

BIOPSYCHOSOCIAL-SPIRITUAL: A PROPOSED HOLISTIC APPROACH TO CKD PATIENT MENTAL HEALTH

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ABSTRACT

This study proposes the possibility of a biopsychosocial-spiritual approach to mental health conditions in patients with chronic diseases, in this case, chronic kidney disease (CKD). Kidney disease is a growing global health problem, which impacts the physical, psychological, social, and spiritual well-being of patients. The biopsychosocial-spiritual (BPS-S) approach combines these dimensions to improve the overall quality of life of patients. This paper explores the literature examining how the BPS-S can help address mental health challenges in a variety of patient health settings and its potential application to CKD patients. The results of the literature review will be a preliminary study for the next stage of research. The implication of this concept is how the integration of biopsychological and spiritual approaches can be a development in psychology and spirituality-based psychotherapy.

Keywords: Chronic Kidney Disease, Biopsychosocial-Spiritual, Mental Health, Holistic Approach, Quality of Life

ABSTRAK

Penelitian ini mengusulkan kemungkinan dilakukannya pendekatan biopsikososial-spiritual terhadap kondisi kesehatan mental pada pasien penyakit kronis, dalam hal ini penyakit ginjal kronis (CKD). Penyakit ginjal merupakan masalah kesehatan global yang berkembang, yang berdampak pada kesejahteraan fisik, psikologis, sosial, dan spiritual pasien. Pendekatan biopsikososial-spiritual (BPS-S) menggabungkan dimensi-dimensi ini untuk meningkatkan kualitas hidup pasien secara keseluruhan. Makalah ini mengeksplorasi literatur yang mengkaji bagaimana BPS-S dapat membantu mengatasi tantangan kesehatan mental di berbagai kondisi kesehatan pasien dan potensi penerapannya pada pasien CKD. Hasil tinjauan pustaka akan menjadi studi pendahuluan untuk penelitian tahap selanjutnya. Implikasi dari konsep ini adalah bagaimana integrasi pendekatan biopsikologi dan spiritual dapat menjadi pengembangan dalam bidang psikologi dan psikoterapi berbasis spiritualitas.

Kata Kunci: Penyakit Ginjal Kronis, Biopsikososial-Spiritual, Kesehatan Mental, Pendekatan Holistik, Kualitas Hidup

INTRODUCTION

Kidney disease, particularly chronic kidney disease (CKD), is a significant and growing global public health challenge. According to the International Society of Nephrology Atlas (2017) and the International Society of Nephrology (2023), kidney disease imposes a substantial economic and social burden, with millions affected worldwide (Ferenbach & Bonventre, 2016; Kovesdy, 2022; Lv & Zhang, 2019). CKD patients face complex challenges affecting their physical, psychological, social, and spiritual dimensions (Molsted et al., 2021)

Despite advances in medical interventions, traditional treatments often focus narrowly on biological symptoms, overlooking the broader psychosocial and spiritual factors that

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influence patient outcomes. Mental health challenges, including depression and anxiety, are prevalent among CKD patients and can exacerbate their physical condition (Palmer et al., 2013; Zalai et al., 2012). This underscores the need for a more comprehensive approach to care. This paper proposes the integration of a biopsychosocial-spiritual (BPS-S) model into CKD mental health point of view through a preliminary study from academic literature, aiming to comprehend the multifaced needs of patients. The results of this research are expected to increase understanding of approaches that can increase resilience, improve quality of life, and promote holistic healing.

LITERATURE REVIEW

Engel's (1977) biopsychosocial model revolutionized the understanding of health by emphasizing the interconnectedness of biological, psychological, and social dimensions in patient care. It challenged the reductionist biomedical approach, which often focused solely on physical symptoms, and called for a broader, more inclusive perspective on health and illness. This framework underscored the importance of considering psychological stressors, social relationships, and environmental factors in diagnosing and treating patients.

Building on Engel's foundation, Sulmasy (2002) introduced spirituality as the fourth critical dimension, thereby advancing the biopsychosocial model into the biopsychosocial-spiritual (BPS-S) paradigm. Sulmasy argued that spirituality, encompassing existential meaning, connectedness, and transcendence, plays a fundamental role in human well-being, especially for those facing chronic illnesses or end-of-life care. He posited that spiritual distress can negatively impact physical and psychological health, making it an essential component of holistic care.

The BPS-S model has since gained widespread recognition as a comprehensive approach to health care. Integrating spirituality with traditional biopsychosocial elements, the model provides a robust framework for addressing the multidimensional needs of patients, particularly those with chronic or terminal conditions (Braganza & Oliveira, 2022; Sulmasy, 2002)

Spirituality is increasingly recognized as a critical coping mechanism for individuals with chronic illnesses. Saad et al. (Saad et al., 2017) highlighted that spiritual practices such as prayer, meditation, and participation in faith communities offer emotional support and a sense of purpose, which are vital for coping with the uncertainties of chronic diseases. Spiritual well-being has been associated with improved resilience, enhanced mental health, and better overall quality of life in patients with various chronic conditions, including CKD.

Moreira-Almeida et al. (Moreira-Almeida et al., 2016) emphasized that spirituality facilitates acceptance of illness and fosters hope and optimism, even in the face of severe physical challenges. For CKD patients, who often bear the psychological and physical burden of long-term dialysis and the possibility of end-stage renal failure, spiritual well-being is crucial. Kurniasih et al. (Kurniasih et al., 2021) found that integrating spiritual counseling into CKD care significantly reduced anxiety and improved emotional stability in patients, suggesting that addressing existential issues can alleviate psychological distress. In addition, studies have shown that spirituality helps with coping with personal issues and strengthens social bonds. Participating in spiritual practices often fosters a sense of belonging and community, reducing feelings of isolation and improving psychosocial well-being (Saad et al., 2017)

The efficacy of the BPS-S model has been extensively documented in fields such as oncology, palliative care, and mental health. Braganza & Oliveira (2022) demonstrated that

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integrating spiritual care into cancer treatment plans improved patient satisfaction and quality of life by addressing the multifaceted impacts of the disease. Similarly, Chochinov et al. (2005) reported that dignity therapy, a psychotherapeutic intervention rooted in the BPS-S approach, helped terminally ill patients find meaning and peace, reducing anxiety and depression.

Despite its success in these fields, the application of the BPS-S model in CKD care remains underexplored. Given the high prevalence of mental health challenges and existential distress among CKD patients, incorporating spiritual care alongside biological, psychological, and social interventions could significantly enhance treatment outcomes. The integration of this model presents an opportunity for innovation, allowing healthcare providers to address the holistic needs of CKD patients comprehensively. Van Denend et al., (2022) research confirms that ongoing advancement and incorporation of the spiritual aspect within mental health practices can significantly enhance our comprehension of human existence and provide greater depth and sensitivity in our endeavors to address human suffering.

METHODS

This study used a systematic literature review methodology to explore the potential. This investigation employed a systematic literature review methodology to assess the prospective implementation of the biopsychosocial-spiritual (BPS-S) model in the management of patients afflicted with chronic kidney disease (CKD). The literature review aimed to assemble, examine, and synthesize pertinent empirical evidence and theoretical foundations that advocate for the incorporation of the spiritual dimension within established biopsychosocial frameworks.

Academic databases, such as PubMed, Scopus, and Google Scholar, were utilized to locate peer-reviewed articles, book chapters, and grey literature pertinent to the objectives of the study. The search methodology incorporated a combination of keywords and Boolean operators to optimize the retrieval of relevant studies. Search keywords encompassed: "biopsychosocial-spiritual," "chronic kidney disease," "mental health," "holistic care," "spiritual well-being," and "psychosocial interventions in CKD." The search parameters were constrained to articles published from 2000 to 2023 to ensure the inclusion of contemporary and pertinent findings while reflecting the progression of the BPS-S framework within healthcare.

Upon identification of articles, abstracts underwent a screening process to ascertain relevance. Eligible studies were subsequently reviewed in their entirety, with critical data extracted utilizing a structured template. The template encompassed the following information: 1) Publication Details: Authors, year of publication, and journal; 2) Study Design: Type of study (e.g., qualitative, quantitative, mixed methods); 3) Thematic Focus: The role of spirituality in mental health, the integration of spiritual care within CKD management, and empirical support for BPS-S interventions; and 4) Key Findings: Outcomes pertinent to patient well-being, mental health, and quality of life. Extracted data were systematically categorized and thematically analyzed to discern patterns, deficiencies, and insights pertinent to the research inquiries. The synthesized themes were utilized to propose a conceptual framework for the application of the BPS-S model in CKD care.

RESULTS

Individuals diagnosed with chronic kidney disease (CKD) encounter multifaceted obstacles that influence their physical, psychological, social, and spiritual domains. Health-promoting physical activity has been shown to enhance the quality of life among individuals diagnosed

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with chronic kidney disease (CKD) (Oh et al., 2022). The perceptions held by individuals regarding kidney disease are intricately linked to coping strategies, which demonstrate correlations with personality traits and overall quality of life (QoL) (Widjast & Halim, 2021). The spiritual dimensions associated with health and caregiving significantly influence both belief systems and the physical and psychosocial dimensions of care (Mugihartadi & Wahidin, 2017) as the spiritual-religious aspect is crucial in the lived experiences of chronic renal patients undergoing hemodialysis (Teles et al., 2021), and these patients regard the integration of practical and spiritual needs, alongside other contributory factors, as vital (Cardoso et al., 2014). Mental health constitutes a fundamental component of overall well-being, and individuals with CKD exhibit heightened susceptibility to mental health challenges owing to the considerable physical and emotional burdens imposed by the illness. Beng (2004) articulated that this disease can detrimentally impact patients' functional performance and subsequently alter their quality of life.

The biopsychosocial-spiritual (BPS-S) model provides a comprehensive framework for addressing the multidimensional challenges faced by CKD patients, offering significant benefits across coping mechanisms, mental health, and social support. One of the main strengths of the BPS-S model is its ability to enhance resilience in patients who often experience stress due to the physical demands of their condition, financial burdens, and uncertainty about their prognosis (Palmer et al., 2013). Spiritual practices such as mindfulness, prayer, and meditation play a vital role in fostering acceptance and creating a sense of control over uncontrollable circumstances (Saad et al., 2017). For example, Kurniasih et al. (2021) showed that spiritual counseling effectively reduced anxiety in CKD patients undergoing dialysis by addressing their existential concerns. Similarly, Moreira-Almeida et al. (2015, 2016) reported that a spiritual support program improved emotional stability, assisting patients in their psychological adjustment to chronic illness. These findings underscore the importance of integrating spirituality into CKD care, as it not only alleviates distress but also strengthens patients' capacity to cope with the challenges of their illness.

This model also significantly improves mental health outcomes, particularly for CKD patients who frequently experience depression and anxiety, with prevalence rates reaching up to 50% among those on dialysis (Zalai et al., 2012). Incorporating spiritual care into the care plan helps address existential questions, reduce hopelessness, and foster hope, ultimately improving psychological well-being. Braganza & Oliveira (2022) found that spiritual interventions, such as faith-based counseling and community engagement, allowed patients to reconnect with their faith and social networks, reducing isolation and fostering a sense of belonging. These connections are critical to reducing the mental health burden of CKD, suggesting that spirituality may complement traditional psychological therapies by addressing patients' deeper existential and emotional needs.

Additionally, the BPS-S model emphasizes the importance of social support, which is often limited for CKD patients due to the physical limitations imposed by their condition (Molsted et al., 2021). The model advocates for community-based initiatives and peer support programs to alleviate the isolation many patients experience. Kovesdy (2022) highlighted that CKD patients who participated in peer support groups reported reduced stress and better coping strategies, as these platforms provided an opportunity to share experiences and support each other. By fostering a sense of solidarity and belonging, social interventions within the BPS-S framework address the psychosocial dimensions of chronic disease, which in turn improves patients' quality of life.

These findings not only highlight the holistic benefits of the BPS-S model, but also underscore the need for its integration into standard CKD treatment protocols. The inclusion of spiritual and social interventions in routine care can address unmet needs,

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thereby ensuring a more patient-centered approach. Furthermore, the development of evidence-based programs, such as spiritual counseling and group therapy, is essential to maximize the efficacy of the BPS-S model. Advocacy from organizations such as the International Society of Nephrology (ISN) can facilitate the global adoption of this approach, by promoting policies that prioritize holistic care.

This discussion is in line with the broader literature that emphasizes the interconnectedness of biological, psychological, social, and spiritual health, making the BPS-S model a transformative approach to managing CKD. The BPS-S as a holistic approach recognizes that health outcomes are shaped by the interaction of these factors, underscoring the need to address the whole patient rather than focusing solely on the disease (Anna, Clementi et al., 2021).

At the heart of the BPS-S model is the promotion of holistic patient care, involving collaboration between health care providers, families, and community organizations to enhance support for patients with CKD. This approach goes beyond traditional medical care, encouraging interventions that address physical, emotional, and social needs (Anna, Clementi et al., 2021). Psychological well-being and social support, for example, play a critical role in the management of CKD, as they have been shown to improve medication adherence and overall quality of life. Programs based on the BPS-S framework encourage community engagement and provide targeted support, particularly for vulnerable populations, further highlighting the model's value in chronic disease care (Braganza & Oliveira, 2022).

Spiritual health is another integral component of the BPS-S model, enhancing resilience and coping strategies among patients with CKD. Incorporating spirituality into the care plan is associated with improved mental health outcomes, which are essential for managing the psychological impact of chronic illness (Redemptus et al., 2023; Wedgeworth & Cody, 2023). By addressing existential and emotional issues, spiritual care complements other dimensions of the BPS-S framework, offering a more comprehensive approach to patient well-being.

Despite its strengths, implementing the BPS-S model can present challenges. Critics point to the varying interpretations of spirituality across cultures and the need for specific training among healthcare providers to effectively integrate this dimension into care (Braganza & Oliveira, 2022). Nonetheless, the BPS-S model remains a promising approach to improving quality of life and health outcomes for patients with CKD, encouraging a shift toward more inclusive and holistic healthcare practices.

CONCLUSION

The Biopsychosocial-Spiritual (BPS-S) model offers a transformative a holistic approach to managing chronic kidney disease (CKD), addressing the interrelated biological, psychological, social, and spiritual dimensions of health. Unlike traditional biomedical care that focuses solely on physical symptoms, the BPS-S framework provides comprehensive care by enhancing resilience, mental health, and social support for patients with CKD. Spiritual interventions, such as mindfulness and counseling, alleviate anxiety, depression, and existential distress while fostering emotional stability and coping strategies. In addition, social initiatives, such as peer support programs and community engagement, reduce isolation and improve quality of life, addressing the many challenges faced by patients with CKD.

Although implementing the BPS-S model presents challenges, such as varying cultural interpretations of spirituality and the need for specialized training, the benefits far outweigh

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these barriers. Integrating BPS-S interventions into CKD care protocols, supported by evidence-based program development and advocacy from organizations such as the International Society of Nephrology, can revolutionize patient outcomes. By shifting the focus from disease management to patient-centered, holistic healing, the BPS-S model is paving the way for improved health and well-being and setting a new standard for chronic disease care.

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