



RESEARCH ARTICLE / ARAŞTIRMA YAZISI

Improving Illness Acceptance and Reducing Stress in Patients with Chronic Kidney Disease Receiving Hemodialysis

Kronik Böbrek Hastalığı Olan Hemodiyaliz Hastalarında Stresi Azaltmak İçin Gestalt Grup Terapisi Kullanarak Hastalık Kabulünü İyileştirmek

Muhamad Salis Yuniardi¹, Khairil Ashran Triana², Nurul Husna²

Abstract:

Adapting to the routine of hemodialysis following kidney failure is often accompanied by stress, which can worsen both the physical condition and mental health of patients. The Gestalt method facilitates self-recognition and self-acceptance, prompting healthier emotional adjustment. Illness acceptance, as a component of self-acceptance, contributes to stress reduction. Furthermore, group therapy provides patients with social support, which can enhance the process of illness acceptance. Therefore, this study aimed to examine the effectiveness of Gestalt group therapy in improving illness acceptance and reducing stress among patients with chronic kidney disease receiving hemodialysis. The method adopted was a pre-test post-test control group design. A total of 15 patients were screened voluntarily and completed the Chronic Illness Acceptance Questionnaire (CIAQ; Cronbach alpha = 0.861) and the Perceived Stress Scale (PSS-10; Cronbach alpha = 0.814). Only eight reported low illness acceptance and high stress levels. These patients were recruited and randomly assigned to the experimental and control groups. The experimental groups received treatment during and after the experiment, respectively. The results of the Wilcoxon test showed that Gestalt group therapy significantly improved illness acceptance ($p = 0.046$) and reduced stress levels ($p = 0.046$). Through this process, patients became more aware of their condition, leading to greater engagement in daily activities and reduced perceived stress.

Keywords: Gestalt Group Therapy, Illness Acceptance, Stress, Chronic Kidney Disease, Hemodialysis.

¹University of Muhammadiyah Malang, Faculty of Psychology, Postgraduate School of Psychology, Malang, Jawa Timur, Indonesia.

²University of Muhammadiyah Malang, Faculty of Psychology, Magister Psychologist Department, Malang, Jawa Timur, Indonesia.

Address of Correspondence/Yazışma Adresi: Muhamad Salis Yuniadi, University of Muhammadiyah Malang; Jl. Raya Tlogomas No: 246 Malang, Jawa Timur, Indonesia, post code: 65144; E-mail: salis@umm.ac.id

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Öz:

Böbrek yetmezliğini takiben hemodiyaliz rutinine uyum sağlamak genellikle stres yaratır ve bu durum hem fiziksel durumu hem de hastaların ruh sağlığını kötüleştirebilir. Gestalt yaklaşımı, danışanların kendilerini tanımalarına ve kabul etmesine yardımcı olur. Hastalığı kabul etmek, stresin azaltıldığı bilinen öz-kabullenmenin bir parçası olarak kabul edilir. Grup terapisi, hastalardan sosyal destek sağlayarak hastalığı kabul etme sürecini hızlandırdığına inanılmaktadır. Bu deney, Gestalt grup terapisinin hemodiyaliz gören kronik böbrek hastaları arasında hastalığı kabul etmeyi artırma ve stresi azaltmadaki etkinliğini test etti. Ön-test son-test kontrol grubu deseni kullanıldı. On beş hasta gönüllü olarak taramadan geçti ve Kronik Hastalık Kabul Anketi'ni (CIAQ; Cronbach alfa = 0.861) ve Algılanan Stres Ölçeği'ni (PSS-10; Cronbach alfa = 0.814) doldurdu. Sadece sekiz hasta düşük hastalık kabullenmesi ve yüksek stres seviyeleri bildirdi. Katılımcılar rastgele olarak 2 gruba alındı ve bölündü; deney sırasında tedavi alan deney grubu 4 katılımcı ve deney tamamlandıktan sonra tedavi alacak kontrol grubu 4 katılımcıdan oluşuyordu. Wilcoxon testi sonuçları, Gestalt grup terapisinin hastalık kabulünü anlamlı şekilde artırdığını ($p = 0,046$) ve stres düzeylerini azalttığını ($p = 0,046$) ortaya koydu. Bu bulgular, Gestalt grup terapisinin, hemodiyaliz uygulanan kronik böbrek hastalarında stres düzeylerini azaltırken hastalık kabulünü artırmak için kullanılabileceğini önermektedir. Bu süreç aracılığıyla, hastalar durumlarının daha fazla farkına vardı ve bu da günlük aktivitelere daha olumlu katılım ile algılanan stresin azalmasına katkıda bulundu.

Anahtar Kelimeler: Gestalt Grup Terapisi, Hastalık Kabulü, Stres, Kronik Böbrek Hastalığı, Hemodiyaliz.

Introduction

Kidney failure is a major health concern that occurs when the organ fails to maintain the balance of fluids and electrolytes in the body. (Widiana et al., 2017). It is ranked as the 18th leading cause of mortality globally in 2010, and rose to 12th in 2017 (Srianti et al., 2021). In Indonesia, 1,417,104 cases were recorded in 2021 (Indonesian Ministry of Health, 2022).

Among the common treatment options for kidney failure is hemodialysis therapy (Widiana et al., 2017). This treatment aims to replace the function of the damaged organ by removing harmful nitrogenous substances from the blood and eliminating excess water. (Sompie et al., 2015). The therapy needs to be conducted continuously. (Siwi, 2021) and can lead to various social problems due to changes in activity (Rahayu et al., 2019). These disruptions may negatively affect patients' mental well-being.

Rohaeti et al., (2021) Reported that 81% of patients with kidney failure have unpleasant feelings due to the inability to accept changes in condition, contributing to the risk of developing psychological problems such as stress (Sopha & Wardhani, 2016; Syahrizal et al., 2020). Patients receiving hemodialysis frequently experience heightened stress levels, partly due to changes such as a decline in quality of life, increased anxiety and substance abuse, sleep difficulties, impaired sexual function, decreased immune function, susceptibility to pain, and risk of mortality. (Hopko et al., 2014).. Abbott et al., (2004) Also reported a range of emotions, including tension, worry, stress, and melancholy. This necessitates special attention to prevent the development of anxiety and depression. (Nurrezki & Irawan, 2020).

There is a need to adapt to medical conditions and discover ways to live a new everyday life (Cluley et al., 2023). Self-acceptance is possible by going through several stages of denial, anger, bargaining, depression, and acceptance (Kübler-Ross & Kessler, 2005). This model emphasizes that stress often arises when individuals struggle to accept their medical condition.

Illness acceptance is a psychological adaptation to living with illness and is related to various aspects, such as quality of life, psychological well-being, and life

satisfaction. (Pompey et al., 2019). It features fewer negative emotional responses toward chronic illness and therapy. (Kurpas et al., 2013). Acceptance of medical conditions among patients with kidney failure reduces stress. This is consistent with a study by Ghimire et al., (2017) Illness acceptance facilitates patients' adjustment to daily life activities.

Acceptance of medical conditions leads to the development of positive optimism, thereby allowing patients to set new self-goals (Ryff, 2014). This is certainly desirable for patients with chronic kidney failure to feel more confident about receiving treatment. Illness acceptance is achieved when an individual fully acknowledges, understands, and embraces the condition as part of life, accompanied by a commitment to continuous self-development to live well and responsibly. (Paramita & Margaretha, 2013). The ability to accept the condition significantly impacts one's way of life. (Kapadi et al., 2023). Therefore, patients with chronic kidney failure require attention to facilitate acceptance of the medical condition, which can reduce the level of stress.

A therapy believed to improve illness acceptance and reduce stress, potentially, is Gestalt, which focuses on unresolved issues or "unfinished business." (Jacobs et al., 2012). The goal of this therapy is for patients to recognize, accept, and express feelings, thoughts, and beliefs. Thereby indirectly reducing stress, particularly when administered in a group setting. Implementing Gestalt group therapy can create dynamics among group members. As a result, it enables positive interaction among members. The stages entail the initial, transition, activity, and termination phases. (Austin & Austin, 2022).

The effectiveness of Gestalt group therapy has been widely studied in reducing anxiety and depression. Konghoiro et al. (2018) Showed that Gestalt group therapy reduced anxiety among narcotics prison inmates.

This study examined the effectiveness of Gestalt group therapy in improving illness acceptance and reducing stress among patients with chronic kidney disease, offering an alternative approach to support hemodialysis patients in enhancing self-acceptance and relieving stress.

Method

The method used was a pre-posttest control group experimental design. Ethical approval was granted by the Ethical Committee of the Psychology Faculty of the University of Muhammadiyah Malang (Decision no: E.5.a/215/KEPK-UMM/VIII/2024; Date: 08/08/2024).

Subjects

The subjects were eight chronic kidney failure patients undergoing hemodialysis. Purposive sampling was used, with criteria including low illness acceptance, moderate to high stress levels, and at least three months of hemodialysis treatment.

Instruments

Illness acceptance was measured using the Chronic Illness Acceptance Questionnaire (CIAQ) (Beacham et al., 2015), a 20-item Likert scale with a Cronbach’s alpha of 0.861. Stress levels were assessed using the 10-item Perceived Stress Scale (PSS-10) (Cohen et al., 1983), which had a reliability score of 0.814.

Procedure

A module was first developed to guide the intervention process. Its development was conducted in stages and reviewed by clinical psychology experts for validation. Following the approval, a pilot test of the module was performed to ensure applicability and coherence.

The process began with obtaining ethical approval, after which the study was conducted upon receiving the necessary clearance. Approval was also secured from the hospital administration and from the patients who participated as study subjects.

Screening included administering a pre-test to patients with chronic kidney failure receiving hemodialysis, with the collected data serving as the baseline. Based on the pre-test results, patients with low illness acceptance and moderate to high stress levels were identified. After completing data collection, informed consent was obtained, confirming willingness to participate in the planned series of interventions.

The patients were randomly assigned to an experimental and a control group. Unintentionally, each group consisted of 2 males and two females. The ages of the experimental group members were older (mean = 44.75) than the control group members (mean = 25.25).

The experimental group received Gestalt group therapy, while the control group did not receive any intervention to allow comparison of changes in illness acceptance and stress levels. After the experiment, the control group was given the same therapy protocol.

Gestalt group therapy was delivered in 5 sessions, each lasting 40-60 minutes. The treatment was conducted in accordance with the established procedure, modified to address issues of illness acceptance and stress. The five sessions were a) introduction and orientation, b) awareness and acceptance, c) potential exploration, d) responsibility, and e) evaluation and termination.

In the first session, an introduction was given before sharing experiences and exploring awareness and illness acceptance. The patients took turns explaining the factors that contributed to their feelings of weakness and stress.

The next step included introducing patients to the empty chair method, which aimed to enhance awareness of changes experienced before and after the onset of illness. Through this process, each patient gradually recognized and accepted adjustments in daily activities. By the end of the session, group members provided mutual support in coping with these changes and offered suggestions regarding suitable activities that could still be performed.

In the third session, patients discussed the abilities still possessed, often sharing stories about supportive workplaces that allowed time off for medical appointments. This became a key focus, as participants were encouraged to reflect on what could still be done despite the illness.

In the next session, the discussion centered on prioritizing personal responsibilities such as attending medical check-ups, fulfilling parental roles, and maintaining work duties. By the final session, participants conduct an evaluation and reflection on their new awareness, coping skills, and communication before the therapy terminates.

Upon completing all of the sessions, data analysis to assess changes in illness acceptance and stress was conducted using the Wilcoxon test. After data analysis, the results were compiled for reporting.

Result

Homogeneity Test

A homogeneity test was conducted to determine whether the experimental and control groups were drawn from populations with equal variances. The Levene statistic was 0.16, with a p-value of 0.701. This indicated that the two groups were considered homogeneous ($p > 0.05$) and had equal variances despite the age difference.

Descriptive Test Results

Based on the pre-test and post-test results in each group, descriptive tests were conducted to examine the data profiles. The pre-test and post-test results for both groups were obtained from the mean total scale scores.

Table 1. Descriptive test

Variable	Group	Pre-Test		Post-Test	
		M	SD	M	SD
Illness Acceptance	Experiment	35.00	4.32	52.25	3.77
	Control	33.75	7.54	33.50	6.02
Stress	Experiment	22.00	4.96	18.00	4.96
	Control	24.25	1.70	25.00	0.81

Referencing Table 1, the descriptive test results showed an increase in the mean score for the experimental group's illness acceptance variable ($M = 35.00$ to 52.25), alongside a change in the standard deviation score from pre-test ($SD = 4.32$) to post-test ($SD = 3.77$). In the control group, a decrease in the mean score was observed ($M = 33.75$ to 33.50), with a change in the standard deviation score from pre-test ($SD = 7.54$) to post-test ($SD = 6.02$).

Table 2. Wilcoxon test

Variable	Group	Result	
		Z	P
Illness Acceptance	Experiment	-2.00	0.046
	Control	-0.184	0.854
Stress	Experiment	-2.00	0.046
	Control	-0.736	0.461

Based on Table 2, the Z value was -2.00, and the p-values for the experimental group in the stress and illness acceptance variables are both 0.046. This signified a significant change in both variables following Gestalt group therapy. Consequently, the treatment showed a significant effect in reducing stress levels and enhancing illness acceptance in the experimental group.

Discussion

The present study showed that participants who received Gestalt group therapy demonstrated observable improvements in illness acceptance and reduced stress levels. The treatment enabled participants in the experimental group to identify key stressors, including difficulties in accepting changes to daily routines. This result supports existing evidence that Gestalt and Gestalt group therapy enhance self-acceptance and reduce stress, though some studies remain inconclusive.

Gestalt group therapy promotes self-awareness and acceptance of present experiences. (Ali & Cerkez, 2020). Through reflection, participants recognize their thoughts, emotions, and bodily sensations, helping them identify inner conflicts and stress triggers, which, in turn, strengthen illness acceptance.

The group setting offers feedback, support, and a safe space for emotional expression and role-play, enabling resolution of conflicts and relief from stress. Peer support within the group fosters feelings of empathy and validation, thereby mitigating feelings of isolation. Members are also becoming collectively aware of each patient's potential. The therapy helps members to take more pleasure in the activities, such as working in moderation.

Abd Alrazaq et al. (2022) identified the benefits of the therapy, including increased emotional stability and reduced stress intensity. Furthermore, it offers advantages in inter-group interaction, which can increase patients' awareness of their condition or perceived changes in activities. A similar result was also observed in the study by Frediani & Bussone (2019), in which acceptance was considered a good strategy for coping with pain. These

Table 1 suggests a decrease in the mean stress score for the experimental group ($M = 22.00$ to 18.00), despite a relatively stable standard deviation ($SD = 4.96$). In the control group, the mean score increased ($M = 24.25$ to 25.00), accompanied by a change in the standard deviation score from pre-test ($SD = 1.70$) to post-test ($SD = 0.81$).

Wilcoxon Test Results

The Wilcoxon test was used to assess differences in pre-test and post-test scores between the two groups.

outcomes are consistent with (2016), who reported that low levels of illness acceptance are associated with heightened stress, anxiety, and feelings of being a burden to others. This is also in line with a study by (2024), who suggested that acceptance is negatively associated with the intensity of distress. Oppositely, the experiential avoidance, or the unwillingness of an individual to engage with a present particular internal experience, such as bodily sensation, emotion, or thought disposition, is closely related to somatization, such as headaches, muscle pain, nausea, or fatigue, or even contributes to the development and maintenance of depression and anxiety disorders.

Gestalt group therapy has been shown to increase self-esteem. (Ulhaq, 2022). Results showed an increase in self-esteem, which, in turn, indirectly reduces stress. Consequently, patients with chronic conditions such as kidney failure may experience improved daily functioning and a greater sense of personal worth, which contributes to increased illness acceptance. This indirectly helps patients be more accepting of the condition and less likely to blame themselves or others.

In this study, among the themes in the Gestalt group therapy, responsibility was a key theme. This is a technique in the Gestalt approach known to support individuals experiencing a quarter-life crisis. (Syahri, 2021). Among the aspects reduced in individuals with a quarter-life crisis was stress, thereby adding insight that Gestalt group therapy is also able to decrease stress in patients with kidney failure.

The present study can contribute to the development of therapeutic interventions to increase illness acceptance and reduce stress among patients with kidney failure. Given that such patients often form peer support networks at both national and local levels within hospital settings, Gestalt group therapy holds promise as a feasible intervention model.

Despite the promising results of this experimental study, the method adopted has limitations. The influence of extraneous variables, particularly family engagement, may have affected the outcomes. Previous studies have

emphasized the critical role of familial support in enhancing treatment efficacy for patients with kidney failure. Encouragement, companionship, and support from the family are associated with stress levels. (Basirun, 2015). The more attention and encouragement are given, the more able patients are to accept the condition. This factor is observed to have a positive effect on the treatment provided. However, the differences in family support levels among members are uncontrollable and might impact the outcome.

Another limitation of this study pertains to the small sample size, which may have influenced the statistical analysis. With only eight participants, evenly divided between the control and experimental groups, the statistical power is limited; hence, the results should be interpreted with caution.

Scheduling constraints among members of the experimental group limited the implementation of Gestalt group therapy. Difficulties in scheduling among participants led to inconsistent therapy sessions, which may have affected the continuity and depth of the intervention. These factors were the reasons a homogeneity test was conducted. Furthermore, the Wilcoxon analysis was adopted to strengthen the results. The ideal study process could potentially be the focus for future investigations on the topic. These factors should be considered when exploring the same area in the future.

Conclusion and implications

In conclusion, there was an increase in illness acceptance and a reduction in stress levels amongst patients receiving hemodialysis after Gestalt group therapy. This implied the potential development of a Gestalt group therapy program as an alternative option in the management of stress in patients with kidney failure. Hospitals can provide the therapy as an accompaniment service to hemodialysis. Furthermore, this study offered opportunities for future investigation, including a comparative analysis of group

therapy versus an individual approach, as well as the evaluation of alternative intervention techniques that could enhance patients' well-being.

Future investigations are recommended to include long-term follow-up to evaluate the sustainability of the therapy's effects and to explore the role of family engagement as an integrated component of the intervention.

Declaration

Ethical Approval

The Ethical Committee of the Psychology Faculty of the University of Muhammadiyah Malang granted ethical approval (Decision no: E.5.a/215/KEPK-UMM/VIII/2024; Date: 08/08/2024).

Consent to Participation

Informed consent was obtained from all participants.

Consent to Publication

Not applicable.

Availability of Data and Materials

Data may be made available upon reasonable request.

Conflict of Interest

The authors declare that there is no conflict of interest.

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Not applicable.

Author Contributions

The authors are responsible for the study. The authors have read and approved the final version of the article.

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