



GRATITUDE TRAINING TO REDUCE THE DEPRESSION LEVEL AMONG THE PATIENTS WITH CHRONIC KIDNEY FAILURE UNDERGOING THE HEMODIALYSIS THERAPY

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ABSTRACT/ABSTRAK:

The purpose of the study was to investigate the effectiveness of gratitude training on reducing depression levels among patients with chronic kidney failure undergoing hemodialysis therapy. The study used a single-subject experimental design with the A-B-A (Baseline A1-Treatment-BaselineA2) format to examine changes in individuals receiving the treatment. Two patients with chronic kidney failure who had undergone hemodialysis therapy for ≤ 2 years were selected as the participants. The level of depression was measured using Depression Anxiety Stress Scale (DASS)-42 and qualitatively measured through visual inspection. The hypothesis test results supported the effectiveness of gratitude training in reducing the depression level in patients with chronic kidney failure undergoing hemodialysis therapy.

Penelitian ini bertujuan untuk mengetahui pengaruh pelatihan kebersyukuran untuk mengurangi tingkat depresi pada pasien gagal ginjal kronis yang menjalani terapi hemodialisis. Penelitian ini menggunakan metode eksperimen dengan *single subject design A-B-A (baseline A1-treatment-baseline A2)*. Partisipan dalam penelitian ini adalah 2 pasien gagal ginjal yang telah menjalani terapi hemodialisis selama kurang dari 2 tahun. Tingkat depresi diukur dengan menggunakan *Depression Anxiety Stress Scale (DASS)-42* dan secara kualitatif diukur menggunakan *visual inspection*. Pelatihan kebersyukuran efektif untuk mengurangi depresi pada subjek penelitian, sehingga hipotesis diterima.

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Chronic Kidney Failure (CKD) is a condition where the kidneys are unable to function normally, leading to progressive damage or loss of nephrons (O'Callaghan, 2007). According to Levey et al. (2005) stated that Chronic Kidney Failure is a condition of kidney damage, which is indicated by abnormal excretion and decreased kidney function.

The research of Widiанти et al. (2017) stated that hemodialysis therapy is commonly used to improve the survival rate of patients with chronic kidney failure. The survival ability of patients with chronic kidney failure who are undergoing hemodialysis therapy is influenced by various factors, including the level of severity of the disease, the patient's body system is disturbed by toxins due to kidney failure to filter fluids in the body, regulation of fluid and food intake, to compliance in undergoing the hemodialysis therapy process (Wijayanti et al., 2017). In a study conducted by Marianna and Astutik (2018) it was stated that there were patients who were able to survive for years by undergoing the therapy process.

Hemodialysis therapy has very good benefits for patients with kidney failure, but this therapy is risky and has side effects for sufferers. There are several problems and complications related to the side effects of hemodialysis therapy, including cardiovascular complications such as hypertension and arrhythmias (Wiliyanarti & Muhith, 2019). Complications experienced by patients with kidney failure will cause discomfort for sufferers, besides that the fatigue experienced by patients during the hemodialysis process is also the cause of the depression (Suparti & Nurjanah, 2018). Patients with chronic kidney failure according to Rahayu et al. (2019) may also experience various psychological problems such as anxiety, stress, and depression.

(Aisara et al., 2018) state that patients undergoing hemodialysis may feel psychologically worried which includes restrictions on food intake, sexual problem, changes in body, appearance, restrictions on physical activity, lifestyle changes, dependence, and sleep disorders. This is because these hemodialysis patients undergo a tiring hemodialysis process such as the length of time in dialysis and the uncertainty about the future of hemodialysis patients. Symptoms that appear in patients with chronic diseases who experience depression are changes in sadness, sleep disturbances, decreased appetite, and withdrawal from the environment (Wiyani Putri et al., 2016). Symptoms that appear in chronic kidney failure patients undergoing hemodialysis therapy also meet the aspects described by Lovibond (1998) such as dysphoria (not satisfied with life), hopelessness (lost hope), devaluation of life, anhedonia, inertia, and lack of involvement.

Many things experienced by patients with chronic kidney failure can have a depressive effect on patients, therefore efforts are needed to increase gratitude for individuals so that they can be used to organize and rearrange their lives, improve social relations with their environment, and regulate their lives so that patients can rediscover the happiness that is in his life by being grateful and accepting the situation as a gift given by Allah. Gratitude can be used as a coping strategy to change an individual's point of view to be more positive regarding whatever he is currently facing, in which the process of changing that point of view can be useful for reducing the level of depression and alleviate positive emotions (Lubis, 2023). This increases feelings of contentment and optimism in life, because being grateful focuses our minds and hearts on positive things from ourselves. Gratitude can be used as a coping strategy to change an individual's point of view so that they

become more positive regarding whatever they are currently facing, in which the process of changing this point of view can be useful for reducing the level of depression in a person. Al-Jauziyah (1999) explains that gratitude is showing submission with the heart, acknowledging through words and showing acknowledgment with obedience to Allah who has given pleasure and happiness. One strategy to reduce the level of depression is to accept the condition by being grateful. Gratitude has a very close relationship with the psychological well-being, by focusing that gratitude is a negative or positive experience that will add positive memories to an individual's cognitive system and reduce depression. Emmons & McCullough (2003) conducted research on 385 subjects aged between 22 to 77 years who were given the task of writing down negative events that had been experienced, then everything that had been grateful for so far, and neutral events that had been experienced by an individual. This study found that someone who writes down things that have been grateful will increase subjective well-being, reduce stress and depression levels.

Research revealed by Suryanti and Ariani (2006) states that religiosity is a factor that can reduce depression levels. It is explained that psychoreligious-based therapy significantly reduces problems related to emotional conditions, one of which is depressive conditions. Suryanti and Ariani (2006) add that when a person performs a psychoreligious therapy process (dhikr and gratitude) then the process of gratitude (prayer) and dhikr will produce calm in the human body, which when a person is calm then the control of emotional responses within an individual will much better and this can reduce and reduce depressive conditions in a person. The results of studies conducted by Dewantari (2020); Wulandari and Koentjoro (2018); Fitriani (2017), consistently indicated that

gratitude therapy was effective for reducing depression level of their research subjects.

Several previous studies found effectiveness of gratitude training as an intervention for improving psychological people with chronic diseases. Research conducted by Bahar and Moordiningsih (2021) showed that gratitude training improves subjective well-being in people with heart disease. In addition, Adhiningtyas and Utami (2020) tested the effectiveness of Gratitude Cognitive Behavior Therapy (G-CBT) to improve the quality of life of two women with HIV/AIDS. The quantitative analysis using visual inspection techniques showed that Gratitude Cognitive Behavior Therapy (G-CBT) can improve the quality of life of women living with HIV/AIDS. The descriptive analysis showed that G-CBT had positive effects on both participants, such as a more positive mood and more patience in their life.

Emmons (2008) explains that gratitude is a construction of thoughts, emotions, and behavior. Gratitude as a form of cognitive construction is to acknowledge generosity and kindness for all forms of blessings that have been received and felt and focus on everything that is in an individual today (here and now). In emotional construction, gratitude is an individual's effort to change the emotional response to an event so that it becomes more meaningful (McCullough et al., 2004).

Based on this, this study aims to determine the effect of gratitude training to reduce the depression level of patients with chronic kidney failure. Being able to increase gratitude to reduce the level of depression will be very important for patients with chronic kidney failure because with them being able to be grateful for their current condition, it will automatically improve the health condition of patients with kidney failure from a physiological and psychological perspective and decrease the

level of depression in patients with chronic kidney failure.

RESEARCH METHOD

The single-subject experimental design used in this study uses the ABA type (Kazdin, 2011). The ABA design itself is a simple design that is given repeated treatments and measurements. In the ABA design, A at the beginning is meant as the baseline, B is meant as treatment and A at the end is meant as withdrawal. Single case studies were conducted in two basic varieties, experimental designs and case studies. Single-case experiments are most often used to study the basic effects of the learning process and to study its effectiveness in modifying behavior. Therefore, in this study, depression experienced by kidney failure patients who are undergoing hemodialysis therapy is a basic phase, then given treatment in the form of gratitude training.

Several things need to be considered in obtaining good research validity when conducting experiments with the ABA design, (Sunanto et al., 2005) explains as follows:

- a. Defines target behavior as behavior that can be accurately measured.
- b. Measure and continuously collect data in the baseline phase (A1) until the data becomes stable.
- c. Giving treatment after the baseline data is stable.
- d. Measuring and collecting data on the treatment/intervention phase (B) within a certain time until the data becomes stable.
- e. Repeat the baseline phase (A2).

In this study, the participants were selected purposively. The characteristics of the subject are kidney failure patients who undergoing hemodialysis therapy for less than 2 years. This study involved 2 respondents who settle in Kebumen,

Muslim, males aged 16 to 50 years. The data collection method used is using a questionnaire. The depression scale used was adapted from 6 aspects of Lovibond (1998) consisted of hopelessness, lack of involvement, anhedonia, inertia, self-deprecation/self-blame, and devaluation of life. This study uses a research sample on chronic renal failure patients undergoing hemodialysis therapy. Before determining the sample, the researcher collected information through interviews with the head of the hemodialysis room at the hospital. Interviews were conducted with all participants to find out the conditions and psychological impact of being a patient with chronic kidney failure who was undergoing hemodialysis. After that, the researcher observed several patients who were undergoing hemodialysis therapy to see the characteristics or symptoms of depression that the patient was currently suffering from. There are findings of symptoms that lead to depressive disorders seen in patients with kidney failure who are undergoing hemodialysis therapy, including looking gloomy, not motivated, not wanting to interact with the environment. These facts were reinforced by the explanation from the head of the hemodialysis room who stated that there were some patients who withdrew from the conversation, did not want to interact with the specific environment (nurses) and showed sadness on their faces.

Researchers conducted screening by distributing the Depression Anxiety Stress Scale (DASS) to patients who were undergoing hemodialysis therapy. Giving the scale also considers the patient's condition and the patient's ability to answer. Questionnaires were given to patients who were not in a state of sleep, were not in pain, were not in an uncomfortable state, were not in a state of compulsion, were able to read or listen well and were able to communicate well with researchers. Based on the

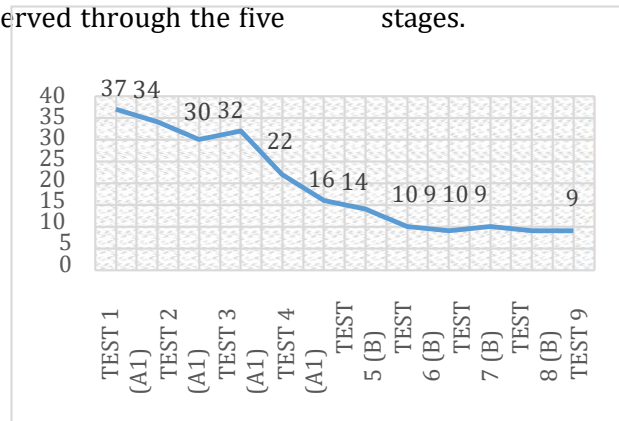
measurement results in the screening process of 39 patients, there were 2 patients who met the criteria as participants with the measurement results showing that the patient had severe and very severe depression.

This study used descriptive analysis with a single subject. The data was described in graphic form, therefore changes of level of depression was seen in the graph obtained from baseline A1, intervention/treatment/training phase B, and baseline phase A2 (Kazdin, 2011). In addition to descriptive analysis, in this study, a visual inspection was also carried out on the subject to see the changes that occur and can be observed through the five

senses possessed by humans as one of the measurements of the effectiveness of the treatment (Kazdin, 2011).

RESEARCH RESULTS

Based on three stages of research conducted in as many as 12 sessions, participants experienced changes in levels of depression. There was a decrease in the level of depression when compared to the initial condition at the baseline A1, treatment B, and baseline A2 stages. The following are the results of measuring the level of depression in patients with chronic kidney failure who are undergoing hemodialysis from the baseline A1, treatment B, and baseline A2 stages.



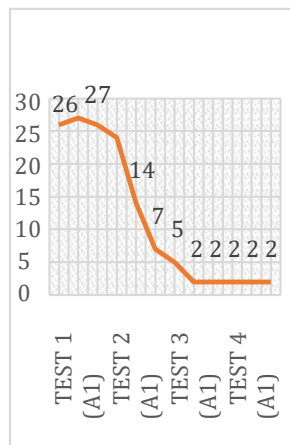
Graph 1. Patient D's Graph

In the first measurement of baseline A1, patient D got a score of 37 which was included in the very severe category. Patient D's condition when he first met with the researcher was dominated by feeling confused and not understanding his goals and life picture in the future. In subsequent sessions, patient D experienced a decrease in the level of depression, although the depression category of patient D was still in the very severe category until the end of the baseline A1 stage.

At treatment stage B, the level of measurement 1 to 4 decreased and was in the moderate-mild category. Patient D from each measurement and observation showed significant changes, such as the lethargic

condition of patient D was reduced, more enthusiastic, and able to find and cultivate positive thoughts. At baseline stage A2, the results shown by patient D were in the mild-normal category. Based on observations and interviews, patient D showed very good progress such as being able to be grateful for his condition and for the little things that happened around him and being able to interpret the events that occurred in his life as a blessing even when the event was an unfortunate event fun.

The following is a graph of the results of measuring the level of depression in patient I from baseline stage A1, treatment B, and baseline A2.



Graph 2. Patient I's Graph

In the first measurement of baseline A1, patient I got a score of 26 which was included in the heavy category. The condition of patient I when he first met the researcher was dominated by feelings of confusion and feeling of failure because many of the plans that patient I had planned ended in failure. The theme of failure that patients I tend to show is in terms of work. Through the measurement results at the baseline A1 stage, the results show that the depression level of patient I tends to be stable and there is no significant decrease or increase. From the results of the measurement of the level of depression, patient I at the baseline stage A1 was stable in the severe category.

At treatment stage B, measurement levels 1 to 4 experienced a significant decrease in depression levels. The measurement results produce a score that falls into the moderate-mild category. In each measurement of treatment B, patient I showed significant changes, such as the condition of patient I who was initially lethargic and had a blank stare became not lethargic and could focus, was more enthusiastic in participating in training, the tone of voice changed from weak to louder, decreased dominance of confusion, reduced feelings of guilt, being able to find meaning behind an event, accepting the condition of his illness, and being able to be grateful for every event that occurs in his life.

At baseline stage A2, the results of measuring the level of depression in patient I were stable in the normal category. Through observation and interviews, patient I showed very good progress. This is reflected in the behavior of patient I who is more enthusiastic in his daily life, has more energy to carry out activities, does not look lethargic, can think positively, and is able to be grateful for the many things in his life.

DISCUSSION

This study aims to determine the effectiveness of gratitude training on the level of depression in patients with chronic kidney failure who are undergoing hemodialysis. It can be seen that the results of this study indicate that gratitude training can effectively reduce the level of depression in chronic kidney failure patients undergoing hemodialysis. Gratitude intervention is used to reduce negative emotions, especially depression in an individual, by presenting positive emotions from within the individual in a grateful way (Emmons & McCullough, 2003).

As long as the patient tries to practice gratitude training material, from understanding the relationship between thoughts, feelings and behavior, the meaning of gratitude, finding the meaning behind an event, dhikr and praying to Allah SWT, so that it gives peace and increases sincerity in undergoing treatment and understanding

pain currently suffering from. After the subjects attended the gratitude training, they were more accepting, more able to grow positive values within themselves, both in thoughts, words and deeds, more calm, not tense, and able to be grateful, find meaning in every event that happened in their life. The gratitude that is presented in one's life will give a person the effect of feeling happier, optimistic, satisfied in his life, and reducing negative thoughts that lead to depression (Ike et al., 2019). Hasan (2020) explained that patients with chronic renal failure who underwent hemodialysis had psychological problems, which were dominated by depression, from severe to very high levels of depression. Sriandari and Lesmana (2019) added that clinical observations explained that life events preceded the first episode of mood disorders than subsequent episodes, in which the stress that accompanies the first episode of mood disorders causes biological changes in the brain that can last a long time and can change the functional state of various neurotransmitters and systems. There is a change in the subject who is given training or treatment because the subjects in this study attain understanding of the meaning of gratitude, as explained by Ajzen and Fishbein (2000) that behavior change consists of three stages, namely behavioral belief, normative belief, and perceived behavior control. Attitudes, subjective norms, and perceptions of control shown by a person are determined through the main beliefs. Determinants of a behavior are the result of the process of assessing the beliefs of the individual. Achmat (2010) added that the theory of planned behavior is based on the assumption that humans are rational beings who use information to be used systematically to think about and decide on the next course of action in certain behaviors.

Based on the interviews conducted in this study, it can be concluded that the subjects who participated in the gratitude training experienced positive meaning, knowledge, description, and understanding related to gratitude. (Hawari (2005) conducted research indicating that psychoreligious interventions, such as gratitude can aid in the healing process by boosting immunity, in addition to medical-psychiatric therapy. Subjects reported positive changes, including increased acceptance, growth of positive values in thoughts, words, and actions, enhanced calmness, reduced tension, and a more optimistic outlook on life. They also became more grateful and found meaning in every life event. Although the subjects shared a common understanding that they had not been sufficiently grateful in their lives, their individual goals for interpreting gratitude varied due to their unique experiences.

CONCLUSION

Based on the results of this study, it can be concluded that gratitude training significantly reduced depression scores among chronic kidney failure patients undergoing hemodialysis. The participants experienced positive changes in terms of increased calmness, reduced tension, positive thinking, optimism, and a forward-looking perspective despite their limitations. For future research, it is recommended to use assessment instruments with fewer items to measure depression levels or other variables. This consideration is due to the unstable condition of chronic kidney failure patients, as extensive item questionnaires may negatively impact their health. Additionally, participants should be encouraged to consistently apply the training material to their daily lives and share it with their families, close friends, and fellow patients, promoting the wider application and benefits of gratitude training.

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