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THE INFLUENCE OF MOTIVATIONAL INTERVIEWING WITH SPIRITUAL APPROACH TO THE HOPELESSNESS AND MOTIVATION OF A PATIENT ESRD WHICH HELPES REGULAR HEMODIALISIS

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ABSTRACT

Various problems arising from the failure of the kidney on the client premises terminal renal failure above can lead to the emergence of despair and decreased motivation to recover. One way to overcome the problem is with motivational interviewing interventions with spiritual approach (thanksgiving, patient and sincere). The purpose of this study is to determine the effect of motivational interviewing on despair and motivation to recover ESRD patients undergoing regular hemodialysis. This research uses quasy experiment with pre-post test design and posttest only with control group design. The random sampling technique is simple. The sample was 32 respondents based on the inclusion criteria. Intervention is done for 4 weeks with 2 meetings / week. Independent variable of this research is motivational interviewing with spiritual approach. Dependent variable is hopelessness and motivation to recover. This study uses questionnaire instruments to measure despair and motivation to recover, which had previously been tested for validity and reliability. Statistical test using paired t test, independent t test, mann whitney and wilcoxon signed rank test. The result of statistical test showed that MI with spiritual approach had an effect on decrease of hopelessness (p = 0,001) and increase of motivation to recover (p = 0,001). The MI intervention helps the patient in identifying, evaluating and responding to deformities of his mind and beliefs. Helping the patient develop a rational mindset, engaging in reality tests, and reshaping behavior by altering internal messages. MI interventions with a spiritual approach affect the decrease of hopelessness and increased motivation to recover in ESRD patients with regular HD.

Keywords: esrd and hemodialysis; hopelessness; motivational interviewing; motivation to recover; spiritual

INTRODUCTION

ESRD patients undergoing hemodialysis experience various problems arising from kidney malfunction. This situation arises every time until the end of life. This physical stressor affects various dimensions of the patient's life which includes bio, psycho, socio, spiritual. Perceived physical weaknesses such as nausea, vomiting, pain, muscle weakness, edema are some of the clinical manifestations of patients undergoing hemodialysis treatment. Various problems that arise due to kidney malfunction in clients with terminal renal failure above can result in despair. Motivational interviewing is one of the interventions that can be easily carried out by nurses with the therapeutic communication capabilities possessed. Various studies have widely discussed the effect of MI on patients with smoking habits (Heckman et al., 2011), alkholism and narcotics (Carrolla et al., 2011), as well as chronic diseases (Linden et al., 2010). Many of these studies mostly discuss changes in behavior or prevention of disease. As for previous studies that examined the effect of MI on psychology (nature of feeling), so far only focused on stress, anxiety (Westra et al., 2009), wellbeing (Garcı et al., 2014), and quality of life (Patrick & Williams , 2012). Research on the effects of MI, especially those examining despair and

recovery motivation in patients with ESRD is still very minimal and has never even been done before.Yulianti et al., (2015) in her research at Telogorejo Hospital SMC explained that out of 37 dialysis patients, 36 patients (97.3%) experienced despair and only 1 patient (2.7%) did not experience despair. The results of the study by Margianti (2009) with the title Relationship Level of Self Picture with Hopelessness Level in Hemodialysis Patients at the Central General Hospital (RSUP) dr. Soeradji Tirtonegoro Klaten, stated that as many as 13.2% (5 patients) experienced moderate hopelessness; 44.7% (17 patients) experienced mild hopelessness; and 42.1% (16 patients) did not experience hopelessness.

Despair is a subjective condition when individuals see the limitations or lack of available personal choices and cannot mobilize energy for individual interests (Wilkinson & Ahern, 2012). ESRD patients undergoing hemodialysis therapy may experience helplessness and despair. Powerlessness in ESRD patients is related to dependence on hemodialysis machines. Changes in comfort associated with thirst and itching, anxiety associated with uncertainty waiting for kidney donors (if indicated), disorders of self-image associated with integumentary system disorders, fear of death and hemodialysis equipment, role changes related to hemodialysis every week (Barry, 1996 quoted Maryanti 2005).

Feelings of despair and helplessness can cause a person to commit suicide as a way out of a problem or crisis that causes strong suffering (Sadock & Sadock, 2010). Feelings of despair can also lead to disturbances in the feeling of nature (Nasir & Abdul, 2011). Fitriani's (2013) research shows that inadequacies undergoing hemodialysis are caused by feelings of laziness, despair will lead to death. These changes can cause clients to experience decreased motivation, clients do not want to do hemodialysis that should have been scheduled, do not want to limit fluid and diit, do not have a passion for life, pessimistic and have negative feelings about themselves until they feel lost. The client feels that suffering from CRF is the end of everything, considering that his life is useless, will burden the family and cannot work again. Despair or feelings of helplessness can be influenced by the spirituality of patients with chronic renal failure.

Patients who undergone treatment need spiritual needs to overcome feelings of despair, anxiety, isolation, uncertainty, loss and death (Hodge & Horvath, 2011). World Health Organization (1992), also stipulates the spiritual element (religion) is one of the four elements of health. Human spirituality is touched by an approach to the beliefs espoused by the client by giving enlightenment. A person's spiritual needs are related to meaning in one's life, and one's relationship to a higher being (Kolkaba, 2006 in Kisvetrová, Vévodová, & Školoudík, 2017). Motivational interviewing (MI) is a form of cognitive therapy. MI is an individual-focused counseling technique designed to help individuals explore and overcome ambivalence in changing their behavior (Miller & Rollnick, 2012). MI is a strategy that aims to help individuals articulate and overcome their ambivalence about behavior and encourage intrinsic motivation to find individual solutions. MI is one of the interventions that can easily be done, especially for clients with chronic diseases, as well as coast effective.

Motivational interviewing with a spiritual approach leads to ambivalence resolution originating from the client himself (client centered), which will stimulate the pre frontal cortex so as to provide a positive effect that is the client's learning process on the situation or stressor faced. Learning process helps clients in accepting stressors impact on positive cognitive responses, namely emotional emotional clients. This encourages the client to make a change and increase

the motivation that grows out of the individual's beliefs so as to suppress despair and improve the recovery of the patient with regular hemodialysis.

METHOD

The research design used in this research is quasy experiment namely research that gives treatment or intervention to the research respondents then the effects of the treatment are measured and analyzed. The research design used is pre-test and post-test with control group design. The affordable population in this study was ESRD clients who underwent hemodialysis in NTB Provincial Hospital for 80 times a week. The sample in this study were 32 respondents who were divided into 2 groups, namely the intervention group (n = 16) and the control group (n = 16).

The sampling technique used is simple random. Samples were taken based on the following criteria: inclusion criteria: patients who underwent regular hemodialysis twice a week, hemodialysis patients aged 21-65 years, patients undergoing hemodialysis ≤ 1 year, cooperative patients and consciousness compos mentis, patients who were willing to be respondents by signing inform consent, patients who are Muslim, patients who have lived with their families with blood ties stay in one house since the diagnosis of ESRD and during regular hemodialysis. Exclusion criteria: clients with HBsAg (+), HD clients (Custodian), HD travel clients, and drop out criteria are as follows: the client dies when the research process is not completed, the client does not continue the hemodialysis process, and the client suddenly experiences serious complications that must be treated.

This research was conducted for 4 weeks at the Regional General Hospital (RSUD) of West Nusa Tenggara Province, consisting of two variables: independent variables and dependent variables. The independent variables are motivational interviewing with the spiritual approach and the dependent variable is despair. The instruments used in this study for independent variables using SAK (Activity Event Unit) and for the dependent variable despair using a questionnaire that had previously been tested for validity and reliability in 30 different samples with the same inclusion criteria in different hospitals using the help of an enumerator. Data analysis techniques in this study used Independent Sample T-Test and Paired T-Test on the hopelessness variable because the data were normally distributed, with a 95% confidence interval and 5% error (α=0.05). This research was declared to have passed the ethics test by the West Nusa Tenggara Hospital Ethics Commission on February 28, 2018 with ethics number: 070.1 / 03 / KEP / 2018.

RESULTS

Characteristics of Respondents

Table 1 shows that the characteristics of respondents based on gender both in the treatment group and in the control group were male, namely 8 respondents (50%) in the intervention group and 9 respondents (56.25%) in the control group. Characteristics of respondents based on age in the intervention group were mostly in the age range with the initial elderly category, namely 12 respondents (75%) while in the control group, some were in the final elderly age range of 8 respondents (50%). The characteristics of respondents based on education in the intervention group were partly at the college, namely as many as 7 respondents (43.75%) while in the control group some were at the elementary school level, namely 8 respondents (50%). Characteristics based on the causes of ESRD and dialysis for both the intervention group and control group were mostly caused by chronic disease (hypertension and diabetes mellitus), which were as many as 10 respondents (62.50%), as well as those obtained in the control group, almost all of them were 14 respondents (87.5%) caused by chronic disease. The value of despair

in ESRD patients undergoing regular hemodialysis in the treatment and control groups before and after motivational interviewing with a spiritual approach.

Table 1.
Distribution of respondents based on the characteristics of the intervention group and control group in the HD room

Characteristics of respondents	Intervention Group		Control Group	
	Frequency	%	Frequency	%
Gender				
Male	8	50	9	56,25
Female	8	50	7	43,75
Total	**16**	**100**	**16**	**100**
Age				
Late teenager	1	6,25	1	6,25
Early adult	0	0	2	12,50
Late adult	3	18,75	3	18,75
Early elderly	12	75	2	12,50
Late elderly	0	0	8	50,00
Total	**16**	**100**	**16**	**100**
Education				
Elementary School	6	37,50	8	50
Senior High School / equivalent	3	18,75	5	31,25
College	7	43,75	3	18,75
Total	**16**	**100**	**16**	**100**
Causes of dialysis				
Chronic disease	10	62,50	14	87,5
Kidney stones	3	18,75	1	6,25
Lifestyle	3	18,75	1	6,25
Total	**16**	**100**	**16**	**100**

Table 2.
Despair of ESRD patients who have undergone regular hemodialysis in the treatment and control groups in the HD room

Variable	Groups	*Pre* (*Mean±SD*)	Min-Max	*Post* (*Mean±SD*)	Min-Max	*Ranks* (*Positive±Ties±Negative*)	*p value (paired t-test)*
Despair	Intervention	62,44±8,63	52-81	94,38+6,95	87-104	16±0 ± 0	p =0,001
	Control	66 ±5,59	55-77	64,13+8,76	53-81	4 ± 1 ± 11	p =0,533
p value delta (Independent t-test)				p = 0,001			

Table 2 In the intervention group showed that there was a significant increase in mean value and p = 0.001. This shows that there are motivational interviewing effects with a spiritual approach to the despair of ESRD patients who have undergone regular hemodialialysis. Whereas in the control group found a decrease in mean value and p value = 0.533, which means respondents in the control group showed no motivational interviewing effect with a spiritual approach to the despair of ESRD patients who have undergone regular hemodialialysis. The results of the analysis in the intervention group and control group showed that the p value = 0.001, so it means that there was a difference between the intervention group and the control group given motivational interviewing interventions with a spiritual approach to the despair of ESRD patients who have undergone regular hemodialialysis. An increase in the value of the results of the questionnaire calculation showed a change in the decrease in despair of ESRD patients with Regular HD.

DISCUSSION

Based on the results of the study after being given a motivational interviewing intervention with a spiritual approach (patience, gratitude, sincerity) it was found that there was a significant change in the decrease of despair in the intervention group compared to the control group. The results showed that in the intervention group after being given intervention, all respondents experienced a change in their despair into low despair or not despair, whereas in the control group after being given treatment, a respondent was found to have high despair and the rest were still in the same despair as before intervention. In line with the research conducted by Van Voorhees et al., 2009, states that the provision of MI interventions can significantly reduce depressedmood and hopelessness in patients with primary care, because MI in the form of counseling provides a sense of comfort for patients to share about changes in his mood, thus forming better coping with the stressors experienced. Mehdi et al., 2016 in his study also revealed that administration of MI has a significant effect on improving quality of life and survival, because it increases awareness of medication adherence in CABG patients.

Fabrazzo and De Santo (2006) in White & Mcdonnel (2014) state that patients with ESRD tend to experience psychosocial problems, especially in the first year of diagnosis. This is consistent with the results of counseling obtained at the time of the MI intervention process (open questions and affirmations) were carried out, that when I first learned that ESRD was diagnosed (end stage renal disease) and had to undergo dialysis twice a week, the patient responded with shock. and do not believe (denial). Denial as an initial response to stressor adaptation must be experienced by everyone. This was felt quite heavy and made the patient experience a long process of rejection. Furthermore, in some patients showed a sense of anger (anger) that often appears during the treatment process (HD). Powerlessness to carry out tasks and functions within the family, makes the client feel desperate to be able to live life, thus revealing the time to think about not wanting to undergo treatment. The level of maturity of the soul and spiritual intelligence in overcoming problems can affect how quickly a person's adaptation process can progress to the next adaptation stage until it arrives at the acceptance stage.

The results of the study showed that in the intervention group all respondents experienced a decrease in despair which was marked by an increase in posttest scores with various characteristics. The highest increase in posttest scores mainly occurred in respondents no.02, with male sex characteristics, age was in the early elderly stage, and education last was college, while the lowest increase in value was obtained by respondents no.7, with female sex characteristics, late adulthood, and elementary school. The above findings are supported by Joanne (2014) research which states that male tend to be adaptable because of the nature of male as adventurers rather than female who have long adapted because of emotional factors so

that male are more dominant in reducing despair and increase psychosocial coping and adaptation than female.

The difference in the age stage of the above respondents can also make a difference for someone in dealing with something, this is in line with the theory that older individuals tend to have more time and experience in overcoming a haem, 1997l compared to individuals the younger one. Differences in education in these respondents can also cause differences in dealing with problems, this is in line with the theory of Notoatmodjo (2005), stating that the level of individual education provides more opportunities for the acceptance of new knowledge including health information, the higher one's education the more information is received , so as to provide individual opportunities to explore the options in getting a way out of the problems faced including health problems and sharing changes caused by physical and psychological pain.

The findings of the study in the control group after being given treatment found an increase in despair marked by a decrease in the value of the questionnaire (posttest), namely the respondent no. 08, the level of despair pre in the medium and post intervention categories in the high category, while the rest of the respondents in the control group remained in the condition of despair being the same as before being given treatment. The findings of the study are the increase in despair that occurs in respondent no.8 with female gender, age at the stage of the final elderly and higher education, not in line with the theory that has been presented by Bandura (1997) and Notoadmojo (2005) above, individuals who are in the elderly elderly level have a tendency to be unable to adapt psychologically to the changes that occur in him. The inability to adapt to changes and environmental stress, causes depression which results in the patient being in a situation of prolonged despair, so that patients are difficult to achieve better physical and psychological conditions. End-of-age physiologically experienced a decrease in activity which was later aggravated by the painful conditions experienced, thus making the patient feel useless, helpless and blaming himself for burdening the family (Lu, 2012). Based on research observations even though respondents with a higher education background, clients are not able to control various negative thoughts that arise due to feelings of helplessness caused by the disease and the treatment process that must be lived in a long period of time. This is in line with Darussalam's (2011) study, suggesting that 23 respondents who had low education experienced despair and 36 respondents who had higher education experienced despair. The results of his research showed that there were no significant differences between respondents with low education with respondents who were highly educated towards the occurrence of despair in stroke patients ($p = 0.118$; $p < 0.05$).

Farran et al., (1995) in his book looked at despair into three components: 1) affective component, namely how to feel something, 2) cognitive component or way of thinking, 3) behavioral component or way of acting. Based on the results of the study on the indicator of the despair questionnaire (affective, cognitive and behavioral) the three had a significant influence on the decrease in despair in the intervention group. Based on the results of these studies, showing alignment as described by Copel (2007) that, motivational interviewing with a spiritual approach as one of cognitive therapy aims to help clients identify, evaluate and respond to deformities of mind and beliefs, and help patients develop a mindset that rational, involved in testing reality, and reshaping behavior by changing internal messages. Based on the results of the research at the reflection and summaries stage the patient begins to show a more positive change of mind. Patients begin to realize that there are various negative thoughts that have been unconsciously affecting their codes both physically and psychologically. The patient realizes that there is no point in continuing to lament the situation that is experienced now and despair.

The patient's belief about the existence of pleasure that must be grateful for is the enjoyment of life, begins to grow in him. The realization of gratitude by the patient is applied in the patience to continue to carry out dialysis regularly and struggle to not give up to get a better degree of health.

Based on observations during the study of giving MI with a spiritual approach that was done to overcome the despair experienced by respondents, instill awareness in individuals so that individuals are more aware of the importance of the information provided, because information will be recorded well in someone's memory if the information is useful for him. The provision of intervention is carried out pesonal (individually). Face-to-face counseling that is done personally makes the respondent receive messages both verbal and non verbal from the researcher through body language or facial expressions. Based on the theory of neuro linguistic body language, intonation and expression affect 85% compared to verbal language, when face to face the patient receives the whole message of the body so that the strength of memory is much stronger. The material presented in face to face and discussion will be more easily understood by respondents because it focuses on individuals (Aini et al., 2007).

The process of memory formation begins with the receipt of various stimuli received by the five senses by sensory memory in the hypothalamus. The process of short term memory formation begins in the hypothalamus. Information received by short-term memory is still easily forgotten, but if an object is considered important and meaningful, then the process of transferring memory to the long term will begin (Joseph, 2003). The process of long-term memory formation occurs in the anterior pitutary lobe. The long-term memory that forms in the brain can be lost or forgotten, but this can be stimulated again to be remembered. Giving material motivation also functions as a stimulator to recall long-term memory that has been obtained. During the process of information processing automatically there will be an information screening process based on the value of the usefulness of the information for someone. The more useful the information is for him, the information will be recorded well in his memory (Notoatmodjo, 2007).

This is in line with the findings of the study when a MI counseling session was conducted with a spiritual approach at the Affirmation stage of one respondent (P.14), stating that "I had felt a deep sadness before discussing with my sister, I felt like a wife and mother failed in my family, so I often ask why God gave me this heavy trial. But after I talked and discussed with my sister I knew it was useless to regret my current situation, I realized that my husband and my distant children there should be my encouragement to be better than the current condition, so that I could reunite with them. I am sure God will answer all my patience and effort with something sweet for me in the future ". Patience is one of the main strengths for Muslims in facing the trials / trials which have been widely described in the Qur'an and hadist.

Allah says (Surah Ali Imran, 146), that in fact Allah likes people who are patient, who in this case are people who are patient in facing all the trials and trials like the example of a test with the giving of a disease. At the summaries stage the patient begins to consider and reflect on the feelings and thoughts that have been explored during the counseling session. Patients' confidence and awareness in making decisions to overcome psychological problems that are experienced, especially despair, becomes the initial force in building self motivation. This summaries stage, the patient expresses sincerity in carrying out the provisions that have been given by Allah SWT. All patients in the intervention group give up all their desires, hopes, dreams and feelings (fear, anxiety and worry) back to His source.

Motivational interviewing (MI) or meaning motivational interview is an intervention that focuses on exploration, solving two things that are contradictory and centered on the process of motivation within the individual (Miller & Rollnick, 2012). Miller & Rollnick (2012), said there are three techniques used in motivation interviewing, namely using client-centered counseling based on counseling, reflective listening, asking direct questions and strategies to generate internal motivation from the client, applying self-sentences. motivating from clients. These interventions are non-compelling or driven from outside the individual in fostering awareness and desire for change, but supporting change in ways that are congruent with the values that come from the individual himself. MI is a form of intervention in the form of collaboration counseling between nurses and patients, which is client-centered in making all kinds of decisions to make changes. The implementation of MI interventions with a spiritual approach is carried out in four weeks with 2 meetings in one week.

This intervention is carried out for 30-40 minutes, for each client and through four stages: open questions, affirmations, reflections and summaries, spiritual approaches (gratitude, patience and sincerity) begin to be given at the affirmation, reflection and summaries stages. The provision of MI interventions with a spiritual approach provides benefits in meeting the client's needs for attention, and affection, and is reminded again of the spiritual side so that the client is able to overcome the ambivalence that exists in him. These four stages of MI have their respective roles in helping patients explore feelings and overcome psychological imbalances experienced (Miller & Rollnick, 2012).

Motivational interviewing as a form of cognitive therapy combined with a spiritual approach significantly influences the reduction of despair in ESRD patients with dialysis. The results of this study support previous research which states that cognitive therapy has a more significant effect when combined (Prasetya et al., 2008; Dennilson, 2009). MI intervention assists patients in identifying, evaluating and responding to their deformities and beliefs. Helping patients develop a rational mindset, engage in reality testing, and reshape form behavior by changing internal messages.

Motivational interviewing with four stages provides auditory and visual stimulation, guided by a spiritual approach by nurses can change perceptions in the prefrontal cortex so that changes in the meaning of life and positive perceptions change, after a positive perception appears the nervous system is activated, causing changes in the hypothalamus and pituitary. The end result of the change in perception is the acceleration of client adaptation and spiritual intelligence in the form of gratitude, patience, sincerity and a decrease in despair.

The advantages of MI intervention with a spiritual approach are the ease of implementation by using therapeutic communication techniques so that they can be easily applied by health workers, especially nurses in an effort to fulfill the basic needs of patients in terms of psychological and spiritual. Motivational interviewing can be done in all types of culture and religion by prioritizing various existing norms and applies in the community. Motivational interviewing with a spiritual approach is one form of intervention that is very flexible and efficient in cost. Providing MI interventions can also be provided with a combination of other approaches in accordance with the circumstances and needs of the patient.

CONCLUSION

Motivational interviewing with a spiritual approach (gratitude, patience and sincerity) has a tendency to reduce the despair of ESRD patients who have undergone regular hemodialysis in the HD Room NTB Provincial Hospital because it can provide auditory and visual stimuli.

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