

## ABSTRAK

**Latar belakang:** Gagal ginjal kronis (GGK) telah menjadi masalah kesehatan utama negara-negara berkembang maupun tertinggal di kawasan Asia Tenggara (termasuk Indonesia). Tingginya kasus pasien GGK yang harus menjalani hemodialisa (HD) juga bisa berdampak pada meningkatnya kejadian distres. Intervensi berupa pemberian edukasi menjadi salah satu bagian penting yang dimasukkan ke dalam sejumlah rangkaian terapi untuk mengatasi distres. Namun sampai saat ini masih belum ada penelitian yang melakukan telaah kritis secara mendalam terkait pemberian edukasi terhadap distres pasien HD.

**Tujuan:** Mendapat gambaran pemberian edukasi serta dampaknya terhadap distres pasien GGK yang menjalani HD.

**Metode:** Penelitian ini merupakan sebuah studi literatur. Pencarian artikel yang akan dipakai dalam review ini dilakukan pada *data-base* Pubmed, Science Direct, dan EBSCO. Pencarian dilakukan berdasarkan gabungan Boolean dan kata kunci (*Chronic Kidney Disease OR Renal Failure OR End-Stage Renal Disease OR Hemodialysis Patient*) AND (*Stress OR Distress*) AND (*Education OR Health Education OR Health Promotion*). Semua artikel dianalisis sesuai dengan tahapan dalam diagram alur PRISMA.

**Hasil:** Terdapat 12 artikel yang terpilih berdasarkan kriteria. Dari hasil analisis terhadap 12 artikel ditemukan bahwa intervensi *Cognitive Behavioural Therapy* (CBT), *Motivational Interviewing* (MI), psikoedukasi, edukasi oral maupun video, *psychological training*, *Supportive-Expressive Group Therapy* (SEGT), *Educational Supportive Group Therapy* (ESGT), *hope therapy*, dan program pemberdayaan. Karena terdapat kesamaan konsep dan isi, beberapa intervensi dikelompokkan menjadi intervensi psikoedukasi. Intervensi CBT adalah intervensi edukasi yang paling banyak digunakan dan efektif dalam mengatasi distres pasien HD terutama terkait kecemasan dan depresi.

**Simpulan:** Beberapa jenis program psikoedukasi (CBT, SEGT, program pemberdayaan, ESGT, psikoedukasi, *hope therapy* dan MI) dapat digunakan untuk mengatasi distres psikologis (depresi, cemas, kualitas tidur, kualitas hidup, kepatuhan, stres, efikasi diri dan *general health*) terutama terkait depresi dan kecemasan pada pasien HD.

**Kata kunci:** Distres; Edukasi; Hemodialisa

## ABSTRACT

**Background:** Chronic Kidney Disease (CKD) has become a significant health problem in developing and underdeveloped countries in Southeast Asia (including Indonesia). The high cases of CKD patients undergoing hemodialysis (HD) can also increase the incidence of distress. Interventions in providing education are essential to a series of therapies to deal with distress. However, until now, no research has been conducted on an in-depth critical study related to providing education on the distress of HD patients.

**Objective:** To have an overview of providing education and its impact on the distress of CKD patients undergoing HD.

**Method:** This research was a literature study. The search for articles in this review was conducted on the PubMed, Science Direct, and EBSCO databases. The search was conducted based on a combination of Boolean and keywords (Chronic Kidney Disease OR Renal Failure OR End-Stage Renal Disease OR Hemodialysis Patient) AND (Stress OR Distress) AND (Education OR Health Education OR Health Promotion). All articles were analysed according to the stages in the PRISMA flowchart.

**Outcome:** There are 12 articles selected based on the criteria. The 12 articles analyzed the interventions: Cognitive Behavioural Therapy (CBT), Motivational Interviewing (MI), psychoeducation, oral and video education, psychological training, Supportive-Expressive Group Therapy (SEGT), Educational-Supportive Group Therapy (ESGT), hope therapy, and empowerment programs. Because there are similarities in concept and content, some interventions are grouped into psychoeducational interventions. CBT is the most widely used and effective educational intervention in dealing with the distress of HD patients, especially those related to anxiety and depression.

**Conclusion:** Several types of psychoeducational programs (CBT, ESGT, empowerment programs, ESGT, psychoeducation, hope therapy and MI) can be used to treat psychological distress (depression, anxiety, sleep quality, quality of life, compliance, stress, self-efficacy and general health), especially those related to depression and anxiety in HD patients.

**Keywords:** Distress; Education; Hemodialysis