



**THE EFFECT OF SPIRITUAL GROUP THERAPY ON REDUCING DEATH ANXIETY IN PATIENTS WITH CHRONIC KIDNEY FAILURE**

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**ABSTRACT**

Chronic kidney failure can cause various complications, including complications in physiological disorders and psychological disorders. Complications in terms of psychology can be influenced by predisposing factors, including feelings of uncertainty about health conditions, choices and treatment results. Every one patients with chronic kidney failure undergoing hemodialysis usually has a different response to the disease process being experienced, especially from a psychological perspective. The patient's understanding of the limited time they have makes the patient death anxiety experience. Objective: The aim of this study was to reduce death anxiety in patients with chronic kidney failure undergoing hemodialysis Results: There is a difference in DAS (death anxiety scale) before and after the intervention. The results of the study using the Mann-Whitney statistical analysis test showed a difference in the Death Anxiety Scale (DAS) with a P value of 0.000 between the intervention group and the control group after treatment.. Conclusions : Spiritual group therapy is effective in reducing DAS levels in patients with chronicrenal failure undergoing hemodialysis. In accordance with the purpose of providing group spiritual therapy, the mechanism for reducing anxiety by involving patients with chronic kidney disease includes discussion sessions where patients can encourage each other, exchange information, and pray together, thereby helping to alleviate the mental burden that causes anxiety.

Keywords: chronic diseases; chronic kidney failure; death anxiety; hemodialisys; spiritual group therapy

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**INTRODUCTION**

Kidney failure is a disease that can cause various complications, including complications related to physiological disorders and psychological disorders (Simanjuntak et al., 2023). Physiological complications caused by kidney failure include anemia, hypertension, metabolic acidosis, and uremic pruritus(Iksan, Batubara, Yeni, Putri, & Putri Permatasari, 2023). On the other hand, psychological complications can be influenced by predisposition factors such as feelings of uncertainty regarding health conditions, treatment options and outcomes, and concerns about financial conditions (Supriyadi; & Widani, 2024). The presence of these predisposition factors can lead to psychological complications such as anxiety and stress(Iffriani & Syafriati, 2023).

The treatment that can be administered for chronic kidney disease is hemodialysis(Nagarathna, Bali, Anand, & Srivastava, 2020). Hemodialysis is a therapy given with the aim of replacing kidney function using a machine to remove toxins and regulate the body's fluid and electrolyte balance(Rahayu & Mariyati, 2023). Hemodialysis undergone by patients with chronic kidney disease helps replace kidney function so that the body is assisted in maintaining balance and sustaining life, accompanied by other supportive therapies such as pharmacological therapy, nutritional therapy, fluid management, and various nursing interventions that can support the quality of life for patients with chronic kidney disease(Syamsuddin, Simbala, & Latjompoh, 2023)(Aditama;, Kusumajaya, & Fitri, 2024).

Each patient with chronic kidney disease undergoing hemodialysis usually has a different response to the disease process they are experiencing (Nurgoho, Sofro, & Henni Kusuma, 2019). Psychologically, patients with chronic kidney disease who are aware of their health condition may experience panic, fear, and anxiety related to the symptoms arising from their illness, which affect their physical condition and remaining life expectancy (Eriyani, Shalahuddin, Pebrianti, & Maulana, 2024) (Moody, 2020). The patient's understanding of the limitation of time causes the patient feel anxiety if their live will soon to the end (Muhith, Faizah, Sari, & Hasina, 2024). One of the factors that can influence anxiety about the end of life is religiosity, where religiosity or a person's spiritual strength has a significant relationship in reducing the level of anxiety about the end of life (Putri, Rachmah, & Anganthi, 2023).

The results of the study conducted by Nugroho et al. (2019) show a decrease in anxiety levels in patients with chronic kidney failure after being given nursing interventions that complement the fulfillment of spiritual needs. Spiritual therapy aims to introduce positive elements that are expected to bring about tranquility (Nurgoho et al., 2019). Group spiritual therapy, also known as Spiritual group therapy, aims to help patients encourage each other, exchange information, and pray together (Zuliya Indah Fatmawati, 2022) (Asgarizadeh, Babayi, & Karamoozian, 2019). Social support (environment) is one of the components of the nursing conceptual model aimed at addressing the physical and psychological problems of clients by emphasizing sources of support such as emotional strength, appreciation, knowledge, and adequate facilities (Noghani, Sarijeh, & Nia, 2023). Compared to other spiritual therapies, spiritual group therapy offers the advantage that all patients from various backgrounds can participate, in addition to being done alongside other patients. Patients who have been receiving hemodialysis for a longer period of time may be able to help other patients who have recently begun hemodialysis feel less anxious by using the variations in their practices as a basis for sharing experiences.

## **METHOD**

The implementation of this research will be carried out using the quasi-experimental method. Research respondents will be given group therapy with the SOP for implementing Spiritual group therapy. The research design used is pretest and posttest with a control group. The population of this study were patients with chronic kidney failure with a sample size of 60 respondents where the sample consisted of 30 respondents as the control group and 30 respondents as the intervention group. The implementation given to respondents in the control group was conducted over a period of 2 weeks. In the first week, the spiritual group therapy intervention was provided for 60 minutes, and in the second week, it was also provided for 60 minutes. The implementation of the intervention in the first week included activities such as group prayer and reading explanations of the material prepared by the researcher, which discussed the concepts of health and illness.

The implementation of the intervention in the second week included activities such as group prayer, sharing experiences from each patient, discussing how to perform worship during illness, the benefits of gratitude for health, the benefits of remembering the Creator or the Almighty God, and the benefits of remembering that life in this world is temporary. Meanwhile, the control group was only given a guidance book for prayers about health and illness without any discussions with other patients. In the third week, the researchers conducted a post-test evaluation, so the research was carried out over three weeks. The instrument used to measure anxiety about the end of life is the DAS (Death Anxiety Scale), which is a standardized instrument

## RESULT

This section will explain the research results conducted on the effectiveness of spiritual group therapy in reducing the DAS Score in patients with chronic kidney disease undergoing hemodialysis at Sultan Imanuddin hospital Pangkalan Bun.

Table 1.

Distribution of respondents by age

Group	f	Min	Max	Mean	Std. Deviation
Intervention group	30	33	67	48.73	9.566
Control group	30	21	66	47.93	10.055

Based on the research results from the table above, it shows that in the intervention group, the average age of respondents is 48.73 years, and in the control group, the average age of respondents is 47.93 years.

Table 2.

Distribution of respondents by gender

Gender	Group			
	Intervention		Control	
	f	%	f	%
Male	16	53.3	11	36.7
Female	14	46.7	19	63.3

Based on the research results from the table above, it shows that in the intervention group, more than half are male, amounting to 53.3%, and in the control group, the majority of respondents are female, amounting to 63.3%

Table 3.

Distribution of respondents based on education

Education	Group			
	Intervention		Control	
	f	%	f	%
Elementary School	10	33.3	7	23.3
Junior High School	5	16.7	8	26.7
Senior High School	9	30	11	36.7
Bachelor	6	20	4	13.3

Based on the research results from the table above, it shows that in the intervention group, the largest data distribution based on education is respondents with the last education of elementary school, which is 33.3%, while in the control group, the largest data distribution based on education is respondents with the last education of high school, which is 36.7%.

Table 4.

Distribution of respondents based on job status

Jobs status	Group			
	Intervention		Control	
	f	%	f	%
Employed	16	53.3	14	46.7
Unemployed	14	46.7	16	53.3

Based on the research results from the table above, it shows that in the intervention group, more than half of the respondents, based on work activity, 53.3% of the respondents are working, whereas in the control group, more than half of the respondents, based on work activity, 53.3% of the respondents are no longer working.

Table 5.

Distribution of respondents based on the duration of undergoing hemodialysis

Duration of undergoing hemodialysis	Group			
	Intervention		Control	
	f	%	f	%
< one year	6	20	4	13.3
> one year	24	80	26	86.7

Based on the research results from the table above, it shows that in the intervention group and the control group, the majority of respondents based on the duration of undergoing hemodialysis are those who have undergone hemodialysis for more than one year, with data showing 80% in the intervention group and 86.7% in the control group.

Tabel 6.

Level of death anxiety in respondents before treatment

Level DAS	Group			
	Intervention		Control	
	f	%	f	%
Low DAS	5	16.7	3	10
Moderate DAS	19	63.3	22	73.3
High DAS	6	20	5	16.7

Based on the research results from the table above, it shows that in the intervention group and the control group, the majority of respondents' DAS levels are moderate and high. In the intervention group, 63% of respondents have moderate DAS levels, while 20% have high DAS levels. In the control group, 73% of respondents have moderate DAS levels, and 16.7% have high DAS levels.

Tabel 7.

Level of death anxiety in respondents after treatment

Level DAS	Group			
	Intervention		Control	
	f	%	f	%
Low DAS	24	80.0	7	23.3
Moderate DAS	6	20.0	21	70.0
High DAS	0	0	2	6.7

Based on the research results from the table above, it shows that in the intervention group, 80% of respondents are at the mild death anxiety level, while 20% are at the moderate death anxiety level. In the control group, 23% of respondents are at the mild death anxiety level, 70% at the moderate death anxiety level, and there are still respondents at the severe death anxiety level, which is 6.7%.

Tabel 8.

The difference in death anxiety levels in respondents before and after treatment (intervention group)

Group (Intervention)		DAS Post intervention		Total	P value
		low	Moderate		
DAS Pre test	Low	5	0	5	0,000
	Moderate	19	0	19	
	High	0	6	6	

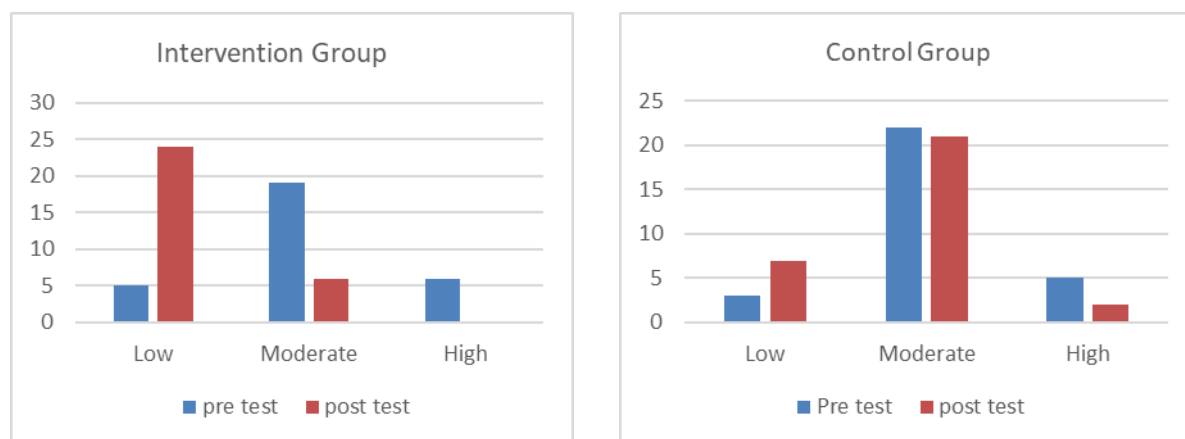
Based on the table, the Wilcoxon test results for the intervention group before and after treatment show a p-value of 0.000, indicating a conclusion that there is a decrease in the level of death anxiety after the spiritual group therapy intervention.

Tabel 9.

The difference in death anxiety levels in respondents before and after treatment (control group)

		DAS Post control group			Total	P value
		low	moderate	High		
DAS Pre test control group	Low	3	0	0	3	0,001
	Moderate	4	18	0	22	
	High	0	3	2	5	

Based on the table, the Wilcoxon test results for the control group before and after the treatment showed a p-value of 0.001, leading to the conclusion that there was a decrease in the level of death anxiety in the control group after being given a prayer guidebook to read independently



Based on the explanation from the bar chart above, there is a noticeable difference in the reduction of DAS between the intervention group and the control group. Both groups experienced a reduction in DAS, but when looking at the number of respondents based on DAS levels, the intervention group showed a more significant reduction compared to the control group.

Table 10.

The difference in death anxiety levels among respondents in the intervention group and the control group after treatment

Group	DAS level			P value
	Low	Moderate	High	
Intervention	80 %	20 %	0	0,000
Control	23.3 %	70	6,7 %	

Based on Table 10, the results of the Mann-Whitney test between the intervention group and the control group show a significant difference, where in the intervention group, the DAS level in the mild category is 80% of the total respondents, and in the control group, it is 23.3% of the total respondents. The DAS level in the moderate category in the intervention group is 20% of the total respondents, and in the control group, respondents with a moderate DAS level are 70% of the total respondents. Additionally, 6.7% of respondents in the control group are still at the high DAS level.

## DISCUSSION

The results of the pre-test data collection indicate that overall, respondents or patients with chronic kidney failure experience anxiety, where respondents think that people who have chronic diseases like kidney failure will not live long or have an excessive fear of death. The results of the research conducted are in line with previous studies that patients undergoing hemodialysis will continue to experience anxiety, albeit in a low category (Muhith et al., 2024). The anxiety experienced by patients with chronic kidney disease can occur due to their current condition, such as being in a state of uncertainty. Patients with chronic kidney disease cannot know for certain what the final outcome of hemodialysis therapy will be.

The anxiety experienced by someone suffering from chronic illness is a feeling that can diminish the patient's self-confidence. Patients undergoing therapy for chronic conditions greatly require positive emotional support, which can come from spiritual support. Spiritual support is needed to bring new enthusiasm to someone. Spiritual support can come from oneself, family, or others around the patient, especially if the support comes from someone who has similar experiences or health conditions and therapies that are the same as those being undergone by the patient. This research proves that there is a significant reduction in the level of death anxiety experienced by patients with chronic kidney disease undergoing hemodialysis after participating in spiritual group therapy activities with p value 0,000 on the

intervention group dan 0,001 on the control group. The results of this study are supported by previous research findings that state that spiritual therapy interventions can have a positive impact on reducing anxiety (Eli Kurniasih; Anih Kurnia; Laila Fitri Istiqomah, 2021). Other research findings also indicate that interventions provided with a psychological and spiritual approach to patients with chronic kidney disease are considered more effective in reducing anxiety, helping problem-solving and communication skills, and enhancing self-motivation (Trijati Puspita Lestari; Isni Lailatul Maghfiroh; Putri Indah Lestari, 2024).

Based on the research results, the mean Whitney test between the intervention group and the control group showed a significant difference with p value 0,000, where in the intervention group, the level of DAS in the mild category was 80% of the total respondents, and in the control group, it was 23.3% of the total respondents. The level of DAS in the moderate category in the intervention group was 20% of the total respondents, and in the control group, respondents with a moderate level of DAS were 70% of the total respondents, while 6.7% of the respondents in the control group were still at the severe level of DAS. The results of this study indicate that spiritual group therapy is more effective in reducing death anxiety. This finding is supported by previous research that states that complementary non-pharmacological management, such as spiritual therapy and therapy related to patient beliefs, is effective in reducing anxiety levels in patients with chronic kidney failure (Nurgoho et al., 2019).

Spiritual therapy is more than just a source for educating and introducing positivity and tranquility. This also instills hope by providing a special relationship with God with a sacred dimension. Spiritual therapy or spiritual approaches are ways to connect with oneself, with God, and with others in a closer manner (Sajadi et al., 2018). Spiritual therapy is known as a source of comfort and hope for patients with terminal illnesses, including kidney disease, whose treatment lasts for a long time, even for a lifetime (Ghorbani, Ghezelbash, Mirashrafi, & Khosravi, 2021). Efforts that can be made to address psychological issues such as anxiety and depression in patients with chronic kidney failure undergoing hemodialysis can use concentration techniques. One of them is through relaxation techniques found in spiritual therapy (Yaghubi, Abdekhoda, & Khani, 2019). The spiritual aspect within a person is considered to provide its own motivation, where someone with a strong spiritual side will find it easier to accept their current situation. Someone with a high level of spiritual well-being will find it easier to align their life, as they will come to understand that the life they are currently living is God's destiny for them and must be lived with sincerity. The feeling of sincerity will make someone's mood and feelings more spacious, so with a spacious heart, a person will become more patient in facing a problem and will be able to think more positively. A person who can think more positively will automatically display a calmer personality and will not always feel anxious, which can be referred to as adaptive coping. Someone with adaptive coping tends to be more stable, so indirectly, adaptive coping can help improve the quality of life.

## **CONCLUSION**

During the research process, on average, all respondents from both the intervention group and the control group stated that although patients try to remain calm and not anxious, there are often many other triggering factors that can influence anxiety, including hearing that one of the patients undergoing hemodialysis in that room had died, or that another patient experienced a worsening condition or other complications. Therefore, the researchers believe that the anxiety will remain in each patient, but the levels (low, moderate, and high) will differ from one individual to another. The role or presence of healthcare workers, especially nurses assigned to the hemodialysis room, is very important in such incidents, as nurses are one of the healthcare workers who are always close to the patients. The nurse's

service in helping patients meet their spiritual needs is an important part. The results of this research are expected to motivate nurses to continue practicing and improving their abilities in providing holistic nursing care for the patients under their responsibility.

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