

# Mindfulness Training in Improving Resilience in People with Heart Disease

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## Abstract

This study was conducted to see the effectiveness of mindfulness training to increase resilience in people with heart disease. The heart patients involved in the study were undergoing treatment and diagnosed within the past year. Subjects were divided into experimental group (n= 2) and control group (n= 2). The research design used was a pretest-posttest control group design and was measured three times (pre-test, post-test, and follow-up for one week). The measuring instrument used to measure resilience is the Resilience Scale. Mindfulness training is an intervention that includes cognitive, affective, behavioral, moral, and interpersonal aspects. Mindfulness training has been shown to have many benefits, including reducing stress, anxiety, depression, then increasing optimism, emotion regulation, self-esteem, self-confidence, and increasing empathy. The results showed significant changes after being given Mindfulness training in the experimental group (Sig = 0.042; p < 0.05), and in the experimental group, both pretest-posttest and follow-up showed significant changes.

## Keywords

resilience; heart disease; mindfulness training

## Abstrak

Penelitian ini dilakukan untuk melihat efektivitas pelatihan *mindfulness* untuk meningkatkan resiliensi pada orang dengan penyakit jantung. Pasien jantung yang terlibat dalam penelitian adalah yang sedang menjalani pengobatan dan terdiagnosa dalam kurun waktu satu tahun belakangan. Subjek terbagi menjadi kelompok eksperimen (n= 2) dan kelompok control (n= 2). Rancangan penelitian yang digunakan adalah pretest - posttest control group design dan diukur sebanyak tiga kali (prates, pasca tes dan tindak lanjut selama satu minggu). Alat ukur yang digunakan untuk mengukur resiliensi adalah Skala Resiliensi yang dikembangkan oleh Utama (2019) dan mengacu pada Reivich dan Shatte (2005). Modul Pelatihan *Mindfulness* memodifikasi berdasarkan modul Primasari (2016). Pelatihan *Mindfulness* merupakan salah satu intervensi yang mencakup aspek kognitif, afeksi, perilaku, moral dan interpersonal. Pelatihan *Mindfulness* telah terbukti mempunyai banyak manfaat diantaranya meurunkan stress, kecemasan, depresi, lalu meningkatkan optimisme, regulasi emosi, harga diri, rasa percaya diri dan meningkatkan empati. Hasil menunjukkan bahwa terdapat perubahan yang signifikan setelah diberikan pelatihan Mindfulness pada kelompok eksperimen (Sig = 0,042; p < 0,05), dan pada kelompok eksperimen baik pretest-posttest dan tindak lanjut terlihat perubahan yang signifikan.

## Kata kunci

resiliensi; penyakit jantung; pelatihan *mindfulness*

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## INTRODUCTION

Heart is one of the most important organs for human. Heart play a role urgent in pump blood to whole body for support continuity life individual. Disease heart is wrong one type disease cardiovascular which involve narrowing nor blocking vessels blood so that heart no could working by optimal (American Heart Association, 2017). Disease heart usually showed with symptom in the form of painful or feeling no nice on chest which accompanied flavor burning, depressed, blackmailed or strangled that can spread to arms, chin, neck, back until to stomach so that causing bloating, nauseous nor gag (Ministry of Health RI, 2017).

Disease heart, stroke, cancer, diabetes mellitus is disease no infectious disease (PTM) is 63 percent reason deaths around the world with kill 36 million people per year (WHO, 2010). *The World Health Organization (WHO, 2013)* notes that that 48% figure Dead caused by disease heart and vessels blood. Likewise data from Ministry Health RI (2013) also take notes that disease heart classified as 10 diseases chronic highest in Indonesia. Then generally, the factor risk individual experience Disease Heart caused because habit smoking, obesity, not enough activity physical and also pressure blood tall or hypertension (WHO, 2011).

Disease heart is disease on heart which occur because existence abnormality on vessels blood in heart (*The state Government of Victoria, 2014*). Disease this has Becomes reason Dead number one in the world (Oetoro, 2008). Disease cardiovascular which causing Dead biggest in world that is disease heart with the number of 7.2 million people, followed stroke by 5.5 million person and disease cardiovascular other with total 2.4 million person. according to world statistics, there are 9.4 million Dead every year caused by disease cardiovascular and 45% Dead the caused by disease heart. Estimated number the will increase up to 23.3 million in 2030 .

Research and Development Agency for Health Ministry of Health RI (2013) mention there is factors risk disease heart, Among others: hereditary, age, type gender, socioeconomic, location geography, food tall fat and calories, less eat vegetables and fruit, smoking, alcohol, activity physical deficiency, hypertension, obesity, etc. types disease heart that is heart coroner, disease fail heart, disease heart rheumatism, disease heart hypertension, disease heart congenital and disease heart valve (Kemenkes RI, 2014). Disease heart Becomes rating first Dead in a number of Country (Augustine, 2014). according to virgin from the World Health Organization (WHO) added in 2015 of 7.4 million

case Dead per year caused by disease heart (WHO, 2015). Disease heart moment this no only experienced and suffered by circles carry on age, however Many are also found at age still young belong to over productive. according to Department Health RI (2009), age productive somebody is at on range age Among 15 year until 54 year. Disease cardiovascular there is in Riskesdas 2007 wrong the only one that is disease heart. Based on data the obtained prevalence national disease heart based on diagnosis power health from symptom as much 7.2%.

Province which have prevalence disease heart on prevalence national as many as 33 provinces. One province with prevalence disease stroke the most that is province Central Java. P rovince Central Java is province to 13 with total case sufferer disease heart on age on 15 year. (Body R&D Ministry Health RI, 2014). prevalence disease heart in province Central Java according to energy diagnosis health by 0.8% and in whole is 8.4%. Prevalence disease heart in level districts highest there is in the district Pematang (17.3%), Banjarnegara (15.2%), Cilacap (15.1%). Data obtained that in the District Banjarnegara prevalence disease heart experience shifts and increases with age productive. The data seen from prevalence year 2018 - 2019 patient heart with age productive (24-54) is getting increase about 12.02% (Archive record Medical, 2019).

Disease heart is wrong one disease degenerative, Factor risk main from disease this is pressure blood that doesn't stable or pressure blood high. pressure blood this could influenced by factor age, difference type gender, factor genetics, intake food, as well as style life which no healthy (Bertalina, 2017). Disease chronic is disease degenerative that thrives and survives in period a long time, that is more from six month. Flavor sick which suffered will bother activity daily, goal in life, and quality sleep (Sarafino, 2006).

Resilience is ability for resolve and adapt to incident which heavy or problem which occur in life (Reivich and Shatte, 2002). In line with Weiten, Dunn, & Hammer (2012) who revealed resilience is ability somebody for endure or recover from something incident traumatic. Someone who is resilient will face threat or problem as well as maintain, restore or even increase mental and physical health moment face a problem (Weiten et al, 2012).

Make individual resilient that no easy even needed various type method for increase resilience. Masten et al (in Setyowati, 2010) stated that every factor the give contribution on various type action which could increase potency resilience. Individual considered as somebody which have resilience if they capable for by fast return to condition before trauma and seen immune from events life which negative. Individual which no have resilience so deal with something problem will tend easy break hope, easy to stress because ability small as well as decline vision and confidence for could rise going to life which more good (holaday, in Ekasari et al, 2009). Individual which have resilient which good will capable face, overcome, learn or changed through difficulties which no avoided (Grotberg, 2003). Disease heart as wrong one disease chronic could cause reaction psychological in the form of big trend appearance affection negative. Medical action given to sufferer disease heart too could cause reaction psychological. Like which put forward by Wagman (Dewi, Djoenaina & Melisa, 2004), action medical treatment performed on patients disease chronic could give impact negative by psychic, like decline *self-esteem*, stress, depression and change atmosphere heart which more emotional .

The complex problem which faced by sufferer disease heart can also make it worse quality his life. low quality life on people with disease heart be marked with decline quality physical, psychological, social and economy as a result disease which suffered. Thing

this then in line with findings Costanzo (Tian & Hong, 2014) which find that low quality life could causing low resilience on sufferer disease chronic, one of them heart. The complex problem which experienced and require person with disease heart for capable adapt self and make peace to the problem that experienced. Individual which capable adapt self and capable rise return to problems that can called as resilient individual.

Person with disease heart need resilience which good To use help manage pressures by physical nor psychological consequence from disease that suffered. according to Connor and Davidson (2003), resilience is quality ability which owned individual in face difficulty. low resilience found by researcher after conducted studies preliminary with interview to 4 person patient which diagnosed disease heart in District X like lack of conmiation, lack believe self, rejection self where patient no capable accept state which experienced, difficulty in adapt, often Dodge from environment, feel Becomes burden family, cut off hope life next, as well as patient feel no capable accept, adapt and not capable rise from the situation moment this. Psychological burden experienced During patient diagnosed disease heart causing happening risk low resilience because must undergo treatment routine in period which long During his life. There are conditions that, required gift intervention for increase resilience to patient disease heart. There is a number of type intervention which has proven could increase resilience individual, Among other training *mindfulness* (Hidayati, 2018); Therapy Endorsement Group (Muiz & Sulistyarini, 2015); Training gratitude (Saputro & Sulistyarini, 2016); and training regulation emotions (Greenberg, 2002).

So that individual with disease heart return rise from pressure or capable behave resilient could upgraded with various strategies, namely with Training Gratitude, Therapy Group Supportive as well as Mindfulness Training. Atkinson et al (1993) explain that there is a number of strategy in resolve stress and resolve resilience that is with strategy focused problems and strategies focused on emotions. In addition, there are also techniques behavior that developed for resolve low resilience that is exercise relaxation. Meditation is one technique relaxation done with position all muscle relax, control and manage breathing, limiting field attention and remove stimuli external. Between meditation which beneficial in increase resilience is meditation *mindfulness*. Thing the in accordance with opinion Hamilton, Cardson & Garland (in Afandi, 2007) that effective *mindfulness* reduce stress due to decline resilient .

Based on results research, researcher give training *mindfulness* with destination for increase ability individual in adapt and permanent rise in situation difficult which face it (Reza, Bergen- Cico & Raymond, 2013). in line with Afandi (2009) which mention *mindfulness* is form combination attention individual to awareness about incident contemporary good incident internal nor external. Based on explanation above, destination from study this is for increase resilience to sufferer disease heart through training *mindfulness*. Hypothesis which lifted in study this is existence enhancement resilience on people with disease heart after given mindfulness training. As well as groups that given treatment have level resilience more tall compared to with group that doesn't given treatment .

## METHOD

### Subject Study

Subject in study this is person with disease heart, who have diagnosed by doctor experience disease heart maximum 2 year, aged 25-50 year, have resilience category low and medium, and willing participate in research. In group experiment and group each control consists of of 2 people.

### Data Collection Method

Method collection data conducted with use one scale, that is scale resilience which designed by Main (2019) with refers to aspects resilience from theory Reivich and Shatte (2005). Scale amount 36 item consisting of from 17 item *favorable* and 18 item *unfavorable*. Scale this has meet the test validity and show coefficient correlation item total Among 0.337 up to 0.669 ( $r < 0.250$ ). The *alpha coefficient* value is 0.908 which indicates that scale could declared reliable.

### Training Module *Mindfulness*

Intervention which given in study this is training mindfulness that modify module Primasari (2016) which arranged based on theory training *mindfulness* (1990) & Germer (2009). This theory has used in module mindfulness training on research before, that is Primasari (2016), and Eskawati (2019). Study this modify module intervention the on part allocation time and existence activity *ice-breaking*. Study this conducted with 2 meetings and 1 follow-up continued. Meeting first duration 190 minutes, and meeting second duration 180 minutes, as well as measurement act carry on after  $\pm$  7-10 days after meeting last .

### Research Design

Design experiment which used in study this is design experiment *pretest-posttest control group design*. design study *pretest - posttest control group design* is wrong one design experiment for knowing impact before and after given treatment on something group subject experiment, with one group control without the treatment used as group comparison (Sugiyono, 2017). Study this use 2 groups, namely group experiment and group control. Distribution subject to in group study use method *random assignment* .

### Data analysis method

Data analysis method used in study this is with use analysis by quantitative and qualitative. Analysis data by quantitative conducted with analysis *Test Wilcoxon* that is for knowing and analyze there is whether or not difference nor change score resilience Among *pretest* and *posttest*, as well as *posttest* and *follow up* on subject research. Counting analysis the conducted with use help SPSS (*Statiscal Product and Service solutions*) 22 for *windows program*. Whereas for analysis by qualitative conducted with analyze data results observations, interviews and assignments daily subject in order to knowing How is the process and development experienced ? participant During intervention take place .

## RESULT AND DISCUSSION

Results test difference Paired Sample on study this show that there is influence which significant from training *mindfulness* in increase resilience to sufferer disease heart on subject group experiment who gets *mindfulness* training, with  $t = -3.960$ ; Sig 0.042 ( $p > 0.005$ ).

Table 1. Description of Statistical Data

Measurement	Description of statistical data			
	Group experiment		Group control	
	<i>mean</i>	<i>SD</i>	<i>mean</i>	<i>SD</i>
Pretest	87	2.82	86	2.82
Posttest	102	1.41	84.5	3.53
Follow carry on	105	6.36	84.5	2.12

Table 2. Test of Differences in Resilience Scores Among Group Experiments and Groups Control

Different test score resilience Among group experiment and group control		
Measurement	<i>t</i>	<i>p</i>
Pretest	-0.250	0.844
Posttest	-3,960	0.58

Table 3. Test of Differences in Resilience Scores Among Group Experiments and Groups Control

Different test score group resilience experiment		
Measurement	Group experiment	
	<i>t</i>	<i>p</i>
Pretest	-15,000	0.42
Posttest to act carry on	-1,000	0.50

Based on table analysis quantitative and diagram, could seen that score resilience on group which given training there is change which significant after follow training *mindfulness* from the pretest measurement ( $mean = 87$ ;  $SD = 2.82$ ) and on the posttest measurement ( $mean = 102$ ;  $SD = 1.41$ ). Then on moment measurement act further, no there is enhancement which significant on group experiment. Then, based on results test hypothesis which conducted show there is difference score resilience which significant among person with disease heart after given training *mindfulness* compared to with group control or hypothesis accepted with value of  $t = -15,000$  and Sig 0.42 ( $p < 0.05$ ). More continue, after conducted measurement act carry on with distance 8 after training *mindfulness* found Mark  $t = -1,000$  and  $p = 0.50$  ( $p > 0.05$ ). That thing show after 8 days post gift training *mindfulness* in groups experiment permanent is at in condition which consistent or same like after given training, that is you're welcome is at in condition resilience high. That thing prove that proposed hypothesis could accepted.

Destination from study this is for test effectiveness Training Mindfulness to enhancement resilience on sufferer disease heart. Research results this show that occur change enough significant on score resilience subject research at the time after given training mindfulness. Thing this showed with results statistical analysis Among score resilience which obtained when pretest and the posttest with Mark Sig =  $0.042 < 0.005$ . Thing this show there is change Among before gift training and also after training on group experiment Thing this show there is change Among before gift training and also after group training experiment. so that, results show that Training *Mindfulness* can increase resilience in patients disease heart. Then when gift posttest and follow up post 8 day gift training show in the same category that is resilience tall showed with Mark Sig  $0.500 > 0.050$  it means second participant permanent in same condition that is resilience high .

Training *Mindfulness* give influence to resilience subject research. There is an increase score resilience on the subject in study this influenced by circumstances where subject capable find insights for could rise from the situation he was in or situation which no fun, which where in Thing this that is diagnosed disease heart. in line with opinion of Barnes, Treiber & Davis (2001) which say training *mindfulness* give influence on function *cardiovascular* so that individuals who experience pressure and have risk hypertension experience drop pressure blood which enough big. Opinion other strengthened by Gregoski, Barnes, tingen, Harsfield & Treiber (2010) which say training *mindfulness* can reduce beat heart .

Bogels (2013) say the more individual capable realize by full what which currently occur and recognize thought or experience good that pleasant nor which no pleasant by full, so individual will could get view will solution and rise from the situation or no avoid experience which currently experienced. In addition, there are other research that states influence *mindfulness* to aspect resilience such as : increase price self, see consistency influence training *mindfulness* (consciousness full) given to respondent research. Process act carry on conducted with method give scale tool measuring resilience, taking Duty daily along with discussion related Duty and interview related with perceived change after meeting before.

Limitations or deficiency of course feel by researcher, that is screening too minimal, at the moment that researcher only capable collect and do screening on 16 person with disease heart, then in study this subject which used too minimal so Thing the influence results analysis. Besides it, related with time gift training should conducted with the same time, because on day meeting first conducted in afternoon day until approaching afternoon and meeting final conducted in night day. That thing have influence to focus reception training .

## CONCLUSION

Based on results research and discussion, then could concluded that there is quite a difference significant given group training *mindfulness* has difference level resilience with before given training. Thing the seen on value pretest and posttest group experiment show there is difference which enough significant. Thing the show there is significant change in a given group training moment beginning before gift training and after gift training. Existence Mark which obtained after 8 day show that group which given training permanent consistent on condition the same like after given training, that is you're welcome is at in condition resilience high. Based on results analysis that, could seen that there is change which enough significant Among group which given training, good before, after and moment act carry on seen there is change which enough significant. Will but from results comparison group control and on group experiment show result that not enough significant. Thing the showthere difference Among given group Training *Mindfulness* with group control which no get Training *Mindfulness*. Thing it show that Training *Mindfulness* enough capable used in increase resilience on sufferer disease heart in age productive. With Thus, the hypothesis study this accepted. Destination main from study this that is for see effectiveness training *mindfulness* for increase resilience on person with disease heart. Patient heart which involved in study is the one currently undergo treatment and diagnosed in period time one year later. Training *Mindfulness* is wrong one intervention which covers aspect cognitive, affection, behavior, moral and interpersonal. Training *Mindfulness* has proven have many benefit of them reduce stress, anxiety, depression, then increase optimism, regulation emotion, price self, flavor believe self and increase empathy.

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### **About the Authors**

**Alta Aviva Pamuji** telah menyelesaikan gelar magister psikologi profesi bidang klinis. Penelitian yang baru penulis lakukan yaitu terkait dengan pelatihan mindfulness pada penderita penyakit jantung.

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