

## **EMOTIONAL SUPPORT AND FAMILY STRATEGIES FOR PATIENTS WITH CHRONIC KIDNEY DISEASE UNDERGOING HEMODIALYSIS**

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### **ABSTRAK**

Chronic Kidney Disease (CKD) is a progressive medical condition that imposes significant physical, psychological, and social burdens on both patients and their families. Long-term hemodialysis therapy demands substantial involvement from family members, not only in logistical support but also in providing emotional stability. However, the emotional role and adaptive strategies of families in supporting CKD patients remain underexplored, particularly in the context of long-term care. This study aims to explore the emotional roles and coping strategies employed by family caregivers of CKD patients undergoing hemodialysis. A qualitative approach with an interpretative phenomenological design was applied. Twelve participants, all immediate family members of patients receiving regular hemodialysis at Hospital X in Pontianak, Indonesia, were selected through purposive sampling. Data were collected through semi-structured in-depth interviews and analyzed using Interpretative Phenomenological Analysis (IPA). The trustworthiness of the data was enhanced through triangulation and member checking. The study identified four major themes: (1) The Emotional Role of the Family in Accompanying the Patient; (2) Adaptive Strategies for Families in Facing the Challenges of Mentoring; (3) Psychosocial Challenges in the Mentoring Process; and (4) Family Meanings and Expectations in Assisting CKD Patients. Family caregiving was found to be not only burdensome but also an opportunity for emotional growth and personal transformation. This study highlights the need for structured psychosocial support and counseling services for families, and proposes the development of a comprehensive family-centered caregiving model in hemodialysis units.

Keywords: CKD; caregiving experience; emotional support; family; hemodialysis

### **INTRODUCTION**

Chronic Kidney Failure (CKD) is a global health problem that imposes a significant burden, both clinically and psychosocially, on patients and their families. CKD is an irreversible condition that requires long-term management, with haemodialysis therapy as the main option to extend the life expectancy of patients in the end-stage (Bulathwatta et al., 2023). This therapy requires high adherence, lifestyle changes, and dependence on healthcare facilities, which in turn impacts on family dynamics as the patient's primary caregiver. In Indonesia, the prevalence of CKD continues to increase. The 2018 Riskesdas data showed a prevalence of kidney disease of 3.8% in the adult population, with an increasing trend every year (Alatawi et al., 2024). The role of the family in assisting patients with CKD is not limited to physical aspects such as shuttling to the hospital or administering medication. More than that, families are involved in making therapeutic decisions, maintaining patient motivation to continue undergoing haemodialysis procedures, and becoming an emotional support system in dealing with chronic health crises (Grubbs et al., 2019). The emotional assistance provided by the family has a major impact on the patient's quality of life, especially in dealing with psychological stress, anxiety, and hopelessness that often arise during therapy (Gulo et al., 2023). This role requires understanding, emotional resilience, and adaptive strategies that not all families have from the start.

Several studies have shown that families of haemodialysis patients experience psychological distress due to role changes, economic burden, and uncertainty of prognosis. Repeated interactions with the hospital environment, relationship dynamics with health workers, and limited information about the disease also affect the quality of assistance that can be provided. Ignorance can lead to mishandling, excessive anxiety, or internal conflict. This emotional burden has the potential to increase if families do not receive systemic support from health workers and the community (Magenge et al., 2025a). The prevalence of CKD in Indonesia is increasingly evident through the 2021 Indonesian Renal Registry (IRR) data which recorded 132,142 active patients undergoing haemodialysis, with more than 70% undergoing therapy twice a week (Hyodo et al., 2025). West Kalimantan Province, including Pontianak City, is one of the regions with a significant increase in the number of patients with CKD requiring haemodialysis therapy. This number reflects the high need for active family roles in assisting patients on an ongoing basis. This role includes not only logistical aspects, but also emotional stability and interpersonal relationships (Pailungan & Kada, 2025). Patient therapy, including the organization of work, finances and social activities, often demands significant adjustments from the family. These adjustments often create tension in family relationships, especially if the burden of care is not shared equally (Darwish et al., 2020). Ongoing emotional support demands psychological resilience and skills in dealing with the dynamics of patients' feelings (Esmaeeli et al., 2025). Unpreparedness in this aspect can affect patient adherence to treatment and daily quality of life (Yonata et al., 2022).

Haemodialysis is a procedure that demands regularity and discipline from the patient and family. The average duration of the procedure is four to five hours and must be performed two to three times a week for the patient's lifetime. This routine changes the family's lifestyle and affects their psychological stability and emotional stamina. A successful mentoring strategy depends not only on physical support, but also on the family's ability to maintain emotional stability and effective communication (Esmaeeli et al., 2025). Family assistance in patients with CKD reflects informal practices of family-based care that are often not systemically documented. In many cases, families use personalized strategies such as spiritual approaches, empathic communication, and role sharing among family members to maintain role balance (Wang et al., 2024). These strategies show that the emotional role cannot be separated from the general mentoring function. However, not many studies have explicitly revealed how families build these adaptive strategies in the context of haemodialysis. Qualitative research is needed to explore the subjective experiences of families in depth in accompanying patients with CKD. This approach allows researchers to understand the emotional context, relational dynamics, and meaning of the companion role carried out by families in chronic conditions (Magenge et al., 2025b). This study was conducted in Pontianak City Hospital X, which is a major referral hospital with active haemodialysis services. This region was chosen due to its diverse social and economic representation, as well as the increasing number of patients with CKD in the last five years.

This study aims to explore the emotional role and mentoring strategies carried out by families for patients with GGK undergoing haemodialysis therapy. Through a qualitative approach, this study is expected to provide a contextual understanding of the challenges, adaptations, and meanings of family assistance in the care of chronic patients. The results of this study contribute to the development of a more humanistic nursing practice as well as to a more responsive family-based health service policy. The findings of this study can also be used to design a systematic and sustainable family mentoring program in haemodialysis units.

## **METODE**

This study used a qualitative approach with an interpretative phenomenological design to explore family experiences in accompanying chronic renal failure (CKD) patients undergoing haemodialysis therapy. This approach was chosen because it is able to reveal the subjective meaning felt by participants in undergoing the role of companion in the context of chronic disease (Rahmawati et al., 2024). The main focus in interpretative phenomenology is to understand how individuals interpret their life experiences in relation to the closest people who experience physical and emotional suffering, such as in the context of CKD (Rahmawati et al., 2024). In this study, the focus was on how families interpret their emotional roles and the strategies used in providing daily assistance. This design allows researchers to understand the depth of relationships, psychosocial dynamics, and resilience built in long-term mentoring experiences. The participants in this study were family members of CKD patients who were undergoing routine haemodialysis therapy at X Hospital in Pontianak City. Inclusion criteria included family members who had accompanied patients for at least six months, were over 18 years old, able to communicate well, and willing to participate in the interview process voluntarily. Families with a professional background in the health sector were excluded to keep the focus on the experience of accompaniment from a non-professional perspective. A purposive sampling technique was used to select participants who had emotional closeness and in-depth experiences related to patient care. This technique is consistent with the phenomenological approach as it allows for the exploration of rich subjective experiences in the context of chronic care (Agustina et al., 2024). A total of 12 participants were involved in the study and were considered sufficient to achieve the data saturation required in a qualitative study.

Data were collected through in-depth interviews using semi-structured guidelines to explore the emotional experiences and coping strategies used by families. Interviews were conducted in person in a private room at the hospital or the participant's home and lasted between 45 and 60 minutes. All interviews were audio-recorded after obtaining written consent from participants. The researcher also recorded limited field observations, especially emotional expressions, reflective pauses, and verbal and nonverbal interactions during the interview process. The triangulation technique was conducted by comparing interview results, field notes, and the social context of the participants to increase data validity (Vera Nurfajriani et al., 2024). Data collection was conducted in February 2025. Data were analyzed using the *Interpretative Phenomenological Analysis* (IPA) technique, which is appropriate for uncovering the subjective meanings of individual experiences in the context of everyday life. The analysis process included verbatim transcription, repeated reading of interview scripts, open coding, identification of themes of meaning, and reflective thematic interpretation (Sledge et al., 2023). The researcher maintained the depth of the exploration of meaning by considering the participants' social background, emotional relationships, and family situations in the care of patients with CKD. Interpretation was carried out iteratively and critically by linking empirical data and theories about family assistance. Data credibility is strengthened through peer debriefing and member checking with participants to ensure narrative accuracy (Rahmawati et al., 2024). All participants were given written information about the purpose, procedures, and rights to participate in the study and signed *informed consent* before the interview was conducted. Participants' identities were anonymized to maintain confidentiality and research ethics. The ethical principles in this study refer to the updated *Declaration of Helsinki* and were applied consistently throughout the research process. The researcher ensured that the interview process was conducted with attention to the comfort, safety, and psychological well-being of the participants.

Table 1.  
Interview Guidelines

No.	Interview Questions	Code	Exploration Objectives	Thematic Indicators
1	What was your experience when you first learned that your family member had to undergo haemodialysis on a regular basis?	Q1	Explore early emotional experiences and family responses to diagnosis and treatment	Emotional reactions, early adaptation, illness perception
2	What changes have occurred in your life since accompanying a family member on haemodialysis?	Q2	Explore the impact of the companion role on social, economic and relational life	Role changes, family dynamics, care burden
3	How do you feel when dealing with patients who have complications or fatigue after a haemodialysis procedure?	Q3	Uncovering family emotional responses in critical and stressful situations	Anxiety, empathy, emotional stress
4	What are some strategies you use to maintain your mental and emotional strength in assisting patients on an ongoing basis?	Q4	Identify coping mechanisms and family emotional resilience	Adaptive strategies, religiosity, social support
5	How was your relationship and communication with the health workers during this mentoring process?	Q5	Evaluate interactions and collaboration between families and health workers	Collaboration, trust, family involvement
6	What meaning or life lessons have you learned from your role as a companion for patients with chronic renal failure?	Q6	Exploring personal reflections and meanings of long-term mentoring experiences	Value of life, personal transformation, inner resilience
7	If you could give a message to other families going through a similar situation, what would you say?	Q7	Formulate forms of empathy, expectations, and suggestions from experienced families	Hope, solidarity, learning from experience

## RESULT

All participants were immediate family members or close relatives who directly accompany patients with chronic renal failure during haemodialysis. The majority had a high school education (8 people) and the rest had a diploma (4 people), reflecting the secondary to vocational education background that is common in urban communities such as Pontianak. Relationships with patients were dominated by wives and children, indicating the important role of women and the second generation in the care of chronic patients. The age range of 34 - 45 years and the duration of companionship of 2 - 6 years indicate the long-term involvement of productive-age individuals who also assume dual roles as companions and breadwinners.

Table 2.  
Participant Characteristics

Participant Initials	Age (year)	Education Level	Relationship with Patients	Duration of Mentoring (years)
P1	35	High School	Wife	3
P2	42	Diploma	Children	5
P3	39	High School	Husband	4
P4	44	High School	Sister	6
P5	37	Diploma	Wife	3
P6	40	High School	Children	4
P7	43	High School	Husband	5
P8	36	High School	Mom	2
P9	38	Diploma	Wife	4
P10	41	High School	Children	5
P11	45	Diploma	Sister	6
P12	34	High School	Wife	2

This study identified four main themes from in-depth interviews with 12 family participants who accompany patients with chronic renal failure in the haemodialysis unit. These themes reflect the meaning of emotional roles, the dynamics of accompaniment, adaptive strategies, and family reflections and expectations in undergoing the long-term care process. Each theme is supported by direct quotes from participants to demonstrate the authenticity of the narrative and the emotionally rich subjective experience. The findings provide a comprehensive picture of the reality of caregiving in the context of chronic illness, as well as a basis for strengthening family-based support in haemodialysis services.

#### Theme 1: The Emotional Role of the Family in Accompanying the Patient

The emotional role is the main aspect in family assistance to chronic renal failure patients undergoing haemodialysis therapy. Families are not only physically present, but also try to maintain the patient's emotional stability in dealing with fatigue, anxiety, and frustration during the treatment process. Many participants described that they became the patient's main confidant, as well as an encouragement for the patient to continue undergoing therapy diligently and optimistically.

*"...I can't stay silent when I see my mother down. I have to be strong so that she is also strong to undergo dialysis" (P2)*

*"...Every time my husband comes home from haemodialysis, he must be tired and his temper fluctuates. I have to be patient and slowly talk to him to calm him down." (P5)*

*"...Sometimes I feel sad when my father can't eat freely, but I have to keep encouraging him. If I become weak, he will drop even more" (P1).*

*"...I learned not to get angry when my mother is fussy. Maybe it's her way of expressing her tiredness and boredom" (P8).*

*"...Assistance is not just taking them to the hospital. The hardest thing is dealing with their emotions when they feel hopeless" (P11)*

#### Theme 2: Adaptive Strategies for Families in Facing the Challenges of Mentoring

Families develop adaptive strategies to cope with the physical, emotional and social stresses of caring for a patient with chronic renal failure. These strategies were in response to long-term burdens, including time, cost, and the patient's fluctuating psychological state. Some participants relied on religious approaches, open communication with the patient, and role sharing among family members to alleviate the shared burden.

*"...If I am tired or confused, I usually pray and ask for strength. I believe this is all a test and must be endured patiently" (P4).*

*"...My children and I take turns taking my father to the hospital. So it's not all on one person's shoulders, it's lighter" (P6).*

*"...I usually invite my mom to talk about light things so that I don't get stressed. Sometimes we watch movies together to relax the atmosphere" (P9).*

*"...I always make a schedule so that I can organize my time to work and take care of my husband. If I'm not disciplined, I can overwhelm myself" (P3)*

*"...We discuss with the nurses too, ask what is allowed and not allowed. So we don't guess by ourselves, it's calmer" (P10)*

#### Theme 3: Psychosocial Challenges in the Mentoring Process

Accompaniment of patients with chronic renal failure is inseparable from complex psychosocial challenges. Families face pressures stemming from the patient's unstable condition, limited financial resources, changing roles in the household, and constant emotional demands. These burdens are often invisible to the naked eye, but have a direct impact on mental well-being and family relationship dynamics.

*"...I often feel tired, not just physically, but mentally too. Sometimes I don't know who to confide in, because I have to look strong in front of my husband" (P7).*

*"...Financial problems are also a burden. The cost of transportation to the hospital and buying special food is heavy, especially if dialysis is done twice a week" (P12).*

*"...The children lack attention because I focus on taking care of my father. I feel guilty but I have no choice" (P1)*

*"...Sometimes I feel alone. Other people don't know what it's like to accompany a kidney patient every day, so I keep everything to myself" (P6).*

*"...There are times when I get angry or tired myself. But after that I regret it, because I know the patient doesn't want to be sick either" (P8).*

#### Theme 4: Family Meanings and Expectations in Assisting Chronic Kidney Failure Patients

Despite the challenges, mentoring a patient with chronic renal failure brings its own meaning to the family. Many participants stated that this experience strengthened emotional bonds with patients, established a greater sense of responsibility, and fostered empathy and spiritual awareness. Behind the fatigue, families found life values such as patience, sincerity, and appreciation for time with loved ones.

*"...I feel closer to my mother since accompanying her to dialysis. We often talk about things that we didn't have time to discuss before" (P2).*

*"...This experience taught me to be more patient and sincere. I realized that health is expensive, and time with family is very valuable" (P10).*

*"...I understand the meaning of life from the way my father survives. He keeps his spirit even though he has to do dialysis, that motivates me too" (P9).*

*"...After accompanying my husband, I became mentally stronger. I am also more sensitive to other people who are struggling with their illness" (P5).*

*"...I wish there was more support for families like ours. If there is a community or a place to talk, it would be very helpful" (P3)*

## PEMBAHASAN

### Theme 1: The Emotional Role of the Family in Accompanying the Patient

The results showed that the emotional role of the family is a central aspect in the process of assisting chronic renal failure (CKD) patients undergoing haemodialysis therapy. Participants reported that they play an active role in maintaining the patient's psychological condition, especially when the patient experiences fatigue, boredom, and demoralization after undergoing therapeutic procedures (P1, P5). This assistance is not limited to physical presence, but includes deep emotional involvement, such as providing moral support, being a listening ear, and motivating patients to continue undergoing therapy consistently (P2, P8). Families feel that being a companion is not only a duty, but also a form of affection and emotional responsibility towards family members who are struggling with chronic diseases. This finding shows that the family performs an emotional function as a source of psychological resilience for patients in facing the long-term treatment process (Febrianasari et al., 2025).

This finding can be interpreted as a form of actualization of the family's affective function, as described in the *Family Systems* theory (Calatrava et al., 2022), which emphasizes that the family has an adaptive role in maintaining the psychological balance of its members. The family acts as a primary support system that is able to respond to the stresses of illness with distinctive patterns of communication, attention, and emotional attachment. In the context of patients with CKD, these emotional relationships act as mediators between the declining physical condition and the psychological strength needed to maintain quality of life (Tsanasidis et al., 2025). Previous research has also suggested that emotional support from family has been shown to

improve patient adherence to haemodialysis schedules and reduce rates of depression and anxiety in chronic patients (Putri et al., 2025).

The presence of family as emotional companions is crucial in a local context such as Pontianak City, where professional psychosocial support is limited. The role of the family often replaces some of the functions of the health care system, especially in providing psychological support and maintaining the emotional stability of patients outside the treatment room. Family involvement is a key determinant of successful haemodialysis therapy in the community. Active family involvement in education and counseling programs for patients with chronic renal failure needs to be strengthened so that they have adequate understanding and capacity. Efforts to strengthen family emotional well-being should also be an integral part of a holistic approach in the care of patients with chronic diseases (Febrianasari et al., 2025).

### **Theme 2: Adaptive Strategies for Families in Facing the Challenges of Mentoring**

The results showed that families developed various adaptive strategies to maintain emotional and functional stability while accompanying patients with chronic renal failure (Putri et al., 2025). Participants explained that these strategies included spiritual approaches, division of tasks between family members, time management, and efforts to maintain positive communication with patients (P3, P4, P6). This approach emerged as a response to chronic psychosocial stress, including emotional exhaustion, economic pressure, and changes in family relationship dynamics (P9, P10). Families recognize that successful assistance depends not only on patience, but also on the ability to adapt continuously to the patient's condition and the demands of therapy. These adaptive strategies demonstrate that families have the resilient capacity to survive and thrive amidst complex challenges.

This finding is in line with Lazarus and Folkman's *stress coping* theory, which states that individuals will adjust their behavior and way of thinking to deal with situations that are considered challenging or threatening. In the context of this study, the family practiced *problem-focused coping* through role sharing and activity planning, as well as *emotion-focused coping* by relying on prayer, spiritual reflection, and emotional support from the surrounding environment. This suggests that the strategies used are flexible and contextual, depending on the family's resources and the intensity of the stress experienced. Another study also stated that families who applied active coping strategies had higher resilience and were able to maintain the companion role longer than those who did not (Oktaningsih et al., 2025)

In the context of haemodialysis services in Indonesia, family adaptive strategies are an important foundation in supporting the effectiveness of patient therapy. Many hospitals do not provide systematic psychosocial assistance for families, so their ability to create their own strategies is vital (Febrianasari et al., 2025). Unfortunately, these strategies are often intuitive and unstructured, making them vulnerable to long-term emotional exhaustion. Therefore, health workers need to provide educational and discussion space for families to strengthen healthy and sustainable coping strategies. Integrating a family approach in the haemodialysis care system will strengthen the resilience of caregivers and improve the quality of life of patients and families simultaneously.

### **Theme 3: Psychosocial Challenges in the Mentoring Process**

Family adaptive strategies are an important foundation in supporting the effectiveness of patient therapy in the context of haemodialysis services in Indonesia. Most hospitals do not systematically provide psychosocial support services for families, leaving them to rely on their own abilities to deal with stress during the treatment process (Hermawan & Wihardja, 2025b).

The approach used by families tends to be intuitive and unstructured, which makes them vulnerable to prolonged emotional exhaustion. Health workers have an important role in providing educational spaces and discussion forums to strengthen healthy coping strategies. Integrating the role of family into the service system will increase the resilience of assistance while improving the quality of life of patients and their families (Hermawan & Wihardja, 2025a).

The results of this study revealed that the psychosocial burden experienced by families included emotional distress, mental fatigue, feelings of guilt, role conflict, and economic burden that accompanied the assistance process. Participants stated that they often felt isolated, exhausted, or even disoriented when facing fluctuations in the patient's condition (P1, P6). In addition, the dual role of being a companion as well as a breadwinner or caregiver for children creates tensions that can disrupt the balance of family life (P7, P12). The inability to channel emotions or find space for reflection also exacerbates the mental distress experienced. This shows that the companion role is not only physical, but touches a deep and sustainable psychological realm (Dasat et al., 2024).

This finding is in line with the concept of *caregiver burden*, which is defined as the multidimensional stress experienced by individuals in caring for family members with chronic diseases. This burden includes physical, emotional, social, and financial aspects that if not managed properly can lead to long-term fatigue or even mental health disorders. In the case of haemodialysis, the routine and prolonged therapy process requires high psychosocial readiness from the caregiver (Novita Nirmalasari & Ike Wuri Winahyu Sari, 2025). Without systemic support, caregivers are at risk of depression, loss of motivation, and decreased quality of interaction with patients.

Formal support for chronic patient caregivers at the local level is limited, especially in terms of family counseling, psychosocial education, and community support. Families generally only receive technical information related to medical procedures without comprehensive emotional assistance. This gap reflects the suboptimal integration of family psychosocial needs in the primary and secondary health care system. An interprofessional approach involving nurses, psychologists, and social workers needs to be designed to build a holistic and pro-family assistance system as the main partner in the care of chronic renal failure patients.

#### **Theme 4: Family Meanings and Expectations in Assisting CKD Patients**

The results showed that despite the physical and psychological burdens, mentoring patients with chronic renal failure provided deep personal meaning for families. Many participants felt that this experience strengthened their emotional connection with the patient, fostered a sense of responsibility, and strengthened spiritual and human values (P2, P5, P9). Assistance is not only seen as an obligation, but as an opportunity to show affection and be part of the patient's psychological recovery process (Zahirah et al., 2025). This experience led to reflections that enriched participants' lives, such as gratitude, empathy, and awareness of the meaning of time and togetherness (P3, P10). The meaning found by participants forms a new identity as a strong and devoted companion.

This finding is in line with the concept of *meaning-making* in logotherapy theory by Viktor Frankl, which states that individuals can find meaning even in suffering, and that meaning becomes a source of strength to survive and live life. In the context of this study, the family was able to reconstruct the experience of mentoring into something positive and meaningful, despite going through heavy emotional stress (Alqasimi & Wahyudi, 2025). The study by Shin et al.

(2020) shows that families who are able to find meaning in the experience of caring for chronic patients tend to have higher levels of resilience and life satisfaction. This process is important not only for the family, but also has an impact on the motivation and enthusiasm for life of the patient himself (Tonekaboni et al., 2025).

In addition to meaning, participants also expressed hope for a more pro-family health care system. They wanted educational support, a community of family caregivers, and access to ongoing psychosocial services. These expectations point to the need for more inclusive policies that focus not only on patients, but also on caregivers as an integral part of the care system (Yolanda et al., 2024). In the Indonesian context, this approach is still not optimally accommodated in haemodialysis services. Therefore, there is a need to strengthen the role of families in chronic disease management policies, through training, counseling, and family-friendly referral systems.

Assistance to patients with chronic renal failure is not merely a source of burden for the family, but also opens up space for personal and social growth. The experience of accompanying patients provides an opportunity for families to build emotional resilience, strengthen relationships, and deepen human values in everyday life. Families demonstrate their capacity as agents of recovery who are able to sustain the patient's therapeutic process (Aziz, 2025). These findings emphasize the importance of a health care approach that is not only oriented towards clinical aspects, but also considers the role, meaning, and psychosocial needs of families in nursing practice.

## **SIMPULAN**

This study shows that family assistance to chronic renal failure patients undergoing haemodialysis therapy involves deep emotional involvement and complex adaptive strategies. Families not only act as physical support, but also as a source of psychological resilience for patients in dealing with the long-term therapeutic process. Participants developed various forms of self-adjustment, including emotional management, spiritual approaches, task sharing, and reflection on the meaning of their role as caregivers. However, this process is also characterized by psychosocial challenges such as economic pressure, emotional exhaustion, and the lack of formal support spaces from the health care system. In the midst of these limitations, families continue to show resilience, care, and hope for more structural support in carrying out their roles. The findings of this study have important implications for the development of more family-friendly haemodialysis service policies and practices. First, service approaches need to recognize and accommodate the emotional role of families as an integral part of the patient assistance system. Second, hospitals and health care providers need to develop psychosocial education and family counseling programs to strengthen the coping capacity of caregivers in a structured and sustainable manner. Third, collaboration between health workers, patients' families, and communities needs to be strengthened through communication forums and an inclusive referral system. In the context of chronic care such as haemodialysis, strengthening the role of the family not only improves the quality of life of patients, but also strengthens the overall effectiveness of therapy. Therefore, the results of this study can be used as a basis for designing a family-based mentoring model that is responsive to psychosocial challenges and relationship dynamics in the care of patients with chronic renal failure.

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