

LOGO COGNITIVE BEHAVIOR THERAPY FOR HEMODIALYSIS PATIENTS TO ENHANCE QUALITY OF LIFE : A LITERATURE REVIEW

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Abstract

Chronic Kidney Disease (CKD) has a severe impact on quality of life leading to a poor prognosis. Studies preventing the deterioration of quality of life have been conducted. However, a study focusing on Logo Cognitive Behavior Therapy (LCBT) is limited in the literature. Therefore, the study propose to investigate the use of Logo Cognitive Behavior Therapy (LCBT) among hemodialysis patients. We conducted a literature review to identify all studies using LCBT in hemodialysis patients. The finding indicates that LCBT is effective to increase the patient's quality of life. This therapy can be a supportive approach for gold standard treatment optimization. Further study is needed to assess the effectiveness of the LCBT among hemodialysis patients with various cultural backgrounds in countries.

Keywords: chronic kidney disease; quality of life; Logo Cognitive Behavior Therapy; patient-centered care; clinical nursing practice

INTRODUCTION

Chronic Kidney Disease (CKD) is an abnormality in both structure and/or function of kidney (e.g., glomerular filtration rate [GFR] <60 mL/min/1.73 m² or albuminuria ≥30 mg per 24 hours) for more than three months (Stevens, Levin, & kidney disease, 2013). The etiologies of CKD were diabetic nephropathy (DN; 27.1%), nephropathy hypertension (HTN; 28.5%), and chronic glomerulonephritis (CGN; 36.8%) (Sui et al., 2020). CKD impacts 8% to 16% of the population worldwide (Chen, Knicely, & Grams, 2019). Additionally, the global predicted prevalence of CKD is 13.4% (11.7-15.1%) with 4.902 to 7.083 million patients needing renal replacement approaches (Lv & Zhang, 2019). Studies demonstrated that patients with CKD who have restrictions and constraints impaired normal quality of life (QoL) (Kefale, Alebachew, Tadesse, & Engidawork, 2019; Pretto et al., 2020). A study emphasized that QoL is a risk factor for mortality among patients with CKD (Mahato et al., 2020). QoL becomes an important component of hemodialysis patients as it is generally considered a valid indicator of intervention outcomes along with unmet needs.

Studies focusing on the QoL of patients with ESRD have been conducted in the literature. For instance, brief hope intervention (BHI), as a helpful intervention, increases hope among patients with stage 5 of CKD (Chan et al., 2022). Improving self-acceptance is an important aspect for QoL in patients with CKD (Pope, Crombez, Hanouille, Vogelaers, & Petrovic,

2013). A meta-analysis study highlighted that the improvement of therapy provided significant effects on dialysis frequency, the use of renin-angiotensin-aldosterone medication, and LDL level (Silver et al., 2017). Another study documented that psychotherapy is an essential component in CKD care to improve QoL (Phang, Abdul Latif, Lee, Ching, & Ooi, 2022). Empowering healthcare professionals is a fundamental aspect of improving QoL in patients with hemodialysis (Fletcher et al., 2022). Exercise programs provide beneficial clinical outcomes and optimize QoL in patients with CKD (Ibrahim et al., 2022).

Recently, one of the biggest challenges for nurses is to implement a supportive nursing approach to increase patients' QoL. Unfortunately, a review study integrating LCBT on patients with hemodialysis is limited. In addition, most of the studies above used therapy such as BHI, and self-acceptance for a better QoL. Another study only improves the quality of each intervention without explaining the detail. Theoretically, logotherapy was developed by Viktor Frankl as part of meaning-oriented existential therapy. The therapy focused on the belief that human nature is motivated by a desire to find meaning in life (Rahgozar & Giménez-Llort, 2020). As mentioned by studies, CKD impact the QoL leading to a decrease in the understanding of the meaning of life. Therefore, the study aims to investigate the effectiveness of LCBT in hemodialysis patients. It is hoped that the finding of the study may contribute to nursing practice in delivering care for a group of patients.

METHOD

A literature review was completed from online databases such as PubMed, ScienceDirect, EBSCO, Springer, Google, and Google Scholar. The search criteria were abstract available, German, English, and Bahasa language, discussing CKD and logotherapy, review studies, original studies, and article published 2000 to 2022. Keywords were '*logotherapy for kidney disease*', '*Logo Cognitive Behavior Therapy for kidney injury*', '*logotherapy for acute kidney disease*', '*logotherapy for chronic kidney disease*', '*nursing care of logotherapy for kidney disease*', '*logoterapi gagal ginjal*', '*logoterapi gagal ginjal akut*', and '*logoterapi gagal ginjal kronik*'.

RESULTS

A total of 960 articles were obtained at the first stage (**Figure 1**). The data selected from the studies were assessed according to the article detail (title, journal, year of publication) as well as research details. The search was accomplished by considering the criteria for minimizing duplication. The process followed four phases as follows: first, potential titles and abstracts were assessed using a computerized search. All studies focusing on CKD and logotherapy were gained (n = 960). In the first phase, several articles were disregarded due to irrelevance to the topic and not discussing the logotherapy in detail, and editorial and book chapters (n = 561). Second, the remaining papers (n = 399) were also screened and then excluded after taking into account the titles and abstracts (n = 200). Third, screening full text by considering criteria (n = 200), then articles were excluded because of failed to meet the inclusion criteria (n = 191).

Fourth, 9 articles discussing CKD and logotherapy were included, compared then analyzed (Table 1).

CKD causes decreased QoL by increasing the risk of mortality during the progression of its pathogenesis. However, several factors may contribute to improving a patient's QoL for example the use of Complementary and or Alternative Medicine. Complementary therapy means the integration of a specific therapy alongside conventional medical treatment. It helps the patients to feel better and cope with the recent treatment effect (Zakaria, Mohd Noor, & Abdullah, 2021). LCBT known as logotherapy has been widely discussed in the literature even though the limitation of its description become a concern among experts. A study documented that logotherapy medical ministry combined with acceptance commitment therapy increase QoL (e.g. decreasing depression) in patients with CKD (Handayani, Hamid, & Mustikasari, 2017). The therapy helps patients achieve personal meaning in life by focusing on the future and ability to deal with hardship and suffering. As mentioned in studies patients with CKD undergoing hemodialysis often feel stress with the disease leading lack of understanding of meaning in life (Guerra et al., 2021; Su et al., 2021). Therefore, clinical nurses should have a unique opportunity in providing a service facilitating patient wholeness. In addition, they need to have a comprehensive understanding related to CAM (e.g., logotherapy) such as costs, patient knowledge, and therapy interactions inside the patient's body. These aspects are important to promote holistic strategies for patients looking for a better QoL.

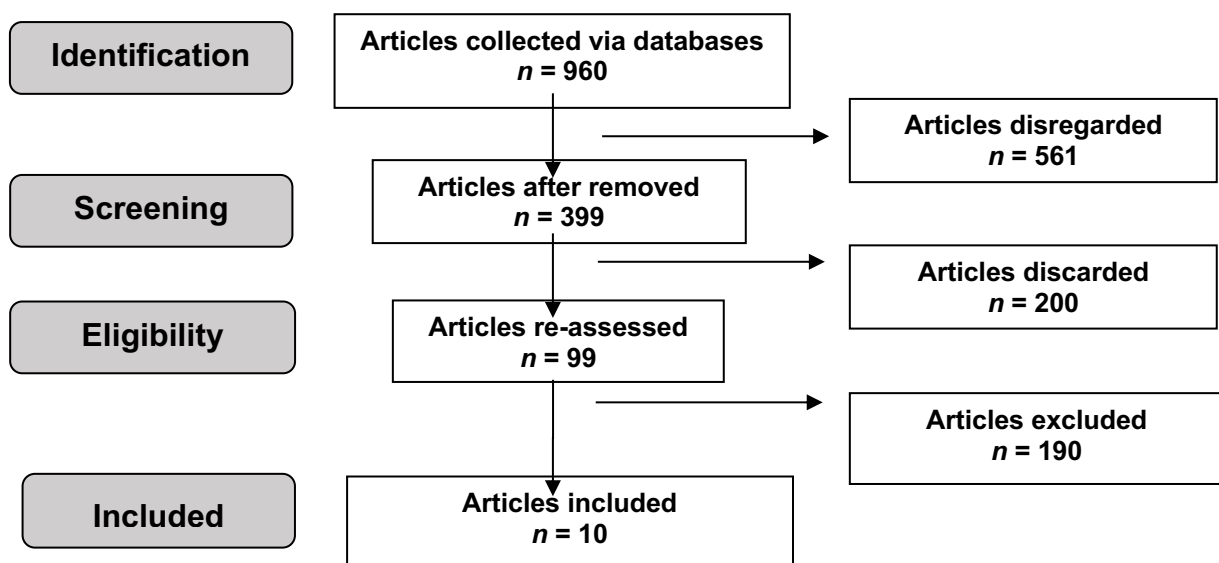


Figure 1. Article selecting process

Table 1 delineated the attributes of the scholarly articles included in this literature review. The present study conducted a thematic analysis of the myths identified in the reviewed literature. The findings revealed that all of the myths could be classified into distinct overarching themes :

Author and year of publication, participants, method, comparison therapy (if any) and outcomes.

DISCUSSION

CKD also impact spiritual need as it is a part of individual QoL indicator (Nair et al., 2020). Analysis of the spiritual care made it possible to understand faith and spirituality for patients with CKD (Tanyi & Werner, 2008). Faith was displayed as a precursor to the meaning of life (Moura et al., 2020). Patients with CKD looked spiritual well-being as a process combining physical and psychological health status. Patients accepting death achieve spiritual peace, and serenity and understand the life. Vice versa, patients with low spiritual level feel helpless, wish to die, and have suicidal intentions. Studies explained that spiritual well-being linked with daily life functions, symptom distress and changes in physical conditions (Pilger, Santos, Lentsck, Marques, & Kusumota, 2017; Tirgari et al., 2022). To achieve holistic caregiving for patients' spiritual needs, physiological, and psychological, clinical nurses are recommended to evaluate symptoms when providing care for patients to enhance their spiritual well-being (Li, Hsieh, Shih, & Lin, 2021). Furthermore, logotherapy will help to accelerate achieving better patients' QoL (Ausrianti, Malini, & Sasmita, 2019; Wakhid, Astuti, & Dewi, 2019).

In this review, logotherapy may increase the patient's QoL by integrating another therapy and/or using a single therapy (König, 2005; Slametiningsih, 2012; Aryani, 2016; Risdianti & Budiman, 2016). Combination therapies with pharmacological therapy should be given with caution due to organ perfusion falling to critical levels leading to severe complications (Juncos, & Caputo, 2015). Furthermore, better health promotion on the risks and benefits of CAM by the health care providers (e.g., clinical nurses) to patients with CKD is crucial to prevent risk from either accumulating or causing interactions with standard medication (Arjuna Rao et al., 2016). The healthcare professionals should have an active role in identifying CAM use, its side effect, complications and performance of open communication regarding CAM usage. Finally, clinical nurses have the responsibility for considering the patient's health status before implementing CAM including logotherapy.

Table 1. Study finding

No	Author and year of publication	Participants	Method	Comparison therapy (If any)	Outcomes
1	Handayani, Hamid, Mustikasari, 2017	Patients with CKD	Logotherapy combined with commitment therapy	Usual care	Logotherapy combined with commitment therapy improved QoL (lower depression scores)
2	Moura et al., 2020	Elderly with CKD	Qualitative study	None	Faith and spirituality were understood as fundamental to QoL
3	Ausrianti, Malini, & Sasmita, 2019	Patients with CKD	Logotherapy	Usual care	Logotherapy increases the QoL (understanding the meaning of life)
4	Tanyi & Werner, 2008	Women with CKD	Qualitative study	None	Spirituality is of great importance in living with ESRD while receiving hemodialysis and may improve the QoL
5	Wakhid, Astuti, Dewi, 2019	Patients with CKD	Logotherapy	Usual care	Logotherapy increases the QoL (understanding the meaning of life)
6	König, 2005	Patients with CKD	Logotherapy	None	Logotherapy increases the QoL (understanding the meaning of life)
7	Slametiningsih, 2012	Patients with CKD	Logotherapy	Usual care	Logotherapy increases the QoL (Lower anxiety score)
8	Aryani, 2016	Patients with CKD	Logotherapy	None	Logotherapy increases the QoL (understanding the meaning of life)
9	Risdianti, Budiman, 2016	Patients with CKD	Descriptive study	None	Logotherapy increases the QoL (understanding the meaning of life)

CONCLUSION AND SUGESTION

The investigation of the impact of this therapy is limited. However, logotherapy has significant benefits for the quality of life in patients with CKD particularly those undergoing hemodialysis. Also, family members and the community should provide a support system to optimize the therapy. Clinical nurses may increase the therapy dosage to evaluate its effectiveness. Further study is needed to assess the effectiveness among patients with various cultural backgrounds in countries. The optimal results can be attained through the cooperation of patients and nurses. Evaluation of the therapy's effectiveness after hemodialysis is important for the nursing care process and studies involving family members should be initiated using different dosage and populations.

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