

THE EFFECTIVENESS EFFECTIVITY OF COGNITIVE BEHAVIOR THERAPY ON IMPROVING SELF-ESTEEM IN CRONIC KIDNEY DISEASE PATIENTS IN RSUD DR. SOEGIRI LAMONGAN

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Abstract

Chronic kidney failure is one of the diseases that it is an important problem in Indonesia. The World Health Organization (WHO) states that the incidence of CKD in 2013 in the world globally is more than 500 million. The impact of CKD for patients, patients if diagnosed with CKD usually immediately imagine the cost of therapy that will be incurred, life will depend on others. This study is a quasi experimental study using the research design "Quasi Experimental Pre-Post Test Without Control Group" with Cognitive Behavior Therapy (CBT) intervention. The population of this study were CKD patients at RSUD dr. Soegiri Lamongan. The total of 492 respondents. The sample was 25 respondents with purposive sampling technique. The independent variable is CBT therapy and the dependent variable is the level of self-esteem, the regression test shows that the p value is less than 0.5 so that the hypothesis is accepted. Many CKD diseases have an impact on psychological disorders so that the importance of CBT therapy in resolving disorders from both biological, psychological, social and spiritual aspects.

Keywords: CBT, Self-Esteem, CKD

1. INTRODUCTION

Chronic renal failure is one of the diseases that it is an important problem in Indonesia. Chronic renal failure is a progressive and irreversible change in kidney function. In chronic renal failure, the kidneys are unable to maintain fluid balance and accumulate metabolic waste, leading to end-stage renal disease (Tery, 2013). Like most people who suffer from terminal illnesses, someone who is diagnosed with CKD will also experience the same condition. Patients will always be overshadowed by the nearness of death, feel that they can no longer manage themselves and must depend on others. Such conditions will certainly lead to changes and imbalances in the aspects of the patient's life, the behavior that is often shown in this situation the patient becomes irritable, feels useless, tends to blame others, feels worthless and lazy to socialize with others, (Purwanto, 2015).

The World Health Organization (WHO) states that the incidence of CKD in 2013 in the world globally was more than 500 million people, an increase of 50% from the previous year. The prevalence of diagnosed CKD in Indonesia was 0.2%. Central Sulawesi was the highest (0.5%) while the prevalence in East Java was 0.3% (Risksdas, 2013). Based on the Indonesian Renal Registry (IRR) in 2017, 98% of patients with CKD undergo hemodialysis therapy and 2% undergo Peritoneal Dialysis (PD) therapy. Registry data at RSUD Dr. Soegiri Lamongan shows that CKD patients have increased, namely 434 patients in 2016 and 483

patients in 2017. While the data in the Dahlia Room of RSUD dr. Soegiri Lamongan showed an increase, which amounted to 4.47% in 2017 to 18.95% in 2018. In 2019 from January to September, CKD patients ranked first at 14.9%, followed by diabetes mellitus (DM) patients in second place (13.37%) and gastritis in third place (12.1%).

The impact of CKD for patients, if patients diagnosed with CKD usually immediately imagine the cost of therapy that will be incurred, life will depend on others, unable to work as usual, disrupted role, hope for life is diminishing, patients experience fear that their age is not long anymore, this problem eventually leads to feelings of uselessness and despair (Purwanto, 2015). Not a few patients who become desperate, they stop all treatment and care efforts and take actions that lead to suicide (Purwanto, 2015). Patients with CKD will experience biopsychosociospiritual changes in their lives. Biological (physical) changes, such as having to regulate their life patterns, namely eating patterns, drinking patterns (fluid intake), activity patterns and rest patterns, all of which must be balanced, not excessive or adjusted to their physical abilities (Lumenta, 2005). Psychological changes, such as anxiety, threat of death, feelings of guilt for continuing to depend on others, feeling useless and worthless (Roesli, 2006). Social changes become lazy to connect with others and tend to withdraw from their social environment (Purwanto, 2015). Spiritual changes, patients tend to blame God, consider God unfair for giving punishment to themselves so they are lazy to worship. To anticipate, the impact of CKD is given Cognitive Behavior Therapy (CBT).

Kaplan et.al. (1995 in Stallard, 2002) mentioned that CBT is a therapeutic intervention that aims to reduce disturbing and maladaptive behaviors by developing cognitive processes. CBT is based on the assumption that affect and behavior are the result of cognition therefore cognitive and behavioral interventions can bring about changes in thoughts, feelings, and behavior (Kendall, 1991 in Stallard, 2002). CBT therapy is highly effective as it provides positive patient outcomes, improves quality of life and coping skills, treats problematic behaviors and ameliorates illness. Delayed decision-making leads to a lack of congruence between patients and physicians, worsening the quality of patient care and the influence of physician management (Muneswaran Chandaran, et al, 2021). Psychosocial interventions include various strategies, including cognitive behavioral therapy (CBT), support groups, and mindfulness-based approaches. These interventions aim to improve coping skills, reduce anxiety and depression, and improve overall psychological well-being (Javed, Komal, 2023).

There are many studies on CBT in dealing with psychological problems in CKD patients. Praba's research showed that CBT is effective in reducing anxiety and depression in people under going hemodialysis (Praba, et all, 2016). When viewed from the problems that exist in CKD patients undergoing hemodialysis, it is very necessary to have the right specialist therapy such as CBT and at RSUD dr. Soegiri Lamongan there has never been research on CBT, therefore the authors are very interested in examining the effect of Cognitive Behavior Therapy (CBT) on patients with CKD.

2. METHODOLOGY

This study is a quasi experimental study using the research design "Quasi Experimental Pre-Post Test Without Control Group" with Cognitive Behavior Therapy (CBT) intervention. The population of this study were CKD patients at RSUD dr. Soegiri Lamongan. A total of 492 respondents. The sample was 25 respondents with purposive sampling technique. The sample was determined based on the inclusion criteria, namely aged 28 to 65 years, the main nursing diagnosis of low self- esteem when the average self-esteem questionnaire score was

< 52 of the optimal score of 80, cooperative, at least elementary school education can read and write. The dependent variable is self-esteem change and the independent variable is CBT therapy. Researchers analyzed the relationship correlation between the level of self-esteem after the provision or intervention of CBT, analyzed using the simple Regression Correlation test.

3. RESULTS

The condition of cognitive self-esteem of CKD patients before being given therapy is in the category of self-esteem where the self-esteem range is moderate. After being given the treatment experienced a change to increase significantly. Furthermore, the regression test shows that the p value is less than 0.5 so that the hypothesis is accepted.

Table 1: Self-esteem level of cognitive aspects of CKD patients before and after CBT Therapy.

Variabels	Mean	SD	Min-Max	%	P Val
Cognitive Self Esteem Level (pretest)	52.35	5.122	45-65	50.25	0.002
Cognitive Self Esteem Level (Posttest)	72.55	81.121	52-79	78.35	

Table 2: Self-esteem level of behavioral aspects of CKD patients before and after CBT therapy

Variables	Mean	SD	Min-Max	%	P Val
Behavioral Self Self esteem level (pretest)	46.55	3.312	41-55	45.75	0.003
Behavioral Self Esteem level (Posttest)	69.25	7.333	49-67	63.45	

The condition of behavioral self-esteem before therapy is low, indicating moderate self-esteem. After getting therapy, it increased significantly and showed a p value of less than 0.5 so that the hypothesis was accepted. From the results that have been obtained, it shows that CBT therapy is an alternative therapy that can be used in dealing with self-esteem that has decreased as a result of biological, psychological, social, and spiritual problems. The results obtained from this study are also in line with what L. Parker Gregg stated that non-pharmacological psychological interventions such as CBT are alternative evidence-based strategies for managing MDD (Major depressive disorder) in the general population (L. Parker, 2021). Likewise, according to Hashem, CBT therapy is recommended for treatment that is more towards mild to moderate.(Hashem A et al, 2019)

4. CONCLUSIONS

It is concluded that CBT therapy is very effective in increasing self-esteem. If self-esteem increases, a person's level of confidence also increases so that it will affect socialization. CBT therapy is an additional component of therapy which reflects holistic care for CKD patients

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