

The Effect of Logotherapy on Grieving Stage in End Stage Renal Disease Clients

Arslan Kamil Aries¹, Tri Johan Agus Y.^{2*}, Ta'adi³

¹Master Nursing Program Health Polytechnic of Ministry of Health at Semarang

²Health Polytechnic of Ministry of Health at Malang

³Health Polytechnic of Ministry of Health at Semarang

*Correspondence author: denbagusjohan@yahoo.co.id

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ABSTRACT

Kidney failure is a disease caused by progressive damage to kidney function and generally cannot be recovered. Chronic kidney failure not only causes physiological disturbances to the client but can also cause psychological disorders, such as grieving. Providing psychological implementation can help clients to get through this period. This study aimed to determine whether there is an effect of logotherapy on the stage of grieving in clients with end stage renal disease. This study used a randomized, pretest-posttest design. The number of study sample in this study were 32 respondents who were divided into two groups, including the treatment group and the control group. The sampling technique used was simple random sampling. The results of hypothesis testing indicate that there is an effect of giving logotherapy to the stages of denial, anger, bargaining, depression, and acceptance with a p-value < 0.05, which means that there is an effect of giving logotherapy to the grieving stage of clients with end-stage renal disease. There is an effect of giving logotherapy on the stage of grieving in clients with end stage renal disease. This research is expected to be one of the references in the application of logotherapy to overcome the psychological problems of clients with end stage renal disease.

Keyword: Logotherapy; End Stage Renal Disease; Grieving Stage

ABSTRAK

Gagal ginjal merupakan penyakit yang disebabkan oleh kerusakan fungsi ginjal yang progresif dan umumnya tidak dapat disembuhkan. Gagal ginjal kronik tidak hanya menimbulkan gangguan fisiologis pada klien tetapi juga dapat menimbulkan gangguan psikis yaitu berduka. Pemberian implementasi psikologis dapat membantu klien untuk melewati masa ini. Penelitian ini bertujuan untuk mengetahui adakah pengaruh logoterapi terhadap tahapan berduka pada klien penyakit ginjal stadium akhir. Penelitian ini menggunakan desain acak, pretest-posttest design. Jumlah sampel penelitian pada penelitian ini sebanyak 32 responden yang dibagi menjadi dua kelompok, yaitu kelompok perlakuan dan kelompok kontrol. Teknik pengambilan sampel yang digunakan adalah simple random sampling. Hasil uji hipotesis menunjukkan terdapat pengaruh pemberian logoterapi terhadap tahapan denial, marah, tawar-menawar, depresi, dan penerimaan dengan p-value < 0,05 yang berarti terdapat pengaruh pemberian logoterapi terhadap tahap berduka klien dengan penyakit ginjal stadium akhir. Terdapat pengaruh pemberian logoterapi terhadap tahap berduka pada klien penyakit ginjal stadium akhir. Penelitian ini diharapkan dapat menjadi salah satu referensi dalam penerapan logoterapi untuk mengatasi permasalahan psikologis klien penyakit ginjal stadium akhir.

Kata Kunci: Logoterapi; Penyakit Ginjal Stadium Akhir; Tahap Berduka

*Correspondence author: denbagusjohan@yahoo.co.id

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Introduction:

Chronic disease is a disease that develops over a long period of time or also known as degenerative, where this disease develops over a period of more than six months. The development of chronic diseases is currently increasing and it is common for chronic diseases to cause complications, one of which is kidney failure (Megawati, 2021). Renal disease is a disease caused by progressive damage to kidney function and generally cannot be recovered (Aryani & Riyandry, 2019).

The percentage of people who suffer from renal disease is 50%, both acute and chronic kidney failure, while only 25% are receiving treatment and 12.5% of them are well treated (Ogetai, 2019). In 2018, there were 66,433 new clients affected by kidney failure and 132,142 active clients undergoing hemodialysis programs, this has almost doubled compared to data in 2017 which was 30,831 new clients with kidney failure and 77,892 active clients undergoing hemodialysis program (Triwibawa, 2018).

Chronic renal failure consists of several stages, starting from stage I where the glomerular filtration rate is 90 ml/mn/1.73 m² to the final stage with a glomerular filtration rate of <15 ml/mn/1.73 m² (Puspitasari & Pujiastuti, 2018). End-stage chronic kidney failure is a condition where the client experiences kidney damage that has reached stage V. This condition causes a decrease in the physiological function of the body which can also have an impact on the psychology of the patient (Livana, 2019).

Based on several previous studies, psychological disorders in clients with end-stage chronic kidney failure arise due to the impact of a decrease in physiological conditions and other effects of prolonged therapy effects (Megawati, 2021). Anxiety, low self-esteem, depression, to grief are psychological problems encountered in clients with chronic kidney failure (Widyasih Sunaringtyas, 2019). These issues may worsen due to the sympathy from those closest to them, causing them to feel useless (Hosseinigolafshani, Taheri, Mafi, Mafi, & Kasirlou, 2020).

Nurses play a crucial role in addressing this situation through a psychological intervention, namely administering psychotherapy treatment,

such as logotherapy. Logotherapy can help clients to identify the problems they are facing and can find new meaning in life (Vianey, Astrid, & Susilo, 2018). Previous literature studies explain that logotherapy can help clients with chronic illnesses who are dealing with depression. Giving logotherapy to grieving clients with end-stage chronic kidney failure can help clients to identify problems not only in the depression phase, but can also be comprehensive to the acceptance phase of the condition by finding new meaning in life.

Methods:

It was a type of quantitative research that used a randomized design with a pretest-posttest design. The population in this study were all clients with end-stage chronic kidney failure who underwent hemodialysis at RSD KRMT Wongsonegoro and RS Muhammadiyah Roemani Semarang. A sample size of 32 clients were determined using the Slovin calculation formula. Sampling was adjusted according to the inclusion and exclusion criteria, using simple random sampling technique.

Participants of this study was divided into two groups, including the treatment group who received logotherapy and control group who received education about hemodialysis and fluid management from the hospital. The logotherapy treatment was given in 4 sessions with a duration of 45 minutes in each session. The first session of logotherapy is an introduction session between the therapist and the client and helps the client to identify the problems. The second session is helping the client to express his reaction or response to the problems faced and the client's involvement in the treatment he is undergoing. The third session is an evaluation of the second session and helps clients to control negative feelings that arise and helps clients to find new meaning in life. Meanwhile, for the last session, the fourth session is an evaluation of all sessions by asking the client's feelings after finding a new meaning in life.

The instruments used in this study included an informed consent questionnaire, demographic questionnaire, standard operating procedures for the treatment given, and the Kubler-Ross grieving

questionnaire for measuring grieving. The demographic data questionnaire included gender, age, education level, and duration of hemodialysis. The Kubler-Ross grieving questionnaire used in this study has been tested for validity and reliability. Validity and reliability tests were carried out by Hidayati in 2018, by giving 30 questions to 30 clients with chronic kidney disease then analyzed using the Pearson test. The findings from the Pearson test revealed that there were 5 questions with a p-value greater than 0.05, leading to their exclusion from the analysis. The reliability test used the Cronbach Alpha test, the results obtained for all questions were >0.07 so all questions were reliable. The questionnaire consists of 25 questions which are divided into 5 stages of grieving (denial, anger, coping, depression, and acceptance). This questionnaire uses Indonesian, each question has 5 answer choices with a score range of 1-5 for each answer choice. The denial stage consists of 7 questions that have a score of 7-35 with a cut point of 24, the anger stage consists of 3 questions that have a weight of 3-15 with a cut point value of 10, the bargaining stage consists of 3 questions that have a weight of 3- 15 with a cut point value of 10, the depression stage consists of 8 questions that have a weight value of 8-40 with a cut point value of 25, and the acceptance stage consists of 4 questions that have a weight value of 4-20 with a cut point value of 14.

In data collection, researchers were assisted by 1 enumerator, whose task was to provide education on fluid management and hemodialysis education in the control group and collect pre and post measurement data. Respondents who had agreed to the informed consent were given an explanation of the logotherapy treatment given. Researchers and enumerator took measurements for the pre-test prior to administering the treatment. The treatment group was given 4 sessions of logotherapy, each session lasting 45 minutes. The implementation of each session is adjusted to the hemodialysis schedule of the respondent. The control group who received education on fluid management and the hemodialysis process was given 4 times, each 20 minutes of education and adjusted to the respondent's hemodialysis schedule. Post-test

were carried out after giving the fourth session of logotherapy to the treatment group and after giving the four fluid management education and hemodialysis processes to the control group.

The analysis used in this research is univariate and bivariate analysis. Univariate analysis was carried out in this study, namely the homogeneity test using the Lavene test to test demographic data, with the results of the data between groups being the same. Bivariate analysis was used to process data from the results of the pretest and posttest grieving. The data from the measurement results were tested for normality using Shapiro Wilk with the results of the data being normal, then the data was processed using Paired t-test to determine the significance of the treatment that had been given.

The ethical feasibility test for this research has been carried out at the commission of RSD KRMT Wongsonegoro Semarang with letter number B/1455/070/IV/2022.

Results:

Table 1 Characteristics of Respondents

Variable	Treatment		Control		<i>p value</i>
	F	%	F	%	
Gender					
- Male	9	56%	10	63%	0,970 ^a
- Female	7	44%	6	37%	
Age					
- 30 - 40 y.o	6	38%	4	25%	0,811 ^a
- 41-50 y.o	5	31%	6	37,5	
- 51- 60 y.o	5	31%	6	%	
				37,5	
Education Level					
- Elementary School	0	0%	0	0%	0,526 ^a
- Junior High School	1	6%	2	12,5	
- Senior High School	1	6%	1	75,5	
- Diploma	1	19%	1	%	
- Bachelor	3			6%	
- Bachelor				6%	
Hemodialysis Duration					
- 6 months	4	25%	3	19%	0,846 ^a
- 7 months	1	6%	3	19%	
- 8 months	6	38%	1	6%	
- 9 months	2	12,5	4	25%	
- 10 months	1	%	2	12,5	
- 10 months	0	6%	1	%	

Variable	Treatment		Control		<i>p value</i>
	F	%	F	%	
- 11 months	2	0%	2	6%	
- 12 months		12,5		12,5	
/more		%		%	

^aLavene test

Table 1 shows the average gender of the respondents from both groups dominated by men with a percentage of 56% in the treatment group and 63% in the control group. The age distribution is almost evenly distributed in all

groups from the age of 30-60 years. The average education level in the treatment and control groups was dominated by high school graduates. The duration of hemodialysis in the two groups varied greatly, which in the treatment group was dominated by respondents with 8 months of hemodialysis with a percentage of 38% and the control group was dominated by respondents with a duration of 9 months of hemodialysis as much as 25%.

Table 2. The Effect of Logotherapy on the Grieving Stage of Clients with End Stage Renal Diseases

Variable	N	Treatment				Control				
		Pre		Post		Pre		Post		
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Grieving Stage	16	Denial	17,81	1,682	29,19	1,424	17,44	1,750	17,56	1,548
		Anger	7,00	1,414	12,69	1,302	7,63	0,957	7,50	1,033
		Bargaining	6,50	1,549	12,94	1,289	7,25	1,342	7,25	1,291
		Depression	27,06	2,112	36,94	1,982	25,94	1,340	25,69	1,302
		Acceptance	6,50	1,033	16,69	1,537	6,50	1,033	6,63	0,957
P-value		0,000 ^a				0,497 ^a				

Based on the Table 2, the p-value in the treatment group was identified to be significant with p-value = 0.000 (<0.05), while the p-value in the control group showed insignificant results with p-value = 0.497 (>0.05). The results of the

pre-post comparison test the difference between groups got the p value = 0.000. Based on these results, it shows that logotherapy treatment can have a significant effect on the grieving stage of clients with end stage renal disease.

Table 3 Changes in the Stage of Grieving After Giving Logotherapy

Variable		Treatment				Control			
		Pre		Post		Pre		Post	
		Yes	No	Yes	No	Yes	No	Yes	No
Grieving Stage	Denial	14	2	1	15	13	3	13	3
	Anger	15	1	2	14	14	2	14	2
	Bargaining	15	1	1	15	15	1	16	0
	Depression	13	3	0	16	14	2	14	2
	Acceptance	0	16	15	1	1	15	1	15

Table 3 shows the changes before and after the treatment given to the grieving stage based on the number of respondents. The results from the table above show that all respondents in the treatment group can reach the acceptance stage with a total of 16 respondents, while in the control group only 1 respondent can reach the acceleration stage.

Discussion:

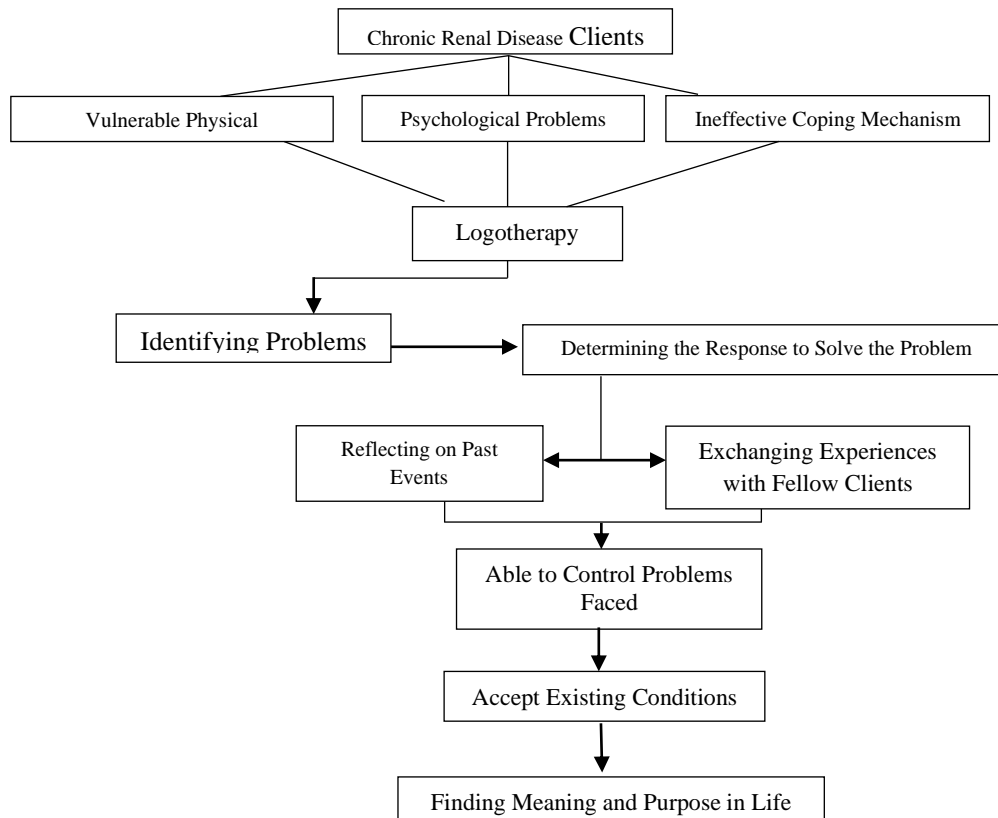
Logotherapy is a therapy that's divided into 4 sessions, which are packaged with counseling methods (questioning and sharing experiences). There is a significant change in psychological problems in respondents with end-stage chronic kidney failure who are given logotherapy treatment (Dezutter, Koen Luyckx, & Wachholtz, 2019). Respondents in the treatment group are able to identify the problems

they face and find ways to deal with negative feelings that come. Logotherapy helps respondents to identify, analyze, find solutions to problems so they can find new meaning in life. Each session of logotherapy has a function and purpose, starting from aspects of identification to how to overcome problems and find the meaning of life (Handayani, Hamid, & Mustikasari, 2017). The application of logotherapy to clients with chronic diseases can help them become more accepting of their conditions experienced and prepare for the life to come. Finding the meaning of life in a sick condition or in a terminal condition can improve quality of life for the respondent, which will bring the respondent to be ready to face the next life (Rokhyati, Meidiana, & Sri, 2019). Logotherapy can have a positive impact on the clinical condition of respondents with chronic diseases, especially chronic kidney failure. Positive feelings will certainly trigger motivation to continue living with the existing conditions (Arroissi & Mukharrom, 2021). Respondents can control the negative feelings they feel, either by exchanging

experiences with fellow clients or reflecting on past experiences (Khodarahimi, 2021).

Based on logotherapy theory, logotherapy is used to overcome human problems in an effort to understand the meaning, values, freedom, responsibility, commitment, decisions, and life goals behind one's suffering (Maqhfirah & Ginting, 2021). In every situation, including suffering, life always has a meaning (Jundiah, Dirgahayu, & Rahmadina, 2020). Logotherapy views the individual holistically, including one's freedom in wanting in life, both biological, psychological, and social conditions. This view is certainly in line with nursing care which views the client as a whole, not only includes the treatment of the illness (Moura et al., 2020). Biological, psychological, and social needs, including support from family and social interaction with the environment, must also be considered in providing nursing care to clients with chronic diseases, especially chronic renal disease (Pham, Beasley, Gagliardi, Koenig, & Stanifer, 2020).

Figure 1 Logotherapy in Clients with Chronic Renal Disease



The results of the study found that logotherapy is one of the therapeutic methods that can help clients express their feelings when facing their illness. Expressing feelings can reduce the burden felt by the client, so that the client can think clearly, find calm and can reduce the influence of his emotions (Pham et al., 2020). Conditions that promote controlled emotions and clear thinking enable individuals to make decisions in dealing with problems and accept their existing conditions. Being able to reflect on past experiences to take meaning from life in the present moment and being able to share experiences with people who have experienced the same suffering are also critical aspects of successful logotherapy (Hosseinigolafshani et al., 2020).

This research contributes to treatment by offering logotherapy for psychological disorders, especially grief in clients with end-stage chronic renal failure. Grieving itself will certainly have a negative impact on clients with end-stage chronic kidney failure, especially if the client is already in a terminal condition. On the other hand, the holistic role of the nurse certainly means that the nurse does not only look at the client from their physiological condition, but also must consider the client's psychological aspects. Grief is a psychological problem that arises from feelings of helplessness and loss. Logotherapy helps clients to express their problems, find solutions to overcome these problems and find meaning in life for the problems they face (Ausrianti, 2020). This research has several limitations. First, this research was carried out in a hemodialysis room so that in some conditions it was less conducive and a little crowded. Second, several respondents experienced an extension of the duration because several explanations did not match the discussion. For further research, this research can be developed by preparing a hemodialysis room that has adequate consultation rooms.

Conclusions:

Logotherapy can help overcome psychological problems of grieving in clients with end-stage chronic renal failure. Logotherapy is effective in overcoming sadness from the denial phase to the depression phase so that the

client is able to accept the existing condition. Logotherapy can also help clients to identify problems, determine responses to problems, and control problems. So, they can accept existing conditions and find the meaning of life according to current conditions.

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