816.
31. Chuasuwan A, Pooripussarakul S, Thakkinstian A, Ingsathit A, Pattanaprateep O. Comparisons of quality of life between patients underwent peritoneal dialysis and hemodialysis: a systematic review and meta-analysis. Health Qual Life Outcomes. 2020 Jun 18;18(1):191. doi: 10.1186/s12955-020-01449-2. PMID: 32552800
32. Szaflarski M, Kudel I, Cotton S, Leonard AC, Tsevat J, Ritchey PN. Multidimensional Assessment of Spirituality/Religion in Patients with HIV: Conceptual Framework and Empirical Refinement. J Relig Health. 2012 Dec;51(4):1239–60. doi:10.1007/s10943-010-9433-9. PMID: 21136166.
33. Turkmen K, Yazici R, Solak Y, Guney I, Altintepe L, Yeksan M, et al. Health-related quality of life, sleep quality, and depression in peritoneal dialysis and hemodialysis patients. Hemodialysis International. 2012;16(2):198–206. doi:10.1111/j.1542-4758.2011.00648.x. PMID: 22136456.
34. Cruz JP, Colet PC, Qubeilat H, Al-Otaibi J, Coronel EI, Suminta RC. Religiosity and Health-Related Quality of Life: A Cross-Sectional Study on Filipino Christian Hemodialysis Patients. J Relig Health. 2016 Jun 1;55(3):895–908. doi:10.1007/s10943-015-0103-9. PMID: 26289995.
35. Rusa SG, Peripato GI, Pavarini SCI, Inouye K, Zazzetta MS, De Souza Orlandi F. Quality of life/spirituality, religion and personal beliefs of adult and elderly chronic kidney patients under hemodialysis1. Rev Lat Am Enfermagem. 2014;22(6):911–7. doi:10.1590/0104-1169.3595.2495. PMID: 25591085.
36. Davison SN, Jhangri GS. Existential and religious dimensions of spirituality and their relationship with health-related quality of life in chronic kidney disease. Clinical Journal of the American Society of Nephrology. 2010 Nov 1;5(11):1969–76. doi:10.2215/CJN.01890310.PMID: 20651152.
37. Chatrung C, Sorajjakool S, Amnatsatsue K. Wellness and Religious Coping Among Thai Individuals Living with Chronic Kidney Disease in Southern California. J Relig Health. 2015 Dec 29;54(6):2198–211. doi:10.1007/s10943-014-9958-4. PMID: 25300413.