

The Relationship Between the Quality of Hemodialysis Services and Family Support on the Quality of Life of Patients with Chronic Kidney Failure at Hermina Daan Mogot Hospital

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ABSTRACT

Chronic kidney disease is a global health problem that impacts the quality of life of patients, especially those undergoing long-term hemodialysis. This Therapy not only imposes physical burdens but also impacts the psychological, social, and environmental aspects of patients. Therefore, quality healthcare and family support are crucial to improving their quality of life. The purpose of this study was to analyze the relationship between hemodialysis service quality and family support with the quality of life of chronic kidney disease patients at Hermina Daan Mogot Hospital. This study employed a cross-sectional analytical method, involving 110 hemodialysis patients selected using a purposive sampling technique. Data were collected through a structured questionnaire that covered service quality, family support, and quality of life, based on the four WHOQOL-BREF domains (physical, psychological, social, and environmental). Data were then analyzed using correlation and multiple linear regression. The results showed that hemodialysis service quality had a significant positive relationship with patient quality of life ($p < 0.05$), as did family support ($p < 0.05$). Simultaneous analysis showed that both variables together contributed significantly to improving the quality of life. Conclusion: Improving service quality (technical aspects, facilities, and interactions) and family support (emotional, informational, and instrumental) are crucial. Recommendations include developing service standards, training in caring behavior for nurses, and family education programs to optimally improve the quality of life of chronic kidney disease patients.

Keywords: Quality of life of kidney failure patients, quality of service, family support

INTRODUCTION

Quality of Life of Chronic Kidney Failure Patients on the Physical Dimension; GGK patients often experience a decrease in physical quality of life due to symptoms of kidney disease, such as fatigue, pain, and limitations in daily activities. A study at Prof. Dr. R. D. Kandou Hospital revealed that the majority of hemodialysis (76.7%) and CAPD (100%) patients had a good physical quality of life, although some patients experienced significant physical impairments (Rohani et al., 2023). However, another study in North Aceh reported that approximately 39.4% of patients experienced poor physical quality of life, indicating variations in outcomes depending on the patient's condition and therapy management (Fitriani, 2022). Psychological Dimension: The psychological condition of GGK patients also plays a significant role in the quality of life. Many patients experience anxiety, depression, and stress due to chronic illness and the burden of Therapy. In some studies, most patients exhibited a relatively good psychological quality of life (Rohani et al., 2023), while others reported a poor quality of life, with up to 58.5% experiencing difficulties (Wijaya et al., 2019). Psychosocial

support and mental health interventions are urgently needed to improve this dimension.

Social Relations Dimension: Social relationships and family support play a crucial role in helping patients cope with the disease burden. Studies show that the majority of GGK patients have a good quality of life in terms of social relationships, with percentages above 90% in some studies (Rohani et al., 2023). However, some reports show moderate to poor social quality of life in some patients (Fitriani, 2022). **Environmental Dimensions:** The physical and social environment, including access to health services, safety, and living conditions, significantly impacts the quality of life for GGK patients. Most patients report a good environmental quality of life, although some still face obstacles (Rohani et al., 2023). Other studies have shown that environmental factors contribute significantly to patients' overall quality of life (Wijaya et al., 2019).

The quality of life of chronic kidney failure patients undergoing hemodialysis varied between good, moderate, and poor in each domain. Holistic treatment, including physical management, psychological support, strengthening social relationships, and environmental improvement, is essential to improving the patient's quality of life. The role of health workers, especially nurses, in providing education, motivational support, and appropriate interventions is the key to successful Therapy and improvement of the quality of life of GGK patients (Rohani et al., 2023; Fitriani, 2022; Wijaya et al., 2019). Quality of life is defined as an individual's perception of their functioning in the field of life. In sociology, quality of life is considered a subjective understanding of individual well-being in meeting needs. In economics, a good quality of life is the standard of a person's place of residence, and in the medical world, it is considered the ratio between health and pain, plus factors that affect a person's healthy lifestyle. According to the WHO, as cited in Theofilou (2013), quality of life is an individual's perception of their living conditions in relation to life values, cultural context, and their understanding of life goals and expectations. The concept of quality of life broadly encompasses how a person assesses and measures aspects of their life, including their emotional well-being in dealing with life's problems, disposition, sense of fulfillment and satisfaction in life, and satisfaction with work and personal relationships. More specifically, quality of life is an individual's assessment of their position in life, within the context of the culture and value system in which they live, in relation to their individual goals, expectations, standards, and concerns (Rasianti and Sitti, 2024). (Susniene & Jurkauskas, 2009)

According to the WHOQOL group Lopez and Sayder (2004) (in Sekarwiri, 2008), the quality of life consists of six dimensions, namely physical health, psychological well-being, level of independence, social relationships, relationship with the environment, and spiritual state. Then, WHOQOL was made again into a WHOQOL-BREF instrument where the domain was changed into four, namely (1) physical health, (2) psychological well-being, (3) social relationships, and (4) relationships with the environment. These four dimensions are then described as follows (Tiak et al, 2022). The level of perfection of a health service that can optimally meet the expectations and needs of service users, in accordance with professional standards and applicable codes of ethics. This service must be carried out efficiently, effectively, safely, and satisfactorily, taking into account legal, ethical, cultural, and limited existing resources. According to various experts, the quality of service is not

only measured by patient satisfaction, but also by the conformity of the service with medical standards, the results achieved (such as a reduction in mortality or illness), and the efficiency in the use of resources. Nevertheless, patient satisfaction remains an important indicator, although it is subjective and influenced by the individual's background (Dewi et al., 2022).

Determining the quality of health services is not easy because the standards and expectations of each party are different. For example: Patients prioritize satisfactory treatment results and polite service, Health workers assess quality in terms of facility completeness, professional freedom, and clinical outcomes, Funders (e.g., insurance) assess quality based on efficiency and cost-effectiveness, Health facility owners view quality in terms of operational sustainability and rates that are still affordable to the community (Hanafi et al, 2016).

Perspective on Health Service Quality from the perspective of patients/communities: Quality is seen from how services meet their needs humanely, quickly, politely, and can cure or prevent disease., From the health care provider's side: Focus on the adequacy of tools, standard procedures, and freedom to practice the profession based on the development of medical technology. Job satisfaction is also an important factor, from funders (e.g., insurance): Services are considered to be of high quality if they can cure patients quickly and efficiently, and reduce the need for treatment through prevention., From the owner of a healthcare service facility: Quality means generating income that covers operational costs while still providing affordable services to the community (Kim et al., 2021).

Definition of Family Support The word "family" comes from the Latin word, which means household. The concept of a family can be identified differently for each individual. For some, family is where they come from. Others assume that families are derived based on where they come from biologically. Others think that family is where they were raised, either by adoption or by other types of relationships. According to Johnson (1992), A family is a group of two or more people who are related by blood or not, who are involved in continuous life, who live under one roof, who have emotional ties and obligations between one person and another (Liyanage et al, 2015).

Family is very important, especially in providing support to other family members. Family support can help you or a volunteer who is ready to help and be involved in identifying the type of difficulties and what other family members are facing. The assistance is an intervention to avoid crises and problems in life and to help the recovery of other family members if they are involved in abuse. Family support is a form of providing support to other family members who are experiencing problems, namely providing maintenance, emotional support to achieve the welfare of family members, and meet psychosocial needs (Rasianti and Sitti, 2024). (Devaney, 2011)

METHOD

This study employed a cross-sectional analytical method with a sample of 110 hemodialysis patients selected using a *purposive sampling technique*. Data collected through a structured questionnaire that included variables of service quality, family support, and quality of life based on the four domains of WHOQOL-BREF (physical,

psychological, social, and environmental) were then analyzed using multiple linear regression and correlation tests.

RESULTS AND DISCUSSION

Table. Correlation Analysis Results

Variabel	p-value	Value r	Direction of Contact
Service Quality with Quality of Life	0,032	0,177	Positive flax
Family Support with Quality of Life	0,000	0.366	Positive flax

Source: Primary Data, 2025

Based on the results of the correlation analysis presented above, a significant relationship exists between the quality of hemodialysis services and the quality of life of patients with chronic kidney failure. This is indicated by a p-value of 0.032, which is smaller than $\alpha = 0.05$; therefore, it can be concluded that the relationship is statistically significant. The correlation coefficient (r-value) of 0.177 indicates a positive linear relationship, which means that the better the quality of hemodialysis services received by the patient, the patient's quality of life tends to improve. Although the correlation is relatively weak, these results show that the quality of service still plays an important role in improving the quality of life of patients.

Furthermore, the results of the analysis also showed a stronger and significant relationship between family support and the quality of life of chronic kidney failure patients. With a very significant p-value of 0.000 and a correlation coefficient value of 0.366, it can be said that there is a moderate positive linear relationship between family support and the patient's quality of life. This means that the higher the level of support provided by the family, the better the patient's quality of life. This underscores the vital role of family social support as a key supporting factor in improving the welfare of kidney failure patients undergoing hemodialysis.

Overall, the two variables, namely the quality of hemodialysis services and family support, had a positive relationship with the quality of life of patients with chronic kidney failure. However, family support shows a more substantial contribution. These findings recommend that efforts to improve patients' quality of life should not only be focused on improving the quality of clinical services, but also on strengthening the role of the family as an essential source of social support.

Discussion

1. The Relationship between the Quality of Hemodialysis Services and Quality of Life

Based on the analysis test carried out, the results in the multivariate regression analysis section showed that the quality of hemodialysis services did not have a significant influence on the quality of life of patients. This is different from bivariate analysis, which shows a relationship. This incompatibility can be caused by the fact that the role of family support has proven to be a more dominant factor. These findings are consistent with the research of Setyowati et al. (2021), which found that service quality that includes aspects of speed, accuracy, comfort, and effective communication has a direct impact on patient satisfaction and psychological well-being. Aspects such as nurse-friendly attitude, technical skills when installing venous access, availability of clear information, and the comfort of the hemodialysis room greatly influence patients' perception of their treatment experience. However, the

correlation currently only indicates that the quality of service is not the only significant determinant of quality of life. Azizah et al. (2020) emphasized that external factors such as clinical conditions (anemia, hypertension, comorbid diabetes), financial burden, psychological stress, and mobility limitations also significantly affect quality of life. In other words, even if hospital facilities and services are optimal, patients with low economic conditions or severe comorbidities may still experience a decline in quality of life due to ongoing social and physical stress. It also shows the need for a holistic approach in hemodialysis services, where the medical aspect does not stand alone, but must be integrated with the social, psychological, and economic aspects of the patient.

Research by Halim et al. (2021) also supports these findings, where they found that good quality of healthcare is associated with increased patient satisfaction, but does not fully guarantee a better quality of life if patients experience social or economic problems. In contrast, Wang et al. (2022) show that in countries with better health systems, the relationship between quality of care and quality of life is stronger, suggesting that the context of the health system can influence these outcomes. On the other hand, Sari et al. (2020) found that although the quality of service has an effect, psychological factors such as social support and coping mechanisms of patients play a greater role in determining quality of life. This study shows that patients who have a good coping strategy can address their health problems more effectively, regardless of the quality of service they receive. This finding aligns with the results of Rizki et al. (2021), who stated that emotional support from family and friends can mitigate the adverse effects of poor health conditions.

However, not all studies agree with these findings. Prasetyo et al. (2023) show that in some hospitals, despite high-quality service, patients still report a low quality of life due to factors such as social stigma and lack of understanding of the disease. This research emphasizes the importance of health education for patients to improve their understanding of their condition and how to manage it. These findings are consistent with research by Setyowati et al. (2021), which found that the quality of service, encompassing aspects such as speed, accuracy, comfort, and effective communication, has a direct impact on patient satisfaction and psychological well-being. Aspects such as nurse-friendly attitude, technical skills when installing venous access, availability of clear information, and the comfort of the hemodialysis room greatly influence patients' perception of their treatment experience.

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no significant influence of service quality on quality of life are important findings and open up new insights in understanding the determinants of well-being of CKD patients. The difference in results between bivariate and multivariate analyses indicates that although the quality of service has a role, the family support factor turns out to be more dominant in determining the quality of life of patients. This is in line with the literature that confirms that social and psychological aspects, especially emotional and instrumental support from the family, have a more substantial impact than just the technical aspects of medical services.

In my assumption, that the quality of service, which includes speed, accuracy, comfort, and effective communication, does contribute to patient satisfaction and psychological well-being, but it is not enough to address the complexity of the problems faced by GSK patients, especially those related to severe clinical conditions, financial burden, and psychological stress. Therefore, a holistic approach to service is needed, where the medical aspect must be integrated with social, psychological, and economic support in order to improve the overall quality of life. The findings also underscore the importance of social and cultural contexts in healthcare, where family support and patient coping mechanisms are key factors that cannot be overlooked.

In addition, I assess that differences in the context of health systems between countries also affect the relationship between the quality of services and the quality of life, as shown by international studies.

In the context of Indonesia, where the social security system and health services are still developing, external factors such as social stigma, patient understanding of disease, and economic access are significant barriers. Therefore, comprehensive health education and patient and family empowerment are important parts of the interventions that must be developed. Overall, from my point of view as a researcher, these results confirm that improving the quality of medical services must be accompanied by strengthening social and psychological support, as well as attention to the economic factors of patients. A multidimensional and family-based approach is key in efforts to improve the quality of life of GSK patients undergoing hemodialysis, so future interventions need to be designed holistically and contextually according to the needs and real conditions of the patient.

2. The Relationship of Family Support to Quality of Life

The relationship between family support and quality of life showed a strong positive correlation with a value of $r = 0.634$ ($p = 0.000$). These results confirm that family support is a very dominant factor in maintaining or improving the quality of life of GSK patients. These results indicate that for patients with chronic kidney failure at Hermina Daan Mogot Hospital, the quality of support received from family and social environment has a much greater impact on their quality of life than the technical aspects of the service. This may happen because the patient is satisfied with the existing service standards, so psychosocial factors such as emotional support are the main determinants. Good family support—whether in the form of emotional support (attention, encouragement, empathy), instrumental support (transportation assistance, hemodialysis assistance, financial assistance), and informational support (understanding of diet, medications, and complications)—has been shown to increase patient adherence to Therapy, strengthen motivation, and reduce symptoms of depression and anxiety. This finding is very much in line with the research of

Handayani et al. (2022), which stated that family support is the strongest predictor of quality of life of GGK patients in three referral hospitals in Java. In the study, patients who felt fully supported by their families had a 20–30% higher quality of life score than those who did not feel supported. Research by Rahmawati & Susilo (2021) also found that patients with strong family support scored higher in all domains of WHOQOL-BREF: physical, psychological, social, and environmental. In the context of Indonesian culture, which is family-based, the role of the family is not only limited to physical assistance, but also includes spiritual and moral meaning, which provides mental resilience for patients to face chronic illnesses.

However, not all research supports this view. Kusuma et al. (2023) point out that in some cases, family support can be a burden, especially if family members do not understand the patient's health condition or have their own emotional issues. This study highlights the importance of education for the patient's family to ensure that the support provided is constructive and does not add to the psychological burden of the patient. Furthermore, Zainal et al. (2022) found that excessive family support can lead to dependence, where patients become less independent in managing their health. This suggests that while family support is important, the balance between patient support and independence also needs to be considered. Research by Fitria et al. (2021) emphasizes that family support must be accompanied by effective communication to improve the quality of life of patients. Good communication between patients and families can help reduce anxiety and improve adherence to treatment.

Overall, family support serves as a buffer against the chronic stress caused by hemodialysis, and is an important foundation in the long-term management of GGK patients. However, it is important to remember that this support should be provided in a way that supports the patient's independence and does not add to the emotional burden.

More research is needed to explore the best ways to provide effective and balanced family support for patients with chronic illnesses. These findings are very much in line with the research of Handayani et al. (2022), which states that family support is the strongest predictor of quality of life for GGK patients in three referral hospitals in Java. In the study, patients who felt fully supported by their families had a 20–30% higher quality of life score than those who did not feel supported. The study by Rahmawati & Susilo (2021) also found that patients with strong family support scored higher in all domains of WHOQOL-BREF: physical, psychological, social, and environmental. In the context of Indonesian culture, which is family-based, the role of the family is not only limited to physical assistance, but also includes spiritual and moral meaning, which provides mental resilience for patients to face chronic illnesses.

Family support has an important role in improving the quality of life of chronic kidney failure patients. Forms of emotional support, such as providing encouragement, empathy, and acceptance, help patients reduce psychological stress, foster motivation, and increase resilience to chronic illnesses. Informational support in the form of imparting knowledge and understanding about disease management, Therapy, and a healthy lifestyle, makes patients more able to adapt and make decisions related to their self-care. Meanwhile, instrumental support, such as financial assistance, dialysis schedules, or the provision of daily necessities, eases the burden on patients so that they can more consistently undergo treatment. The combination of

these three forms of support has been proven to be able to improve the physical, psychological, social, and patient adherence to the therapy regimen, which ultimately contributes significantly to improving the quality of life. These findings are in line with previous research that showed that patients with good family support had lower levels of anxiety, higher adherence, and a positive perception of their health compared to patients with minimal family support.

Therefore, it can be concluded that family support serves as a buffer against the chronic stress caused by hemodialysis, and is an important foundation in the long-term management of GSK patients. Research at Hermina Daan Mogot Hospital shows that family support has a significant relationship with the quality of life of chronic kidney failure patients undergoing hemodialysis. Patients who received family support in the good category tended to have a higher quality of life compared to patients who received low support. These findings underscore that the family is not just a social unit, but an integral part of the care system of patients with chronic diseases. Family presence serves as a protective factor against the various stresses, both physical and psychological, that the patient experiences during the long-term therapy process.

Family support in this study appears in both tangible and symbolic forms. The presence of family members in accompanying patients to the hospital consistently has been proven to help maintain the regularity of the hemodialysis schedule. The family's efforts in providing additional costs beyond BPJS's guarantee also contribute significantly to the sustainability of care, especially since kidney failure patients require supportive medications and dietary patterns that are not always covered by insurance. In addition, patients who receive strict supervision from their families regarding their diet are better able to maintain the stability of the body's electrolytes. Emotional support is also very decisive, because patients who receive encouragement from their families are more resistant to the tiredness, anxiety, and despair that often arise. The forms of family support recorded in this study can be summarized as follows, first with routine assistance to the hospital to undergo hemodialysis—second, financial assistance in covering needs outside of BPJS guarantees. Third, Monitoring diet patterns and daily fluid intake. And lastly fourth, emotional support through enthusiasm, acceptance, and positive communication. These four forms of support have direct implications for patients' quality of life. Patients who are always accompanied by their families are less likely to miss a dialysis schedule, which means they reduce the risk of toxin accumulation in the body. Patients with stable financial support find it easier to meet additional needs such as special foods low in potassium or supportive medications. Patients whose diet is monitored tend to be more avoidable to complications of hyperkalemia and hypertension due to excess fluids. Meanwhile, emotional support maintains the psychological stability of patients so that they are better able to adapt to chronic conditions that they live with throughout life.

The results at Hermina Daan Mogot Hospital are consistent with research at Sekarwangi Hospital (2024), which found that 85.6% of patients with good family support have a high quality of life. Research at Ahmad Yani Metro Hospital (2023) also showed a positive association with moderate correlation strength ($r=0.393$; $p=0.001$), which shows that family support still plays an important role even though it is not the only factor. However, different results appeared at MH Thamrin Cileungsi Hospital (2023), which did not find a significant relationship between family support

and patient quality of life. These differences may be influenced by variations in socioeconomic conditions, family perceptions of diseases, and hospital service standards. Thus, family support is not a universal factor that works together in all contexts, but rather is highly dependent on the internal conditions of the family and the care system in health facilities. Theoretically, the findings can be explained through House and Kahn's social support theory, which divides support into four categories: emotional, instrumental, informational, and judgmental.

Research at Hermina Daan Mogot Hospital shows that these four forms of support are real, although the most significant dominance is seen in instrumental and emotional support. This is natural considering that patients with chronic kidney failure have limited physical mobility, as well as a high psychological burden due to having to undergo dialysis for life. This theory asserts that the more complete the form of support provided, the more likely the patient is to have a better quality of life. If viewed from the framework of the Donabedian model of health service quality, family support can be included in the *Process*, which is the interaction between patients, families, and health workers that has a direct impact on the *Outcome* quality of life. This means that hospitals that are able to integrate families into the treatment process will obtain better clinical and psychosocial outcomes for patients. Family support is an external factor, also part of the service system, that affects the effectiveness of Therapy.

The findings at Hermina Daan Mogot Hospital show the need for a more systematic implementation program to involve families. So far, family support has arisen naturally from the awareness of each family member. However, without the facilitation of hospitals, such support is not always consistent and undirected. Therefore, a special program is needed that places the family as a partner in the treatment of hemodialysis patients. Family support for hemodialysis patients at Hermina Daan Mogot Hospital needs to be formalized in the clinical service pathway so that it is integrated with the daily practice of health workers. The primary focus is to maintain the quality of life of patients without increasing the workload of nurses and doctors. The initial assessment allows the hospital to know the extent of the family's readiness to accompany the patient, both emotionally, financially, and informationally. This data can be used to map out which families need additional support.

Thematic educational programs can then be explicitly designed, such as topics on renal diet management at home, strategies for coping with post-dialysis fatigue, and supportive communication techniques between families and patients. This education should be carried out in small groups so that it is more interactive and can adjust to real problems experienced by families. Optimizing the role of the family can be done through increased emotional support (providing motivation and empathy), informational support (education related to diet, Therapy, and complication detection), and instrumental support (financial assistance, setting dialysis schedules, and meeting daily needs). These three forms of support help patients more consistently undergo Therapy and maintain their quality of life. The hospital's strategy in implementing the results of this study includes the provision of integrated education programs for families, psychosocial counseling services, improving the competence of health workers in family-centered care, and the preparation of SOPs that involve families in the treatment process. This approach is expected to be able to improve the quality of life of chronic kidney failure patients in a sustainable manner.

Assistance needs to be facilitated through the establishment of a family support group for hemodialysis patients. This group can be facilitated by the coordinator nurse of the HD unit, with regular meetings once a month. In addition, communication can be strengthened through digital platforms such as WhatsApp or Telegram that allow families to ask questions or report the patient's condition quickly outside of the schedule. Program evaluation is an important stage to assess the extent to which family involvement impacts a patient's quality of life. The WHOQOL-BREF instrument can be used periodically to measure changes in physical, psychological, social, and environmental dimensions. The results of the evaluation are then presented to the family as a form of feedback, so they can see tangible evidence that their involvement made a significant difference to the patient's life. The results of the univariate analysis of family support have been elaborated per question item, and these findings can be linked to other factors, such as economic status. For example, most respondents have an income below the UMR, while when asked about family support in helping with expenses outside of BPJS, many respondents reported low support. This shows a relationship between family economic limitations and low instrumental support provided to patients. This condition is in line with the theory that socioeconomic factors affect the ability of families to provide financial support and other resources needed by patients.

The experience of international research also supports the importance of family-based programs. Theofilou et al. (2022) found that structured family involvement lowered depressive symptoms and improved dietary adherence of hemodialysis patients in Greece. Research by Griva et al. (2021) in Singapore emphasized that patients who received family support consistently had higher quality of life scores, especially in the psychological aspect. The overall discussion suggests that family support is a key variable that cannot be ignored in the management of chronic kidney failure patients. The results of the research at Hermina Daan Mogot Hospital show consistency with most of the national literature and As the researcher who conducted this study, I assume that family support is the primary and most dominant factor in determining the quality of life of chronic kidney failure (CKD) patients undergoing hemodialysis at Hermina Daan Mogot Hospital.

The strong positive relationship between family support and patient quality of life shows that psychosocial aspects, especially emotional, instrumental, and informational support from the family, have a much more significant impact than the technical aspects of medical services. I argue that in the context of Indonesian culture that emphasizes family values, the role of the family is not only as a physical companion, but also as a source of mental and spiritual resilience that is very important for patients in the face of chronic disease pressure. However, I also assume that family support should be provided in a balanced and constructive manner so as not to create additional dependency or emotional burden for patients. Therefore, interventions that involve education and effective communication between patients and families are essential to improve the overall quality of life. This conclusion confirms the need for a holistic approach that integrates family support as a key foundation in the long-term management of CKD patients, while also opening up opportunities for advanced research to develop effective and sustainable family support strategies.

CONCLUSION

Based on the results of research conducted at Hermina Daan Mogot Hospital, it can be concluded that the quality of hemodialysis services and family support has a significant relationship with the quality of life of chronic kidney failure (CKD) patients undergoing routine hemodialysis. Characteristics of respondents: the majority of patients were aged 41–89 years, predominantly female, most were married, and more than half had an income below the Regional Minimum Wage (UMR) and were not working. This illustrates that GJK patients at Hermina Daan Mogot Hospital are mainly from the elderly age group with significant economic challenges. Quality of hemodialysis services: the quality of service was in the good category, and was proven to be significantly positively related to the quality of life of patients ($r = 0.366$; $p < 0.05$). The better the quality of service provided, the higher the quality of life of the patient. Aspects of punctuality, attitude of healthcare workers, comfort of facilities, and effective communication contribute to a positive patient experience. Family support: the patient's family support was in the good category, with a significant contribution to quality of life ($r = 0.634$; $p < 0.05$). Emotional, instrumental, and informational support has been shown to increase patients' motivation to undergo Therapy, as well as reduce symptoms of depression and anxiety. Simultaneous relationship: the quality of hemodialysis services and family support together play an important role in improving the quality of life of GJK patients undergoing routine hemodialysis at Hermina Daan Mogot Hospital. Overall, this study emphasizes that efforts to improve the quality of life of GJK patients require a holistic approach that includes improving the quality of hemodialysis services as well as strengthening family support.

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