Nurse and Holistic Care,
Vol. 6, No 1, April 2026
www.journal2.unusa.ac.id/index.php/nhc

Original Articles: Quantitative Research

THE RELATIONSHIP BETWEEN SELF-ESTEEM AND SUBJECTIVE WELL-BEING AMONG OSTEOARTHRITIS PATIENTS: A CROSS-SECTIONAL STUDY

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Article history:
Received: March 12, 2026
Accepted: April 22, 2026

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Keywords:
Self-Esteem, Subjective Well-Being, Osteoarthritis.

Page Number: 97-110.

Abstract

Background: Osteoarthritis is a degenerative joint disease that has a significant impact on quality of life, particularly among the elderly. In addition to pain and physical limitations, individuals with osteoarthritis also experience a decline in self-esteem and subjective well-being.

Purpose: This study aims to analyze the relationship between self-esteem and subjective well-being among patients with osteoarthritis in Surabaya Community Health Center.

Methods: This study employed a correlational analytic design with a cross-sectional approach. The study population consisted of 30 respondents, with a sample of 28 selected using simple random sampling. The independent variable in this study was self-esteem, and the dependent variable was subjective well-being. The instruments used were the Rosenberg Self-Esteem Scale and the Satisfaction with Life Scale. Data analysis was performed using the Spearman rank test with a significance level of $\alpha = 0.005$.

Results: The results of this study showed that the majority (60.7%) of individuals with osteoarthritis had high self-esteem, and nearly half (35.7%) had a high level of subjective well-being. The statistical analysis indicated a significant relationship (ρ value < 0.001). Therefore, self-esteem is associated with subjective well-being among individuals with osteoarthritis.

Conclusion: There is a significant relationship between self-esteem and subjective well-being in the Wonokromo Community Health Center area. The results of this study are expected to encourage individuals with high subjective well-being to continue maintaining high self-esteem by accepting themselves as they are, engaging in active social participation, and fostering an optimistic outlook on life.

INTRODUCTION

Osteoarthritis is one of the most common chronic joint diseases worldwide, particularly among the elderly, with millions of sufferers experiencing limited mobility and significant impacts on their quality of life (Zuraiyahya et al., 2020). Osteoarthritis generally affects the knee, hip, and hand joints,

causing pain, stiffness, and reduced mobility that can influence subjective well-being. Osteoarthritis not only causes physical pain but also has psychosocial effects, including impacts on self-esteem and subjective well-being (Chen et al., 2022). Low self-esteem can worsen psychological conditions, while high self-esteem can enhance motivation and optimism in coping with the limitations caused by osteoarthritis (Amalia et al., 2024)

Currently, osteoarthritis treatment mainly focuses on pain reduction and improving physical function, while psychological and emotional well-being aspects are often overlooked. In fact, individuals with osteoarthritis frequently experience a decline in happiness and life satisfaction due to restricted mobility and changes in daily activities. Osteoarthritis sufferers may no longer be able to engage in activities they used to enjoy, such as working or socializing (Faiz & Rahman, 2023). Those who were once able to work and interact with others now have to adjust to their condition. For example, someone who used to gather with friends, attend social events, or be active in the community may begin to limit these activities because of pain and reduced mobility. This situation leads to a decline in happiness and life satisfaction, which are integral components of their subjective well-being (Jannah & Rahman, 2023).

According to recent studies, the number of osteoarthritis patients continues to increase, with a significant rise especially among the elderly. Data from BMC Musculoskeletal Disorders (Jin et al., 2025) indicate that osteoarthritis is one of the leading causes of functional limitations worldwide, with an estimated 528 million people globally suffering from the disease. In Indonesia, based on the Global Burden of Disease (GBD) study (Butarbutar et al., 2024), the prevalence of osteoarthritis has more than doubled since 1990, with increases of 153.12% in men and 143.36% in women. In East Java, the prevalence of osteoarthritis among older adults reaches 65% for those aged over 50 years (Apriyanto et al., 2022). In Surabaya (Rosita et al., 2021), data show that the prevalence of osteoarthritis among the elderly is about 15%, with a significant impact on the sufferers' subjective well-being.

Research on the relationship between self-esteem and subjective well-being among osteoarthritis patients indicates that self-esteem plays a crucial role in their subjective well-being. A study by Jannah & Rahman (2023) found no significant differences in subjective well-being among patients with osteoarthritis, type II diabetes mellitus, and hypertension, suggesting that psychological conditions may have a greater impact than the specific type of illness. Another study by Anugrah (2023) confirmed that self-esteem has a significant positive correlation with subjective well-being, indicating that the higher a person's self-esteem, the higher their level of subjective well-being. Furthermore, research by Harsoyo & Suyasa (2024) reinforced that self-esteem is positively related to life satisfaction. Based on these findings, it can be concluded that self-esteem plays an important role in enhancing subjective well-being among individuals with osteoarthritis; therefore, psychological interventions such as social support and self-acceptance therapy can help them live a better life.

Self-esteem is an essential factor influencing the subjective well-being of osteoarthritis patients. As the prevalence of osteoarthritis continues to increase globally, including in Indonesia, a deeper

understanding of how self-esteem affects subjective well-being becomes increasingly important (Rahmania et al., 2023). Several factors influence subjective well-being, including cognitive processes, self-esteem, optimism and hope, sense of control and self-efficacy, meaning in life, positive relationships, personality traits, and demographic factors (Salatiga, 2024). Subjective well-being greatly impacts an individual's psychological and social life. People with high subjective well-being tend to be happier, experience lower stress levels, and are more capable of facing life's challenges with optimism. Conversely, low subjective well-being can lead to anxiety, depression, and dissatisfaction with life (Rahmania et al., 2023).

Improving self-esteem among osteoarthritis patients requires a comprehensive approach that considers psychological, social, and medical aspects. One practical solution is through social support from family, friends, and community since positive interactions can help enhance confidence and self-acceptance. Encouraging patients to remain active in activities suited to their physical abilities, such as light exercise or social engagement, can help them feel more empowered and improve their overall psychological well-being. With a holistic approach, it is expected that osteoarthritis patients' self-esteem can be strengthened, leading to a positive impact on their subjective well-being (Prasetio & Triwahyuni, 2022).

METHODS

Study Design

This study employed a descriptive quantitative design with a correlational analytical approach aimed at determining the relationship between two variables measured on an ordinal scale. The research used a cross-sectional approach, in which data measurement was conducted only once at a single point in time.

Setting and Participants

The research was conducted at Wonokromo Public Health Center in Surabaya and took place in July 2025. The population in this study consisted of 30 osteoarthritis patients within the Wonokromo Public Health Center area who met the inclusion and exclusion criteria. The inclusion criteria were osteoarthritis patients aged over 45 years, fully conscious and cooperative, and willing to participate in the study. The exclusion criteria included osteoarthritis patients with cognitive impairments or severe comorbidities (such as gangrene). The sample used in this study consisted of 28 participants, determined using a probability sampling technique (simple random sampling). The research variables included the independent variable, self-esteem, and the dependent variable, subjective well-being.

Instruments and Data Collection

The research instruments consisted of demographic data, the Rosenberg Self-Esteem Scale, and the Satisfaction with Life Scale. The demographic data questionnaire included information such as age, gender, occupation, and the participants' latest education level. The data used in this study comprised primary data collected through direct interviews and secondary data obtained from the medical records of osteoarthritis patients.

The Rosenberg Self-Esteem Scale was used to measure self-esteem, while the Satisfaction with Life Scale (SWLS) was used to assess subjective well-being.

The researcher selected the study location at the Wonokromo Public Health Center in Surabaya and submitted a data collection permit, approved by the supervisor and authorized by Nahdlatul Ulama University of Surabaya (UNUSA), to the Surabaya City Health Office. After obtaining permission from the Health Office and an ethical clearance certificate, the researcher received an official assignment letter from the Wonokromo Public Health Center and conducted the study over approximately one month. Data collection was carried out together with community health volunteers (kaders), after obtaining approval from the local neighborhood (RW) authorities prior to conducting home visits. The researcher explained the purpose and benefits of the study to the respondents, obtained their consent through an informed consent form, and then conducted interviews, observations, and questionnaire distribution. After respondents completed the questionnaires, the researcher expressed gratitude and provided a small souvenir as a token of appreciation.

Data Analysis

Before data analysis was conducted, data processing was carried out first. The data processing stage consisted of editing, scoring, coding, processing, cleaning, and tabulating. Editing refers to the process of rechecking the accuracy of the data obtained or collected through the research instruments. At this stage, the researcher reviewed the responses to ensure the consistency and completeness of the questionnaire after all data were collected. During the scoring stage, the researcher categorized the respondents' answers and assigned codes to each response—converting verbal or written answers into numerical data to facilitate analysis. Coding involved assigning numerical codes to data consisting of several categories. In this study, the researcher converted letter-based data into numerical data and entered them into a working table to make interpretation easier. After data entry, a recheck was performed to ensure there were no errors. Once the data were entered into the computer, another verification step was conducted to confirm that the data were free from coding or reading errors. Tabulating involved organizing the data into tables according to the research objectives or the researcher's requirements. In this study, the data were analyzed using the Spearman rank correlation test, with a significance level (α) of 0.05, where a p-value ≤ 0.05 indicated that the hypothesis was accepted.

Ethical Consideration

This study obtained an ethical clearance certificate No. 0229/EC/KEPK/UNUSA/2025 from Nahdlatul Ulama University of Surabaya. During the implementation of the research, the researcher adhered to ethical principles including informed consent, anonymity, confidentiality, respect for human dignity, beneficence, and justice. The researcher explained the purpose and benefits of the study to the respondents without any coercion and obtained written consent voluntarily. The identities and information of respondents were kept confidential, and all participants were treated fairly without discrimination. This study is expected to provide benefits for both the respondents and the wider community.

RESULTS

The results of the general data can be seen in **Table 1.**

Table 1. The results of the general data

Characteristics	Frequency	Percentage
Age (years)		
Pre-elderly	8	28,6%
Elderly	18	64,3%
Old Elderly	2	7,1%
Very Old Elderly	0	0%
Total Characteristics of Age	28	100%
Gender		
Male	5	17,9%
Female	23	82,1%
Total Characteristics of Gender	28	100%
Comorbidities		
Without comorbidities	12	42,9%
With comorbidities	16	57,1%
Total Characteristics of Comorbidities	28	100%
Education		
Primary	3	10,7%
Secondary	21	75,0%
Higher	4	14,3%
Total Characteristics of Education	28	100%
Occupation		
Employed	13	46,4%
Unemployed	15	53,6%
Total Characteristics of Occupation	28	100%

Based on Table 1, out of 28 respondents, it was found that the majority (64.3%) were elderly, aged between 60–74 years. Almost all respondents (82.1%) were female. Most respondents (57.1%) had comorbidities such as hypertension and gastritis. In terms of education, the majority (75.0%) had a secondary education level, namely senior high school. Meanwhile, most respondents (53.6%) were unemployed and served as housewives who were actively involved in various social activities.

Table 2. Characteristics of Respondents Based on Self-Esteem and Subjective Well-Being.

Characteristics	Frequency	Percentage
Self-esteem		
High	17	60,7%
Moderate	10	35,7%
Low	1	3,6%
Total	28	100%
Subjective well-being		
Very High	9	32,1%
High	10	35,7%
Fairly High	4	14,3%
Neutral	1	3,6%
Fairly Low	3	10,7%
Low	1	3,6%
Very Low	0	0%
Total	28	100%

Furthermore, the results of the specific data, namely the characteristics of self-esteem among osteoarthritis patients, can be seen in **Table 2.** Based on Table 2, out of 28 respondents, the majority (60.7%) or 17 respondents had a high level of self-esteem. In addition, nearly half of the respondents (35.7%) or 10 respondents also had a high level of subjective well-being.

Table 3. Cross-Tabulation of the Relationship Between Self-Esteem and Subjective Well-Being Among Osteoarthritis Patients at Wonokromo Public Health Center. Based on the cross-tabulation between self-esteem and subjective well-being in Table 5.8, it was found that among 28 respondents, 10 respondents with high subjective well-being mostly (80%) had high self-esteem, while a small proportion (20%) had moderate self-esteem. Among the 9 respondents with very high subjective well-being, all of them (100%) had high self-esteem.

Table 3. Cross-Tabulation of the Relationship Between Self-Esteem and Subjective Well-Being Among Osteoarthritis Patients at Wonokromo Public Health Center

Subjective well-being	***Self-esteem***						**Percentage**	
	High		**Moderate**		**Low**			
	F	**%**	**F**	**%**	**F**	**%**	**F**	**%**
Very High	9	100	0	0	0	0	9	100
High	8	80	2	20	0	0	10	100
Fairly High	0	0	4	100	0	0	4	100

Neutral	0	0	1	100	0	0	1	100
Fairly Low	0	0	3	100	0	0	3	100
Low	0	0	0	0	1	100	1	100
Very Low	0	0	0	0	0	0	0	0
Total	17	60,7	10	35,7	1	3,6	28	100
Spearman Rank Correlation Test								*p value < 0,001*

DISCUSSION

Self-Esteem

Osteoarthritis is a degenerative joint disease that causes chronic pain, stiffness, and reduced physical ability. This condition often makes patients feel incapable of carrying out daily activities independently, which can affect how they perceive and value themselves, or their self-esteem. Self-esteem refers to how individuals view and appreciate themselves. When osteoarthritis patients experience physical limitations, they may feel less useful or unproductive, potentially leading to decreased self-esteem. This decline in self-esteem not only affects psychological well-being but also influences their motivation to undergo treatment and maintain health.

Based on the research findings, most osteoarthritis patients (60.7%) had high self-esteem. This was reflected in positive responses to statements such as “I am satisfied with myself” and “I feel that I have many good qualities” in the questionnaire. These statements are important indicators of self-esteem, representing self-acceptance, appreciation of personal qualities, and confidence in one’s abilities. This suggests that despite suffering from a chronic and progressive joint disease, patients can still maintain a positive self-perception.

High self-esteem among osteoarthritis patients can be influenced by several factors, including life experiences, self-acceptance, family and social support, and involvement in social activities. Patients with high self-esteem tend to cope better with disease-related stress, are more motivated to continue treatment, and remain socially active. They are also more likely to accept their physical limitations caused by osteoarthritis and continue to feel that their lives are meaningful and valuable. This finding aligns with the study by Gustofa et al (2023), which reported that osteoarthritis patients with high self-esteem have a better quality of life.

The study also found that most osteoarthritis patients (64.3%) were elderly, aged 60–74 years. Osteoarthritis is common among older adults because the body undergoes various changes with age joints become less flexible, joint lubrication decreases, and cartilage wears down more easily. Therefore, the elderly are more vulnerable to osteoarthritis. However, older adults do not always have low self-esteem. Those who can accept themselves, have extensive life experience, and receive support from their surroundings can still feel confident and valued. This is consistent with the findings of Syahfitri (2023), which showed that both active and older elderly individuals can have high self-esteem,

especially when surrounded by positive social environments and a sense of resilience in facing life's challenges. High self-esteem is essential for patients as it helps them live better lives. Confident elderly individuals are generally more prepared to deal with health problems and can make calm, thoughtful decisions without fear or doubt.

Research by Syahfitri (2023) also found that elderly women tend to be more active in social activities and more open in expressing their emotions. This allows them to receive emotional support from their surroundings, directly strengthening their confidence and self-worth. Elderly women often maintain meaningful social roles such as caregivers, advisors, or community figures—which give them a sense of appreciation and purpose. A study from Alchuriyah S & Wahjuni C (2023) also showed differences in self-esteem levels based on educational background. Individuals with higher education levels had the highest self-esteem, followed by those with secondary and primary education. Interestingly, all educational groups still exhibited fairly good self-esteem, particularly when supported by factors such as family support, life experience, and social engagement.

According to the researcher, the high level of self-esteem among most osteoarthritis patients indicates that a person's sense of self-worth is not solely dependent on physical condition or age. Although osteoarthritis is commonly associated with older adults, factors such as self-acceptance, emotional and social support, and active involvement in social activities play a crucial role in helping them maintain a positive self-image. The fact that elderly individuals can still have high self-esteem demonstrates that aging does not necessarily lead to a decline in psychological condition or quality of life. The researcher believes that elderly individuals with rich life experiences and supportive environments tend to be stronger and more capable of facing health challenges such as osteoarthritis with calmness and optimism.

Subjective Well-Being

Osteoarthritis is a joint disease that causes pain and limited mobility. This condition affects not only the physical aspect but also the emotional state and life satisfaction of an individual. When a person experiences difficulty in movement, loss of independence, or inability to perform activities that were once routine, it can decrease happiness and overall life satisfaction, commonly referred to as subjective well-being (Hermawan et al., 2024). Subjective well-being encompasses how individuals evaluate their lives as a whole, including how satisfied they are with their lives and how frequently they experience positive emotions. Among individuals with osteoarthritis, declining physical function and persistent pain can reduce positive emotions and increase stress, thereby lowering subjective well-being.

Research indicates that osteoarthritis patients who possess adequate knowledge about their condition and receive social support tend to have higher levels of subjective well-being. They are better able to accept their physical limitations and remain satisfied with their lives despite these constraints (Jannah & Rahman, 2023). Based on the results of this study, nearly half of the osteoarthritis patients (35.7%) had a high level of subjective well-being. This finding is reflected in positive responses to

statements such as “I am satisfied with my life” in the questionnaire. This statement serves as a key indicator of the cognitive aspect of subjective well-being, which refers to overall life satisfaction. The study by Tirta (2020) also revealed that despite facing physical challenges, many osteoarthritis patients remained content and happy. This suggests that they are capable of adapting, accepting their condition, and staying socially active. Effective coping strategies—such as expressing gratitude, maintaining social relationships, and engaging in meaningful activities—help them manage stress and maintain optimism. Osteoarthritis patients with high subjective well-being generally demonstrate stronger mental resilience, a hopeful outlook toward the future, and a reduced tendency toward despair.

The findings of Karni (2020) support this perspective, showing that older adults whose basic needs are met, who maintain good self-esteem, optimism, and positive social relationships, tend to have higher subjective well-being. Support from others and spirituality also serve as important protective factors for mental health. Most of the older adults (64.3%) in this study were aged 60 years and above. At this stage of life, individuals tend to reflect on the past, evaluate life achievements, and seek meaning from their experiences. Older adults who are able to accept changes and remain socially active often perceive their lives as meaningful and worthwhile. Although aging is often associated with physical and social decline, those with good self-acceptance and adequate social support can still experience happiness. Kusuma (2020) reported that positive social interactions—especially within families and communities—play a significant role in enhancing subjective well-being. Osteoarthritis patients who feel valued and maintain meaningful social roles are generally more satisfied with their lives.

Similarly, the study by Nurti et al (2022) stated that family support, religiosity, and self-confidence play major roles in maintaining the subjective well-being of older adults, even when they are dealing with comorbidities. Older adults who feel appreciated and supported by their social environment tend to have a more positive outlook on life, even when facing physical limitations. The presence of comorbid diseases such as hypertension or gastric disorders may actually increase their awareness of the importance of maintaining health. Those who regularly attend medical checkups, follow therapy, and adopt a healthy lifestyle often develop a stronger sense of self-control and confidence, which ultimately contributes positively to their subjective well-being.

The Relationship Between Self Esteem and Subjective Well Being

Osteoarthritis is a degenerative disease that causes chronic pain, limited mobility, and decreased physical function. This condition directly affects patients’ daily activities and social roles, thereby influencing how they perceive themselves (self-esteem) and evaluate their quality of life (subjective well-being). Research by Harsoyo & Suyasa (2024) indicates that self-esteem has a significant positive relationship with life satisfaction and positive affect, as well as a negative relationship with negative affect. Thus, the higher a person’s self-esteem, the more likely they are to feel satisfied and happy in life. Low self-esteem among osteoarthritis patients may worsen their subjective well-being, whereas

interventions that enhance self-esteem, such as social support and regular medical follow-up can help them feel more capable and content with their lives.

Based on the findings of this study, self-esteem is associated with subjective well-being. This result is supported by Fatmala & Nur Hafifah (2021), who stated that self-esteem is an important psychological factor contributing to the quality of life of osteoarthritis patients. Patients who value themselves and feel capable of managing challenges tend to experience higher levels of happiness and are less likely to suffer from negative emotions such as anxiety or depression. According to Amanati & Wibisono (2024), high self-esteem among older adults with osteoarthritis can predict a high level of subjective well-being. These patients tend to accept their health conditions without feelings of inferiority and believe that they still have meaningful qualities and roles within their social and family lives. This finding is in line with Nurmayunita (2021), who found that family support, independence, and positive self-perception are significantly related to self-esteem in the elderly. Osteoarthritis patients who feel supported and able to perform daily activities independently show higher levels of self-esteem, which in turn enhances their subjective well-being.

Harsoyo & Suyasa (2024) also confirmed that self-esteem has a significant positive relationship with subjective well-being, specifically life satisfaction and positive affect and a negative relationship with negative affect. Individuals with high self-esteem tend to evaluate themselves positively, feel satisfied with their lives, and manage emotions in healthier ways. For patients with chronic illnesses such as osteoarthritis, self-acceptance and psychological resilience are essential to maintaining subjective well-being.

The study conducted by Amanati & Wibisono (2024) further emphasized that psychological factors such as self-efficacy, self-acceptance, and social support greatly influence the quality of life of older adults with osteoarthritis. High self-esteem strengthens positive self-perception, enhances self-confidence, and encourages more active social participation. When patients are able to view themselves positively and feel in control of their lives, their level of subjective well-being increases significantly.

According to the researcher's interpretation, osteoarthritis patients with high self-esteem also tend to have higher levels of subjective well-being. This is due to their ability to accept their health condition positively without feeling inferior or discouraged. Self-acceptance helps patients continue to feel valuable and capable of living confidently. They are not only able to adapt to their physical limitations but also remain active in various social activities, such as gathering with family or participating in community events.

High self-esteem also encourages osteoarthritis patients to view their lives more optimistically and meaningfully. They feel satisfied with what they have, appreciate themselves, and are less affected by negative feelings such as sadness, anxiety, or despair. Instead, they tend to experience more positive emotions such as happiness, calmness, and gratitude. This condition demonstrates that self-esteem plays a crucial role in shaping subjective well-being, especially among older adults with chronic illnesses like osteoarthritis, who are at risk of a decline in life quality

IMPLICATIONS AND LIMITATIONS

Based on field experience, the researcher encountered several limitations. One of these was the presence of duplicate data in the list provided by the Community Health Center (Puskesmas), which required the researcher to re-sort and verify the data before using it in the study.

CONCLUSION

Based on the results of the study on the relationship between self-esteem and subjective well-being among patients with osteoarthritis at the Wonokromo Community Health Center, it can be concluded that most osteoarthritis patients in the Wonokromo area have a high level of self-esteem, nearly half of them have a high level of subjective well-being, and self-esteem is significantly related to subjective well-being among osteoarthritis patients in the Wonokromo area.

AUTHOR CONTRIBUTION

Imamatul Faizah **:** Conceptualization, Methodology, Formal Analysis, Writing – Original Draft.
Ratna Yunita Sari **:** Methodology, Writing – Review & Editing.
Riska Rohmawati **:** Data Curation, Supervision.
Siti Nur Hasina **:** Data Curation, Formal Analysis.
Rahmadaniar Aditya Putri **:** Writing – Review & Editing, Supervision.

All authors contributed to the interpretation of the findings, critically reviewed and approved the final version of the manuscript, and agreed to be accountable for all aspects of the work.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

ACKNOWLEDGEMENT

The researcher is extended to Nahdlatul Ulama University Surabaya and the academic advisor for the guidance and direction provided throughout the research process. The researcher also thanks the Wonokromo Community Health Center in Surabaya, the health cadres, and all respondents for their

participation. The support from family and friends has also been a great source of motivation, enabling the researcher to complete this study successfully.

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Table Captions

Table 1. The Results of the General Data.

Table 2. Characteristics of Respondents Based on Self-Esteem and Subjective Well-Being.

Table 3. Cross-Tabulation of the Relationship Between Self-Esteem and Subjective Well-Being Among Osteoarthritis Patients at Wonokromo Public Health Center.