

# A Systematic Review of The Predictors of Perceived Autonomy by Patient With Chronic Kidney Disease

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# A Systematic Review of The Predictors of Perceived Autonomy by Patient With Chronic Kidney Disease

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**Abstract:** **Background:** Restriction of the number of activities or the quality of activities can have serious drawbacks for a person's feelings of autonomy. The aim of this review to identify variables that predict perceived autonomy. **Method:** We identified articles through databases searching: EbscoHost, CINAHL and PubMed published between 2008-2018. **Result:** eight articles were analysed and selected from 601 journal articles found for this systematic review identified a range of variables with good preliminary evidence supporting their ability to predict perceived autonomy. Of these variables, comorbidity, age (heterogeneous age ranges), symptoms, female gender, a marital status of divorced, separated or widowed, non-white ethnicity, were associated with increased perceived autonomy. **Conclusion:** The findings can inform decisions about which variables might be used to derive self-reliance, a sense of well-being, and comfort or satisfaction with retaining control and directing one's own life in the physical and psychological health. However, many of these studied still lacked of method, sample size and heterogeneous. So we suggest to do further examination.

## 1. BACKGROUND

People with end-stage renal disease require dialysis to sustain life. Dialysis in particular is burdensome and intrusive. Compared with general population, patients with ESRD on dialysis experience, besides impaired physical functioning, impaired mental and social functioning<sup>3</sup>. Results of a Swedish study demonstrated that more than 50% of dialysis patients reported stressors with respect to work and leisure time (Andersson 2007).

Restrictions on the quantity and quality of daily activities might impede people's feelings of autonomy. A Dutch study showed that patients on dialysis, on average, have moderate feelings of autonomy, which indicates that they do not often feel that they can do the things they wish to do in everyday life, because of their health condition or otherwise (Jansen et al. 2010). According to Deci and Ryan's Self-Determination Theory (SDT; (Jansen et al. 2014) autonomy is one of the basic psychological needs for optimal functioning. When the fulfilment of the need for autonomy is hindered, one's experience of self worth is also damaged, leading to either insecure or low self-esteem (Ryan & Brown 2003).

In the context of the on-going development perceived autonomy to medication adherence, it is important to provide evidence that can inform decisions about which variables might be used to derive self-reliance, a sense of well-being, and comfort or satisfaction with retaining control and directing one's own life in the physical and psychological health. Therefore, the general objective of this systematic review to identify variables examined in relation to the prediction perceived autonomy.

## 2. METHOD

We identified articles only the following types of studies were included in the review are observational and intervention studies that predicted perceived autonomy by adults with mental disorders through databases searching: EbscoHost, CINAHL and PubMed published between 2008-2018, search terms include various combination of the terms "autonomy or perceived autonomy". We found eight articles that suitable with our inclusion criteria. All articles using the English language.

### 3. RESULT

The literature search flow in total, 601 records was identified. Database-searching yielded 601 records. After duplicates were removed, 503 studies were screened at 'abstract' level. After abstract screening, 106 studies were assessed for eligibility at 'full-text' level. Eight studies were included in the final review.

Eight journals that have been collected, analyzed and scored, obtained the following results. This paper review the evidence for identified predictors that are categorized by 'demographics', 'perception', 'symptoms', 'social support' and 'behaviour'. The predictor variable was assessed in relation to perceived autonomy. For simplicity, a study was arbitrarily deemed to be of 'perceived autonomy' quality on the autonomy questionnaire.

As an overview, the review identified 12 predictor variables that were examined in relation to the prediction of perceived autonomy. By category, these were: seven demographic variables, two perception variable, social support variables, one symptom variable, and one behavioural variable.

The seven demographic variables significantly predicted perceived autonomy. Demographic variables increased perceived autonomy in Jayanti et al. (2015) and Jansen et al. (2010) at the 15% significance level. These variables, in order of frequency of increased global autonomy prediction, were: comorbidity (both mental and physical), age (heterogeneous age ranges), male gender, marital status of divorce, non-white ethnicity, high education, first choice of dialysis modality and perceived ability. Regarding the age variable, age mean 59,84 were associated with increased perceived autonomy. As study quality was satisfactory in the vast majority of these assessment, it can be concluded that good preliminary evidence exist for these seven demographic variables in relation to the prediction of increased perceived autonomy.

The two perception variables significantly predicted lower perceived autonomy (Jansen et al. 2010). Two perception variables predicted lower perceived autonomy in two or more assessments. These variables, in order frequency of lower perceive autonomy prediction, were accessing stronger beliefs in the seriousness of the illness. A stronger belief that the treatment disrupts daily life was also associated with low perceived autonomy. As study quality was it can be concluded that good preliminary evidence exist for illness and treatment

perception in relation to the prediction of lower perceived autonomy.

The social support variables significantly predicted high perceived autonomy (Jansen et al. 2014; Matsui & Capezuti 2014). This variable predicted increased perceived autonomy in two assessments. The variable, in order of frequency of increased perceived autonomy prediction was general emotional support. The social support being related with illness perception to influence perceived autonomy.

The symptom variable significantly predicted increased perceived autonomy in Wulff et al. (2013). One symptom variable-absence of pain- predicted increased perceived autonomy. It can be concluded that score in HPEAS (Hertz Perceived Enactment of Autonomy Scale) exist for absence of pain symptoms in relation to the prediction of increased perceived autonomy.

The behaviour significantly predicted perceived autonomy. Self-efficacy variable predicted increased perceived autonomy in an assessment (Wulff et al. 2013), it can only be concluded that self-efficacy was associated with personal enactment of autonomy.

In the final variable category above, a behavioural variable-self-efficacy significantly predicted increased perceived autonomy once, of the onetime assessed. However, as just one assessment was undertaken, it cannot be concluded that good preliminary evidence exists for self-harm in relation to the prediction of increased perceived autonomy.

In summary, several predictor variables have good preliminary evidence supporting their ability to predict perceive autonomy. Of these variables, comorbidity, age (heterogeneous age ranges), symptoms, female gender, a marital status of divorced, separated or widowed, non-white ethnicity, were associated with increased perceived autonomy.

### 4. DISCUSSION

This review eight studies identified variable with good preliminary evidence to predict perceived autonomy. Of these variables, comorbidity, age (heterogeneous age ranges), symptoms, female gender, a marital status of divorced, separated or widowed, non-white ethnicity, were associated with increased perceived autonomy.

Few existing review of the predictors of perceived autonomy were available for comparison

of results. Nevertheless, self efficacy-the most evidenced predictor of increased perceived autonomy in the present review-was also shown in a research (Clark & JA 1999) to explore the self-efficacy as a predictor of disease management. In line the present review, found that self efficacy predicted increased perceived autonomy.

Overall, the findings from previous research add robustness to our finding of good preliminary evidence for the variables of -behaviour-self efficacy in relation to the prediction of increased perceived autonomy.

## 5. CONCLUSION

This review provides evidence that can inform decisions about which variables might be used to derive self-reliance, a sense of well-being, and comfort or satisfaction with retaining control and directing one's own life in the physical and psychological health. Several variables-in particular, comorbidity, female gender, age (heterogeneous age ranges) high previous autonomy and a marital status of divorced-have good preliminary evidence supporting their ability to predict autonomy and thus are relevant for clustering purposes. The findings support the need to determine the association of the predictor with autonomy, the need to investigate whether combining broad diagnoses with care pathways is an effective alternative method for further research. Overall this review has highlighted important unresolved issues related to perceived autonomy. Addressing these issues could improve perceived autonomy, helping to ensure that people have perceived autonomy can feel self-reliance, a sense of well-being, and comfort or satisfaction with retaining control.

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