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## NRIMO ING PANDUM AS SELF ACCEPTANCE TOWARDS CHRONIC KIDNEY DISEASE: PHENOMENOLOGICAL PERSPECTIVE STUDY

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### ABSTRACT

*This study investigates self-acceptance towards chronic kidney disease based on patients' perspective. And a qualitative phenomenological approach was applied to analyze the patients. There are 21 adults including patients with chronic kidney disease (CKD) undergoing hemodialysis selected using the purposive sampling method. Meanwhile, semi-structured interviews were conducted to obtain data, then thematic analysis was carried out and formulated using the platform NVIVO 12. The result stated the patient's nrimo ing pandum attitude for the condition of illness becomes the patient's attitude of self-acceptance towards chronic disease (CKD). This attitude is a person's self-acceptance which describes the one and personality of the Javanese people. This attitude is believed to be a noble one and life philosophy of the Javanese people as a form of acceptance, sincerity and patience in various sick conditions while still actively making efforts to achieve healing. In addition, this research explores role taking through independent self-management which is reflected in diet and healthy lifestyle management activities. The positive attitude of CKD patients in interpreting health by seeking sources of strength (support) and increasing spirituality has describes self-acceptance of CKD patients toward chronic illness that emphasizes the power of problem solving. While acknowledging limitations such as modest sample size and regional focus, this study provides valuable insight into the cultural dimensions of self-acceptance perspectives on illness of CKD patients. These findings emphasize the need for culturally sensitive health care interventions with a comprehensive health care approach.*

**Keywords:** acceptance of illness; chronic kidney disease; cultural attitudes

### INTRODUCTION

Acceptance of a chronic illness is a person's success in adapting to the

condition and the negative consequences of its development (Zheng et al., 2019). Acceptance in Javanese is described as the

attitude of Nrimo Ing Pandum. Nrima Ing Pandum is an accepting whatever conditions are given by God after a person has tried according to his ability (Putri, 2020). Nrimo ing pandum describes a calm attitude, not being reckless, patient and accepting whatever conditions occur in his life and making peace with his situation, including the chronic illness he suffers from (Rakhmawati, 2022). As a chronic disease that has a progression of kidney damage, Chronic Kidney Disease (CKD) can affect individuals not only physically but psychologically and spiritually, as well (Ozieh & Egede, 2022). The patient requires changing of life style and proper self-management to prevent progressive decline in kidney function (Ouyang et al., 2022). Furthermore, the patient must adapt sick condition, to maintain planned care throughout his life and to adapt his disease conditions to everyday life as a form of patient self-acceptance of their illness. Various changes in conditions due to CKD have the potential to raise difficulties for patients to adapt. Therefore, Self-acceptance of illness is one of the most important factors in adapting to CKD conditions (Can et al., 2020).

In patients with other chronic diseases such as diabetes mellitus, acceptance of the disease plays an important role in self-care activities and diabetes management (Can et al., 2020). In chronic diseases that require lifelong care, good self-acceptance plays a role in improving self-management of disease care (Kocatepe et al., 2020) and improving quality of life (Zheng et al., 2019). Apart from that, patient self-acceptance also improves coping mechanisms (Besen & Esen, 2012), minimizes stress, increases self-esteem, increases the patient's role in overcoming the development of disease complications, and increases positive feelings towards the success of treatment (Kocatepe et al., 2020).

CKD is a disease that lasts a lifetime and requires changes in behavior so good acceptance of the disease is needed. Some research state CKD patients undergoing hemodialysis have good self-acceptance; when the ones accept their condition even though they must undergo the process for life. Furthermore, the research stated a patient with CKD undergoing hemodialysis has a good self-acceptance when they accept their illness condition even though they have to follow the process for life (Siregar & Rhamayani, 2019). However, there is no further research which explains perception of patient with CKD in accepting their self of their condition. The experience in self-acceptance directly affected in supporting patients in perceiving self-acceptance and ability to adapt to the condition of the disease. Meanwhile, comprehensive understanding of patients' perception in accepting their disease has supported medical staffs and doctors in adapting their patients to independently self-managing of the disease.

## **METHOD**

### **Participant Characteristics and Research Design**

The research applied a qualitative with descriptive phenomenology approach. Participants in this study included CKD stage 1-5 patients and CKD patients who were undergoing hemodialysis. Some Criteria of participants choosing were based on: 1) CKD patients with stadium 1-5 and stadium 5 undergoing hemodialysis, 2) ones who are at least 18 years old, 3) ones of Javanese ethnicity, 4) ones who are fluent in Indonesian and/or Javanese, 5) ones who are not receiving critical care in a hospital intensive care unit (ICU), 6) cooperative ones, and 7) ones who are willing to participate.

### **Sampling Procedures**



Purposive sampling approach was applied with 21 participants as the final numbers to achieve data saturation. The data collection period lasted from October 2022 until June 2023 while conducted in hospitals and public health center located in Pekalongan District, Central Java, Indonesia. Furthermore, interview process was conducted in hospitals and participant's residence, as well. During the process, it only involves the observants and the participants.

### **Data Collections**

Data collection was carried out by researchers using semi-structured face-to-face interviews. The researcher himself acts as the main research instrument and data collection tool. Researchers used additional instruments in the form of interview guides, field notes, audio recording equipment and writing tools. Each question in the interview guide starts with an open question. The question component focused on the participant's perspective regarding the acceptance of their chronic kidney disease condition, including the participant's attitude towards changes in condition experienced during illness. Besides, subsequent investigations were conducted to explore further interviews. During interviews, the researcher observed the participants' non-verbal expressions, recorded in field notes. She also carried out probing of the interview results to dig deeper into the participants' words or statements. The duration of the interview for each participant ranged from 45 to 60 minutes.

Data collection was stopped once no additional information was obtained, and data saturation was reached. The first researcher would transcript interviews record then the result would be verified by the second, the third, and the fourth one. Furthermore, the researchers have applied triangulation as a method and strategy. The

method includes the use of various data collection techniques, such as conducting interviews using an audio recording device and making observations documented in field notes. Interviews were conducted with patient families to gather additional information to achieve research triangulation.

### **Data Analysis**

Each qualitative interview was carefully recorded digitally, transcribed, and translated word for word. The data from the interviews was triangulated and then analyzed using an inductive thematic analysis approach. The data analysis method uses the Colaizzi method which is widely used in phenomenological research in the field of nursing. The data analysis steps carried out include 1) the researcher transcribes and translates the interviews to obtain the participant's perspective and the participant's attitude in accepting the CKD disease condition they are experiencing. After the transcript was completed, the researcher met with the participants. Returned to read the interview transcript, 2) the researcher extracted significant statements from the interview transcript, 3) the researcher formulated the meaning of the significant statements, 4) the researcher organized and structured the meaning into theme groups, 5) the researcher wrote down and integrated all information about the participants' perspectives regarding self-acceptance of CKD to then describe it completely, 6) identified the fundamental structure of the phenomenon obtained, 7) the final stage, the researcher validated the complete description of each participant (Wirihana et al., 2018). The NVIVO 12 platform is used to streamline data management, namely categorizing, and organizing data collected from participant interview quotes (Robins & Eisen, 2017). The data analysis process involves six main steps: 1) getting to know the data, 2)

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creating initial codes, 3) identifying themes, 4) evaluating themes, 5) defining and labeling themes, and 6) creating a report (Ruona, 2005).

### Ethical Considerations

This research has been approved by the Health Services Ethics Commissions of the Faculty of Nursing, Universitas Indonesia, Depok, West Java, Indonesia, certificate number KET-244/UN2.F12.D1.2.1/ PPM.00.02/2022. At the time of data collection, each participant was informed about the research procedures and signed an informed consent as a sign of approval to participate in the research.

### RESULTS

Based on Table 1, the total number of participants was 21 people with an age range of 28-71 years. Most of the

participants were women, worked as housewives, and were married. Participants have varied educational backgrounds ranging from elementary school to college. Most participants are Muslim and only one participant is non-Muslim. This research produced three themes as follows: 1) a caring attitude towards the illness they are experiencing, including the sub-theme of accepting the illness and making peace with the illness, 2) taking the role of self-management independently, including the sub-theme of managing diet, modifying a healthy lifestyle, adhering to therapeutic regimens, learning to recognize the disease, and using health services 3) having a positive attitude in interpreting health, including the sub-themes of seeking sources of strength (problem-solving), and increasing spirituality.

**Tabel 1. Participants Characteristics**

Coding	Age	Sex	Marital Status	Job	Education	Religion	Comorbidities	Stage of CKD	Suffering from CKD for a long time
P1	65	Female	Widow	Housewife	Undergraduate	Kristen	Diabetes mellitus, Hypertension	CKD Stage 1	10 years old
P2	47	Female	Widow	Private Employee	Senior High School	Islam	Hypertension	CKD Stage 1	7 years old
P3	71	Female	Married	Housewife	Junior High School	Islam	Hypertension	CKD Stage 5 & Hemodialysis	10 years old
P4	37	Female	Married	Housewife	Senior High School	Islam	Hypertension	CKD Stage 5 & Hemodialysis	10 years old
P5	46	Female	Married	Housewife	Elementary School	Islam	Diabetes mellitus	CKD Stage 5 & Hemodialysis	5 years old



Coding	Age	Sex	Marital Status	Job	Education	Religion	Comorbidities	Stage of CKD	Duration	Suffering from CKD for a long time
P6	38	Female	Married	Housewife	Junior High School	Islam	Hypertension dan Heart Disease	CKD Stage 5 & Hemodialysis	10 years old	
P7	58	Female	Married	Housewife	Sarjana	Islam	Diabetes mellitus	CKD Stage 5 & Hemodialysis	10 years old	
P8	66	Male	Married	Unemployed	Undergraduate	Islam	Hypertension	CKD Stage 5 & Hemodialysis	10 years old	
P9	45	Male	Married	Civil servant	Senior High School	Islam	Hypertension	CKD Stage 3	10 years old	
P10	63	Male	Married	Private Employee	Sarjana	Islam	Batu ginjal, Hypertension	CKD Stage 3	10 years old	
P11	52	Female	Married	Teacher	Senior High School	Islam	Hypertension	CKD Stage 1	10 years old	
P12	51	Female	Married	Housewife	Junior High School	Islam	Diabetes mellitus	CKD Stage 1	20 years old	
P13	73	Male	Married	Unemployed	Junior High School	Islam	Diabetes mellitus	CKD Stage 3	20 years old	
P14	62	Female	Married	Housewife	Elementary School	Islam	Diabetes mellitus, Hypertension	CKD Stage 1	7 years old	
P15	68	Female	Widow	Housewife	Junior High School	Islam	Hypertension	CKD Stage 4	15 years old	
P16	55	Female	Married	Housewife	Junior High School	Islam	Diabetes mellitus	CKD Stage 5 & Hemodialysis	15 years old	
P17	61	Male	Married	Labor	Junior High School	Islam	Hypertension	Non CKD	20 years old	





Coding	Age	Sex	Marital Status	Job	Education	Religion	Comorbidities	Stage of CKD	Suffering from CKD for a long time	
P18	68	Male	Married	Labor	Junior High School	Islam	Hypertension	Non CKD	10	years old
P19	43	Female	Married	Housewife	Junior High School	Islam	Diabetes mellitus, Hipertensi	Non CKD	10	years old
P20	52	Female	Married	Housewife	Senior High School	Islam	Hypertension	Non CKD	10	years old
P21	61	Male	Married	Housewife	Senior High School	Islam	Hypertension	Non CKD	20	years old

### Theme 1: Caring attitude regarding the illness they are experiencing.

#### 1. Accept the condition of illness

The attitude of *nrimo ing pandum* is defined as the attitude of a CKD patient who is calm, has an attitude of self-acceptance, and is at peace with the illness they are experiencing. This can be understood by examining the sub-themes of accepting illness and making peace with illness (table 2). The form of self-acceptance towards the condition of illness is reflected in the attitude of *nrimo ing pandum* (an attitude of accepting various personal conditions), an attitude of sincerity, patience, and surrender (surrendering oneself to God Almighty). The attitude of *nrimo ing pandum* is interpreted as a form of acceptance of one's condition and as a form of participants' self-surrender to the fate they must live with (quotes 1-2). Participants also interpreted this form of self-acceptance towards illness as a form of sincerity and patience that they must exercise to be able to continue living their lives (quotes 3-4) (see Table 2).

#### 2. Make peace with the condition of illness

The attitude of caring for CKD patients is also shown by patients who are at peace with their sick condition. Participants expressed their attitude of being at peace with their sick condition by continuing to try to recover and being enthusiastic about providing the best health care for themselves. The patient shows his efforts to recover by continuing to undergo medical care and treatment for CKD (quotes 5). Apart from that, participants also used alternative medicine (traditional medicine) to cure their illnesses (quotes 6). Most CKD patient participants who were interviewed in this study revealed that they had tried alternative (traditional) treatments other than the medical treatment they were taking (quotes 7). According to the participants, they did this alternative treatment as a form of effort to find a cure for the CKD disease that happened to them. The participant's attitude of making peace with the disease condition was also demonstrated by remaining enthusiastic about living life even though he was currently suffering from CKD. The participants expressed this enthusiasm by not being sad about their condition and trying to remain enthusiastic about living



life and enthusiastic about recovering from CKD. (quotes 8-9) (see table 2).

## **Theme 2: Taking the role of self-management independently.**

### *1. Manage eating and drinking*

Taking on the role of self-management independently is the ability of CKD patients to manage symptoms of illness and manage changes in conditions due to the CKD disease they experience. The self-management roles that CKD patients carry out include managing eating and drinking, adopting a healthy lifestyle, adhering to therapeutic regimens, learning to recognize the disease, and using health services. Management of eating and drinking carried out by CKD patients includes reducing sugary drinks, avoiding drinking packaged drinks, maintaining the type of food consumed, and adjusting eating patterns (table 2). The behavior of reducing sugary drinks and avoiding drinking packaged drinks has been carried out by participants since they were sick with CKD, in accordance with the recommendations of doctors and nurses (quotes 10-12). Meanwhile, what participants did to maintain the type of food consumed was reducing salty foods, eating fried foods, and foods containing coconut milk (quotes 13-14). Participants also managed their eating patterns by regulating the amount and time of their meals (quotes 15-16) (see Table 2).

### *2. Adopt a healthy lifestyle*

The healthy lifestyle carried out by CKD patient participants is described by the behavior of stopping smoking, not drinking alcohol, and not drinking carbonated drinks. The participants had stopped smoking behavior since they were sick, even when the participants underwent kidney replacement therapy with hemodialysis (quotes 17). Participants also eliminated the habit of drinking carbonated

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drinks after being diagnosed with CKD (quotes 18). Meanwhile, participants never carried out a healthy lifestyle by not drinking alcohol. According to participants in their cultural traditions who are Javanese who are Muslim, there is no tradition of drinking alcohol, and it is also prohibited by their religious teachings, namely Islam (quotes 19-20) (see table 2).

### *3. Adhere to the therapeutic regimen*

Participant compliance with the therapeutic regimen can be seen from the participant's behavior in carrying out regular health checks and taking medication as recommended. Participants carry out health checks once a month or according to the schedule recommended by their doctor (quotes 21-22). Participants also demonstrated compliance with the therapeutic regimen by complying with taking medication as recommended (quotes 23-24) (see Table 2).

### *4. Learn to recognize disease*

Participants also learn to recognize the disease as one of the roles in self-management of CKD disease. Participants learn to recognize illnesses by looking for disease information from various sources. The health information that participants got was from stories about the experiences of fellow CKD patients or fellow hemodialysis patients, from medicine books, and from the internet (citing quotes 25-27) (see table 2).

### *5. Use health services*

Using health services means participants seek treatment to cure the disease. Participants described that seeking treatment was an effort to find a cure for the disease they were experiencing. Participants interpreted seeking treatment as an effort to seek help to overcome symptoms of illness and cure their illness. Participants made efforts to seek healing by visiting places that provide medical health

services such as community health centers or hospitals (quotes 28-29) (see Table 2).

**Theme 3: Being positive in interpreting health.**

*1. Looking for sources of strength (problem-solving)*

Participants interpreted seeking sources of strength (problem-solving) as the various efforts they made to cure the CKD disease they experienced. The various problem solutions they do are looking for alternative treatments and seeking family support. Alternative treatment was carried out by participants by looking for another hospital to hear opinions from other doctors about their CKD disease (quotes 30). Apart from that, participants also tried the traditional treatment for their CKD disease as an alternative solution to the problem of their disease (quotes 31). Participants also found a source of strength (problem-solving) by seeking family support. They

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get family support by telling their family about their illness, sharing their thoughts, and asking for any help, including in treating their illness (quotes 32-33) (see table 2).

*2. Increase spirituality*

A positive attitude in interpreting participants' health is achieved by increasing participants' spirituality by praying a lot and worshipping a lot. Participants pray to ask God Almighty for healing from their CKD disease. Most participants are Muslim, so the majority of their prayer activities involve dhikr, reciting the Koran, and praying. Apart from praying a lot, participants also increased their worship by increasing their obedience to religious commands such as praying on time, praying five obligatory prayers, and other religious services (quotes 36-37) (see table 2).

**Table 2. Distribution of Themes and Quotes from Interviews with Participants**

Themes	Subthemes	Category	Quotes
Attitude <i>Nrimo ing pandum</i> with the illness condition experienced	accept the condition of the illness	Nrimo ing pandum	Q1: indeed, <i>Nrimo ing pandum</i> (accept destiny that has been outlined by Allah) yes, accepting the destiny (P6)
		Surrender	Q2: So yeah, that's it, trust the owner of life (P20)
		Be patient	Q3: just be patient, so his heart can be peaceful (P15)
		Sincere	Q4: be sincere accepting the condition, yes like this (P13)
	Make peace with the condition of illness	Keep trying	Q5: try the best to stay healthy (P19) Q6: still try some alternatives like massage or any other traditional treatments (P21) Q7: If I look at other health treatments, there are herbal medicines too, sis. So there are many people who like to drink herbal medicine (P17)
Independently doing the self-management	diet management	Reduce sweet drinks	Q8: not sad, just keep up the spirit (P1) Q9: Try to keep the spirit up (P14) Q10: since I got this this illness, I do not dare drink sweets (P9) Q11: Reducing the sweet drinks (P14)





Themes	Subthemes	Category	Quotes
		Avoid packaged beverages	Q12: But now, never take any packaged beverages like that (P20)
		Maintain type of food consumed	Q13: Maintain type of food consumed, reduce the salty and fried foods (P6) Q14: at home, yes avoid eating vegetables with coconut cream. It has indeed reduced vegetables with coconut cream (P16)
		Manage dietary habit	Q15: Managing the meal like do not eat too much (P15) Q16: eat it try reduced (P18)
	live a healthy lifestyle	Stop smoking	Q17: However, since getting sick and doing the dialysis, finally, I can stop smoking by myself (P4)
		Not consuming carbonated drinks	Q18: and never drink carbonated beverages like Coca Cola or Kratindeng (P3)
		Not consuming alcohol	Q19: never drink alcohol (P3) Q20: there is no tradition of drinking alcohol (P18)
	Obey therapeutic regimen	Check the health regularly	Q21: just regularly check every month. (P1) Q22: ask for being accompanied to go to doctor to check (P10)
		Take medication as recommended	Q23: The problem is, if I don't take medication, sometimes, I feel weak, that's why I take the medicine regularly (P12) Q24: I take the medicine regularly (P13)
	Trying to recognize the disease	Look for information related to the disease	Q25: search information from others' experiences. Some friends who have relatives with the dialysis experience said that the conditions become worse and did not last long (P3) Q26: I also know I should drink a lot from books of medicines (P10) Q27: of course, I search information from the internet (P21)
	Use health services	Look for treatment	Q28: For the treatment, I only checked at the hospital, never tried other treatments (P1) Q29: control the tension. I just check it monthly to the hospital (P16)
Behave positively in interpreting health	Search for sources of strength (problem solving)	Look for alternative treatments	Q30: but I haven't felt satisfied so I look for another hospital, yet it says the same. Then dissatisfied again, looking for another hospital again, but the result is still the same. They also ask to do the dialysis (P3)



Themes	Subthemes	Category	Quotes
			Q31: try searching for other treatment because my mother's condition does not show any change ... so I have tried an alternative treatment (P19)
		Look for family support	Q32: all the family members support us, like giving motivation, also financial helps, energy. Everyone is giving helps (P3) Q33: If there is thoughts or problems anyway my mother of course tells the family, my father and her children (P19)
	increase the spirituality	Pray a lot	Q34: always pray so that it can be healed (P5) Q35: dhikr, increasing the amount of the prayer, recite the Quran and do the prayer regularly (P14)
		Lots of Worship	Q36: Increasing the worship (worship improved) haha. Already being old. If not for doing any worship, so what else (P1) Q37: yes lots of <i>istighfar</i> , and being more discipline in taking the prayer (P5)

## DISCUSSION

### 1. The caring attitude regarding the illness he is experiencing

This research describes the theme of the attitude of *nrimo ing pandum* as a form of patient self-acceptance towards the CKD disease they are experiencing. Acceptance of chronic disease is a person's success in adapting to various changes in conditions, bad consequences, and the development of complications of the disease (Zheng et al., 2019). Acceptance of illness includes acceptance of pain, discomfort, and beliefs, both psychological and spiritual, that are closely related to illness (Piotrkowska et al., 2023).

Self-acceptance of illness determines a person's well-being both physically and psychologically (Can, 2020). Good self-acceptance of chronic illnesses, such as CKD, is beneficial in reducing anxiety, and improving emotional, social, and physical functioning (Casier et al., 2013). Self-acceptance also improves the quality of life, increasing self-care abilities and self-

efficacy to maintain treatment and care (Akturk & Aydinalp, 2018). Someone who has good self-acceptance will more easily accept their condition and be able to adapt to illness, care, and treatment well (Şentürk et al., 2022).

The attitude of *nrimo ing pandum* is an attitude of full acceptance of one's condition, while still trying to have the best conditions in life (Rakhmawati, 2022; Syamsiah et al., 2022). The attitude of *nrima ing pandum* is the life philosophy of the Javanese people in the form of an attitude of self-acceptance, which describes Javanese people as having a sincere, patient, and *nrima* personality (Nugroho, 2018). This is in line with the results of research on the theme of *nrimo ing pandum* attitude towards the CKD disease condition experienced in the sub-theme of accepting the disease condition which has the categories of *nrima ing pandum*, surrender, patience, and sincerity.

*Nrimo ing pandum* in self-acceptance of the disease in CKD patient participants,



all of whom are Javanese, describes that Javanese people believe that everything that happens to them is the power of Almighty God. Javanese people believe that each person's lifeline is different, so each person must surrender sincerely to what is God's will (Rakhmawati, 2022). *Ikhlas* itself is defined by the Javanese as the condition of a person who can accept everything with joy. Patience means someone can restrain emotions and *nrima* is defined as accepting everything calmly (Putri, 2018). The attitude of *nrimo ing pandum* is an attitude of self-acceptance which is still a noble value of Javanese society and is a philosophy of life values for participants, especially Javanese CKD patient participants.

Good self-acceptance in this study was also demonstrated by an attitude of being at peace with the illness they were experiencing. Making peace with a sick condition is an attitude of accepting a sick condition while still actively making efforts to achieve healing (Putri, 2018). In this study, making peace with an illness is described by an attitude of continuing to try and be enthusiastic. An attitude of peace with disease will give rise to the ability to adapt well to the disease conditions one faces (Putri, 2018). Research by Sentürk et al (2022) shows that the patient's ability to make peace with the disease well can reduce the patient's discomfort during treatment and treatment, increase compliance in patient self-care and reduce negative feelings and negative reactions caused by chronic disease processes such as CKD (Şentürk et al., 2022).

## 2. Take the role of self-management independently

This research also describes the form of acceptance of the illness of CKD patient participants in theme 2, namely taking the role of self-management independently. Self-management in CKD is the self-

management of CKD patients independently focusing on lifestyle changes, managing disease symptoms, managing activities, and managing medication to slow or prevent the development of end-stage kidney disease (Donald et al., 2018; Lin & Hwang, 2020). Good self-acceptance is needed by patients to improve self-care abilities and increase self-efficacy in maintaining CKD treatment and care (Akturk & Aydinalp, 2018; Peng et al., 2019). Good self-acceptance will increase self-management behavior in disease care (Kocatepe et al., 2020).

Self-management for CKD treatment carried out by participants in this study included managing diet, adopting a healthy lifestyle, adhering to therapeutic regimens, learning to recognize the disease, and using health services. Diet management is important self-management for CKD patients, where in this management the patient regulates drinking, eating patterns, types of food, and the recommended amount of food. Dietary management in CKD conditions aims to reduce uremia, metabolic abnormalities, and decreased kidney function (Ahn et al., 2022). Good dietary management reduces the risk of morbidity in CKD patients (Beerendrakumar et al., 2018).

The role of lifestyle management carried out by CKD patient participants in this study included stopping smoking, not drinking carbonated drinks, and not drinking alcohol. Research states that lifestyle management in CKD patients consists of more than one aspect, namely physical activity, changing diet, smoking cessation, exercise, self-management skills training, counseling, and stress management (Ozieh & Egede, 2022). CKD patients can perform an adequate lifestyle management role if they have adequate self-acceptance of the disease. Lifestyle management in CKD conditions is very necessary to prevent the worsening and

complications of CKD, improve quality of life, and increase life expectancy (Evangelidis et al., 2019).

Participants described the role of adherence to therapeutic regimens in this study by carrying out routine health checks and taking medication as recommended (quoting quotes 21-24, table 2). Compliance with therapeutic regimens shows the extent to which patient compliance behavior in taking medication, diet compliance, and compliance with routine examinations is in accordance with health service providers' recommendations (Murali et al., 2019).

Learning to recognize the disease is very important for CKD patients because of the complexity of CKD treatment required to reduce the risk of disease complications such as metabolic disorders and cardiovascular disease (Ahn et al., 2022). The patient's desire to recognize the disease from various sources will increase the patient's knowledge which has a positive correlation with acceptance and compliance with self-management (Ozieh & Egede, 2022).

The use of health services by CKD patients has increased because patients tend to utilize various resources from health professionals, family, friends, and even digital information sources such as the internet to obtain information and find out about their health. Research shows that easy accessibility of health services increases patient active participation in disease treatment (Lin & Hwang, 2020). This research shows that participants tend to utilize various resources (health services) to help them manage kidney disease. The patient's ability to use health services independently shows good adaptation to self-acceptance of CKD disease.

### *3. Have a positive attitude in interpreting health*

This research shows that CKD patient participants have a positive attitude in interpreting health by looking for sources of strength (problem-solving) looking for alternative treatments and seeking family support. Participants also described being positive in interpreting health by increasing spirituality through the categories of praying a lot and worshipping a lot. Having a positive attitude in interpreting health can improve well-being, both physical and mental health. Having positive thoughts allows a person to deal with stress and unpleasant conditions better. Someone who has positive thoughts tends to have the ability to adapt to illness and better accept illness (Pompey et al., 2019).

The source of strength (problem-solving) CKD patient participants described was seeking alternative treatment and seeking support. Social support is defined as resources provided by individuals or social groups. Social support can include peers, family, community groups, or professional members (Chen et al., 2018). In this study, the social support chosen by CKD patient participants was family support. Family support has an important role in improving health, preventing disease, and fulfilling self-care activities (Baskan et al., 2020). Family support is effective in increasing the success of long-term treatment and patient acceptance of the disease (Yucens et al., 2019).

Spirituality is defined as a personal search to understand the meaning and ultimate purpose of life, regarding the relationship with God which leads to religious activities (Bravin et al., 2019; Moura et al., 2020). Spirituality is also defined as a feeling of attachment to God, the search for meaning and purpose, life support and efforts to recover from illness non-physically (prayer, meditation, religious beliefs), and feelings of inner peace and well-being (Duran et al., 2020).

The attitude towards interpreting health among CKD patient participants is described through activities to increase spirituality in the categories of praying a lot and worshipping a lot.

A person's spirituality influences a person's ability to adapt to crisis conditions in their life, such as when facing a chronic illness that is difficult to cure, the death of a relative or friend, and so on (Ahmadi & Noormohammadi, 2017). Other research states that a person's good spirituality is related to good psychological health, greater social support, health function, better physical and cognitive function, self-acceptance, and high compliance with disease treatment (Bravin et al., 2019).

#### **LIMITATION OF THE STUDY**

The aim of this research is to investigate the patient's perspective regarding self-acceptance of the condition of chronic kidney disease they are experiencing, especially from a Javanese cultural perspective. Future research is expected to evaluate the self-acceptance of CKD patients in various cultural contexts, considering the diversity of ethnic and cultural groups in Indonesia. Although this study attempted to achieve data saturation with 21 participants, the relatively small sample size may have influenced the range and diversity of opinions, especially when considering cultural and individual differences in self-acceptance perspectives on illness. In addition, this research was conducted in Pekalongan Regency which is in Central Java, Indonesia. The lack of regional and ethnic diversity in the sample may limit the range of cultural perspectives regarding self-care in chronic kidney disease. This study may not consider the diversity of cultural practices and viewpoints of various regions and ethnic groups in Indonesia.

#### **CONCLUSION AND SUGGESTIONS**

This research provides valuable insight into the perspective of CKD patients' self-acceptance towards chronic illness in Javanese culture. These findings underscore the importance of *nrimo ing pandum*, taking the role of self-management independently, and having a positive attitude in interpreting health as a form of self-acceptance of illness. Cultural attitudes play an important role in determining a patient's self-acceptance of illness. Cultural attitudes of self-acceptance such as *nrimo ing pandum* reflect the values of acceptance, sincerity, surrender, and patience. A caring attitude towards the disease conditions experienced contributes to the cultural context of self-acceptance of illness in CKD patients, especially in regulating diet. In line with that, this research found that taking the role of self-management independently and having a positive attitude in interpreting health is a form of self-acceptance of the disease by CKD patients. This research contributes to the scientific discourse on culturally based health professional care practices and offers valuable insights for health care professionals, emphasizing the need for appropriate interventions to increase patient self-acceptance in the care of chronic disease patients. In the end, this research advocates a comprehensive approach by integrating culture, the patient's role in self-care, and the patient's positive attitude in interpreting health.

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### CONFLICT OF INTEREST

The authors report that they have no conflicts of interest for this study

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