

INTISARI

Latar belakang: Pasien gagal ginjal kronik (GGK) yang menjalani hemodialisis (HD) harus melakukan adaptasi terhadap terapi yang diberikan. Ketidakmampuan untuk melakukan terapi yang diberikan dapat meningkatkan ketidakpastian dan menurunkan kepatuhan. Salah satu intervensi keperawatan untuk menurunkan ketidakpastian dan meningkatkan kepatuhan adalah psikoedukasi *uncertainty management*. Namun, penelitian psikoedukasi *uncertainty management* dengan metode *blended* pada pasien hemodialisis belum banyak dilakukan.

Tujuan: Mengetahui efektifitas program psikoedukasi *uncertainty management* dengan metode *blended* untuk menurunkan ketidakpastian dan meningkatkan kepatuhan pasien gagal ginjal kronik (GGK) yang menjalani hemodialisis (HD).

Metode: *Quasy experiment* dengan menggunakan *pre-test and post-test with control group design*. Pengambilan sampel menggunakan teknik *purposive sampling* sebanyak 74 responden (37 dikelompok intervensi dan 37 dikelompok kontrol). Intervensi psikoedukasi *uncertainty management* dengan metode *blended* dilakukan sebanyak 5 sesi. Ketidakpastian dan kepatuhan diukur menggunakan kuesioner *Mishel Uncertainty In Illnes-Adult (MUIS-A)* dan *End Stage Renal Disease-Adherence Quesionare (ESRD-AQ)*. Uji *independent t-test* dan uji *Mann Whitney* digunakan untuk menganalisis efektivitas program psikoedukasi *uncertainty management*.

Hasil: Hasil penelitian menunjukkan skor ketidakpastian sebelum intervensi 90,41 dan setelah intervensi 89,16. Skor kepatuhan sebelum intervensi 956,49 dan setelah intervensi 1040,87. Pemberian intervensi program psikoedukasi *uncertainty management* dengan metode *blended* efektif untuk menurunkan skor ketidakpastian ($p < 0,001$, $effect\ size = -1,08$) dan meningkatkan skor kepatuhan ($p < 0,001$, $effect\ size = 1,02$).

Kesimpulan: Program psikoedukasi *uncertainty management* dengan metode *blended* efektif menurunkan ketidakpastian dan meningkatkan kepatuhan pasien GGK dengan HD.

Kata kunci: Gagal ginjal kronik; hemodialisis; psikoedukasi; *uncertainty management*; kepatuhan

ABSTRACT

Background: Chronic Renal Disease (CKD) patients undergoing hemodialysis (HD) must adapt to the therapy given. Inability to carry out prescribed therapy can increase uncertainty and reduce adherence. One of the nursing interventions to reduce uncertainty and increase adherence is uncertainty management psychoeducation. However, there has not been much research on psychoeducation on uncertainty management using the blended method in hemodialysis patients.

Objective: To find out the effectiveness of the uncertainty management psychoeducation program using the blended method to reduce uncertainty and increase adherence in chronic kidney disease (CKD) patients undergoing hemodialysis (HD).

Method: Quasy experiment by using pre-test and post-test with control group design. The sample was taken using a purposive sampling technique as many as 74 respondents (37 in the intervention group and 37 in the control group). The uncertainty management psychoeducational intervention using the blended method was carried out in 5 sessions. Uncertainty and adherence were measured using the Mishel Uncertainty In Illness-Adult (MUIS-A) and End Stage Renal Disease-Adherence Questionnaire (ESRD-AQ) questionnaires. The independent t-test and Mann Whitney test were used to analyze the effectiveness of the uncertainty management psychoeducation program.

Results: The research results showed that the uncertainty score before intervention was 90.41 and after intervention 89.16. Adherence score before intervention was 956.49 and after intervention 1040.87. Providing an uncertainty management psychoeducation program intervention using the blended method was effective in reducing uncertainty scores ($p < 0.001$, effect size = -1.08) and increasing adherence scores ($p < 0.001$, effect size = 1.02).

Conclusion: The uncertainty management psychoeducation program using the blended method is effective in reducing uncertainty and increasing the adherence of CKD patients with HD.

Keywords: Chronic Kidney Disease; hemodialysis; psychoeducation; uncertainty management; adherence