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# NURSING CARE FOR PATIENTS WITH HIV/AIDS ASSESSMENT OF SELF-ACCEPTANCE BASED ON THE KÜBLER-ROSS THEORY

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**ABSTRACT**
Human Immunodeficiency Virus (HIV) is a chronic disease that affects not only physical health but also the psychological well-being of individuals living with HIV/AIDS. One psychological response experienced by people living with HIV/AIDS (PLWHA) is the process of self-acceptance, which can be understood through the Kübler-Ross Theory. Assessment of self-acceptance is an important component of nursing care because patients may demonstrate different emotional responses and therefore require individualized nursing approaches. To describe the implementation of nursing care for patients with HIV/AIDS, with a focus on assessing self-acceptance based on the Kübler-Ross Theory. This study employed a case study design involving two female patients with HIV/AIDS receiving care at the Teratai Clinic of Persahabatan Hospital. Data were collected through in-depth interviews, observation, physical examinations, documentation review, and psychological assessment based on the five stages of the Kübler-Ross Theory. The data were analyzed descriptively by comparing the self-acceptance processes of the two patients. The assessment revealed differences in the self-acceptance processes of the two patients. Although both patients had been receiving antiretroviral (ARV) therapy for several years, they demonstrated different psychological responses based on the Kübler-Ross Theory. Mrs. MK exhibited characteristics of several stages of the Kübler-Ross Theory, with depression being the predominant response, characterized by feelings of guilt, regret, worthlessness, and persistent sadness. In contrast, Mrs. SH demonstrated characteristics of acceptance, as indicated by her ability to accept her condition as a person living with HIV, maintain adherence to ARV therapy, have positive life goals, and actively participate in a Peer Support Group (KDS). These findings indicate that the process of self-acceptance is individual and dynamic and is not solely determined by the length of time a person has been living with HIV/AIDS. Assessment of self-acceptance based on the Kübler-Ross Theory helps nurses identify the stage of psychological adaptation in patients with HIV/AIDS and provides a basis for developing individualized, holistic, and patient-centered nursing care.

Keywords: HIV/AIDS; kübler-ross theory; nursing assessment; self-acceptance

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## INTRODUCTION

Human Immunodeficiency Virus (HIV) remains a global health concern and continues to pose a significant challenge to many countries (WHO, 2025; UNAIDS, 2025). HIV infection causes progressive deterioration of the immune system and may develop into Acquired Immunodeficiency Syndrome (AIDS) if antiretroviral (ARV) therapy is not optimally administered (Brunner & Suddarth, 2023). According to the World Health Organization (WHO), approximately 40.8 million people were living with HIV worldwide at the end of 2024, with an estimated 1.3 million new HIV infections and 630,000 AIDS-related deaths. Although AIDS-related mortality has shown a declining trend compared with previous decades, HIV remains one of the infectious diseases with a substantial public health burden (WHO, 2025; UNAIDS, 2025).

Advances in ARV therapy have increased the life expectancy of people living with HIV/AIDS (PLWHA), and HIV is now widely regarded as a chronic condition requiring long-term management (WHO, 2025; Gunthard et al., 2024). Nevertheless, in addition to physical health problems, PLWHA face various psychological, social, and spiritual challenges that may affect their

quality of life and treatment outcomes (UNAIDS, 2025). Therefore, healthcare services for patients with HIV/AIDS should not focus solely on infection control but should also address psychosocial factors that influence treatment success and long-term survival (WHO, 2025).

An HIV diagnosis can be a highly distressing psychological experience (Audina & Tobing, 2023; Bantar et al., 2025). Many patients experience fear of death, stigma, discrimination, social rejection, loss of employment, and changes in relationships with family members and partners. For many individuals, an HIV diagnosis is not merely a physical health problem but a condition that can alter multiple aspects of their lives (UNAIDS, 2025; Bantar et al., 2025). Such changes may generate uncertainty about the future, fear of disease progression, and concerns regarding acceptance by family members and the broader social environment (Remien et al., 2023).

Furthermore, stigma and discrimination against people living with HIV/AIDS (PLWHA) remain major challenges in many countries, including Indonesia. Such stigma may cause patients to experience shame, withdraw from social environments, or hesitate to disclose their health status to others, thereby limiting access to healthcare services and reducing adherence to antiretroviral therapy (UNAIDS, 2025). Previous studies have also indicated that patients with HIV/AIDS are at greater risk of psychological problems, including anxiety, depression, feelings of worthlessness, stress, and social isolation, compared with the general population (Martiningsih et al., 2024; Bantar et al., 2025). If these conditions are not appropriately addressed, they may reduce patients' motivation to undergo treatment, decrease adherence to antiretroviral therapy, and negatively affect overall quality of life (Audina & Tobing, 2023).

These conditions may elicit various emotional responses, including shock, denial, anger, bargaining, depression, and eventually acceptance. These responses represent an important psychological adaptation process because they may influence an individual's ability to accept the illness, adhere to treatment, and maintain quality of life (Potter et al., 2023; Martiningsih et al., 2024).

The Kübler-Ross Theory proposes that individuals facing chronic or life-threatening conditions may experience five stages of acceptance: denial, anger, bargaining, depression, and acceptance (Corr, 2024). Although these stages do not necessarily occur sequentially and individual experiences may vary, the theory provides a conceptual framework that can assist nurses in understanding patients' emotional responses (Potter et al., 2023). The Kübler-Ross Theory continues to be applied in nursing practice to understand psychological adaptation among patients facing chronic illnesses, including HIV/AIDS (Potter et al., 2023).

The process of self-acceptance is dynamic, and patients may move from one stage to another depending on changes in their health condition, life experiences, family support, and individual ability to develop adaptive coping mechanisms (Corr, 2024). Therefore, understanding the stages of self-acceptance according to the Kübler-Ross Theory provides a foundation for nurses when assessing the stage of acceptance experienced by patients with HIV/AIDS. Through assessment, nurses can identify the patient's current stage of self-acceptance, recognize psychological needs, and collect relevant data as a basis for establishing nursing diagnoses and developing nursing care plans. Thus, assessment of self-acceptance not only enables nurses to gain a more comprehensive understanding of patients' psychological conditions but also supports the provision of nursing care that is appropriate to each individual's needs and circumstances (Potter et al., 2025; Corr, 2024).

In nursing practice, nursing care for patients with HIV/AIDS should not focus exclusively on the management of biological problems but should also address patients' psychological, social, and spiritual needs (Potter et al., 2023). A holistic approach is particularly important because the success of HIV treatment is influenced by patients' ability to accept their diagnosis, adapt to changes in their health condition, and maintain adherence to long-term treatment. The concept of

patient-centered care emphasizes the active involvement of patients and their families in care planning and decision-making throughout the treatment process (WHO, 2024). Through this approach, nurses can establish trusting therapeutic relationships, provide health education tailored to patients' needs, and assist patients in developing adaptive coping mechanisms to manage their illness.

Nurses play strategic roles as educators, counselors, advocates, coordinators, and providers of psychosocial support to assist patients throughout the stages of self-acceptance (International Council of Nurses, 2023). Accordingly, the nursing role extends beyond meeting patients' physical needs to supporting their psychological readiness to maintain long-term therapy and achieve optimal quality of life (Potter et al., 2023).

A case study is one research approach that can provide an in-depth description of patients' conditions, psychological responses, nursing problems, clinical decision-making processes, implementation of interventions, and evaluation of nursing care outcomes (Cronin, 2024; Palmar-Santos et al., 2023). Through this approach, nurses can comprehensively explore how patients with HIV/AIDS adapt to their diagnosis based on the stages of self-acceptance described by the Kübler-Ross Theory.

Based on this phenomenon, nurses play an important role in assessing patients' psychological conditions from the early stages of care (Potter et al., 2023). Identification of the stages of self-acceptance according to the Kübler-Ross Theory may assist nurses in determining nursing priorities, selecting appropriate interventions, and evaluating patients' psychological development throughout treatment (Corr, 2024). Nursing interventions should not focus solely on meeting physical needs but should also include therapeutic communication, health education, emotional support, and family involvement as a primary support system for patients.

Most previous studies have focused on antiretroviral therapy adherence, quality of life, stigma, or depression among patients with HIV/AIDS (Zhang et al., 2023; Bantar et al., 2025). However, studies specifically examining the assessment of self-acceptance among patients with HIV/AIDS based on the Kübler-Ross Theory through a nursing case study approach remain limited. Nevertheless, findings from self-acceptance assessments are important for nurses in identifying patients' psychological needs before establishing nursing diagnoses and developing nursing care plans (Potter et al., 2025; PPNI, 2023). Therefore, a more in-depth examination of self-acceptance assessment among patients with HIV/AIDS based on the Kübler-Ross Theory is warranted as a foundation for developing nursing care that is responsive to patients' individual needs (Potter et al., 2025; Corr, 2024). Therefore, this study is important to provide a more comprehensive understanding of self-acceptance among patients with HIV/AIDS by applying the Kübler-Ross Theory through a nursing case report approach. Assessment of self-acceptance is essential because identifying patients' emotional responses and psychological needs may help nurses formulate appropriate nursing diagnoses, determine individualized interventions, and provide holistic nursing care throughout the adaptation process. This study was conducted to assess the stages of self-acceptance experienced by patients with HIV/AIDS based on the Kübler-Ross Theory and to describe the nursing assessment, nursing diagnoses, interventions, implementation, and evaluation according to the patients' psychological needs. The findings are expected to provide practical insights for nurses in delivering patient-centered and holistic nursing care that addresses not only the physical aspects of HIV/AIDS but also patients' psychological, social, and spiritual needs.

## METHOD

This study employed a descriptive method with a case study approach aimed at describing the implementation of nursing care for patients with HIV/AIDS, with a particular focus on the assessment of self-acceptance based on the Kübler-Ross Theory. The case study approach was

selected because it provides an in-depth description of the nursing care process, including assessment, nursing diagnosis, intervention, implementation, and evaluation of nursing actions provided to the clients. The study was conducted at the Teratai Clinic of Persahabatan Hospital, Jakarta, in June 2026. The study participants consisted of two female patients with HIV/AIDS who were receiving inpatient care. Participants were selected based on the results of nursing assessments indicating psychological problems related to self-acceptance.

The inclusion criteria were patients medically diagnosed with HIV/AIDS, patients who had received antiretroviral (ARV) therapy, patients who were conscious and cooperative, patients who agreed to participate as respondents, and patients who were able to communicate effectively. The exclusion criteria included patients with acute illness accompanied by impaired consciousness, patients with severe developmental disorders, and patients who declined to participate in the intervention. Data were collected through in-depth interviews, observation, physical examinations, and documentation review. Interviews were conducted with patients to obtain information regarding their emotional responses from the time they first learned of their HIV/AIDS diagnosis, factors influencing self-acceptance, and coping strategies used to manage their condition. Observations were conducted to identify behavioral manifestations and non-verbal responses during the nursing care process. Physical examinations were performed to assess the patients' general health status and vital signs.

The instruments used in this study included a family nursing assessment form, an interview guide based on the five stages of the Kübler-Ross Theory, a behavioral and psychological response observation sheet, and a Standard Operating Procedure (SOP) for therapeutic communication. The interview guide was developed based on the concepts of denial, anger, bargaining, depression, and acceptance to explore patients' subjective experiences throughout the self-acceptance process. The study began with a nursing assessment of both patients to identify psychological problems and signs and symptoms associated with low self-acceptance. Subsequently, the researcher provided interventions consisting of therapeutic communication, emotional validation, reinforcement of meaning in life, strengthening of family support, and reinforcement of spiritual aspects according to each patient's stage of self-acceptance. The interventions were conducted over three consecutive days, with each session lasting 15–20 minutes for each patient. Evaluation was conducted by comparing the patients' conditions before and after the interventions. Evaluation indicators included changes in patients' verbal and non-verbal responses, their ability to express feelings, changes in withdrawal behavior, and the progression of the self-acceptance process throughout the nursing care period. The study data were analyzed descriptively and presented narratively according to changes in the patients' conditions during the intervention period.

## RESULT

This study was conducted involving two female patients with HIV/AIDS receiving care at Persahabatan Hospital, Jakarta. The self-acceptance assessment based on the Kübler-Ross Theory was implemented over three consecutive days as part of holistic nursing care.

Table 1.
Demographic and Clinical Characteristics of the Patients

| No. | Initials | Age | Sex | Occupation | Marital Status | Duration of HIV | Medical Diagnosis |
|---|---|---|---|---|---|---|---|
| 1 | Mrs. MK | 39 years | Female | Civil servant | Married | 9 years (since 2017) | AKI, massive ascites, cellulitis, HIV on ARV therapy |
| 2 | Mrs. SH | 40 years | Female | Private-sector employee | Divorced | 8 years (since 2018) | Post-core biopsy for femoral tumor, HIV on ARV therapy |

Based on Table 1, the two patients had relatively similar characteristics in terms of sex and duration of living with HIV. Mrs. MK was 39 years old and had been living with HIV since 2017, whereas

Mrs. SH was 40 years old and had been living with HIV since 2018. Both patients had been receiving antiretroviral (ARV) therapy for a relatively long period.

Table 2.
Comparison of Self-Acceptance Stages Based on the Kübler-Ross Theory

| No. | Kübler-Ross Stage | Mrs. MK | Mrs. SH |
|---|---|---|---|
| 1 | Denial | Experienced during the early period after diagnosis | Experienced during the early period after diagnosis |
| 2 | Anger | Previously experienced | Previously experienced |
| 3 | Bargaining | Previously experienced | Previously experienced |
| 4 | Depression | Currently predominant | Previously experienced |
| 5 | Acceptance | Beginning to develop | Achieved |

Based on the initial assessment presented in Table 2, the two patients demonstrated different self-acceptance processes despite having relatively similar diagnoses and durations of ARV therapy. Mrs. MK demonstrated predominantly depression-stage characteristics, including feelings of guilt, regret, worthlessness, and persistent sadness. The patient verbally expressed a sense of hopelessness: *"It feels like my life has been ruined and is no longer meaningful, but I still have responsibilities toward my children."* The patient also expressed deep regret about having lied to her partner in the past. During the interview, the patient's eye contact was minimal, and she frequently looked downward. Her voice was soft and slow, her facial expression reflected profound sadness, and she cried during the interview.

In contrast, Mrs. SH demonstrated characteristics of **acceptance**, as reflected by her ability to accept her condition as a person living with HIV, maintain adherence to ARV therapy, maintain positive life goals, and actively participate in a Peer Support Group (PSG). The patient demonstrated an optimistic attitude, stating: *"I have to stay healthy and remain motivated to live because I have a child who still needs me."* The patient's eye contact was adequate, and she was highly responsive and expressive throughout the interview. Her facial expression appeared calm, although she occasionally displayed sadness when recalling her adaptation process.

Table 3.
Changes in Psychological Responses Following the Intervention

| No. | Evaluation Indicator | Mrs. MK (Before → After) | Mrs. SH (Before → After) |
|---|---|---|---|
| 1 | Ability to express feelings | Limited → Improved | Good → Very good |
| 2 | Eye contact | Minimal → Improved | Adequate → Adequate |
| 3 | Social withdrawal behavior | High → Decreased | Low → Very low |
| 4 | Expression of sadness | Profound → Decreased | Mild → Very mild |
| 5 | Motivation to undergo therapy | Decreased → Increased | High → Very high |
| 6 | Participation in PSG | None → Beginning to show interest | Active → Very active |

As shown in table 3, both patients demonstrated positive changes following the nursing interventions. In Mrs. MK, the patient appeared calmer, was able to maintain eye contact, and expressed hope to continue taking antiretroviral therapy regularly. However, feelings of guilt, regret, and sadness persisted when she recalled past experiences; therefore, the nursing problem was considered partially resolved. Mrs. SH demonstrated a more stable psychological condition. She appeared calm, had an appropriate affect, communicated effectively, adhered to ARV therapy, actively participated in the PSG, and was able to explain the coping strategies she used when experiencing psychological distress. The nursing problem was considered resolved, and the patient continued to demonstrate characteristics of acceptance throughout the evaluation period. After the third day of intervention, Mrs. MK appeared more cooperative during communication, was able to follow instructions appropriately, and demonstrated a calmer facial expression. The patient expressed her intention to continue treatment and make efforts to improve herself for the sake of her family. Her knowledge regarding the importance of adherence to ARV therapy also improved. Mrs. SH demonstrated a commitment to continuing her active role in the Peer Support Group (PSG) and expressed willingness to serve as a peer supporter for newly diagnosed patients with HIV. She

stated that she felt happy and relieved to be able to share her experiences and provide encouragement to other people living with HIV.

## DISCUSSION

### Self-Acceptance Assessment Based on the Kübler-Ross Theory

The results showed that the self-acceptance processes of the two patients with HIV/AIDS differed despite having relatively similar characteristics in terms of sex and duration of living with HIV. Mrs. MK predominantly exhibited characteristics of the depression stage, whereas Mrs. SH had reached the acceptance stage. These findings indicate that the length of time a person has been living with HIV/AIDS does not automatically determine their level of self-acceptance. Self-acceptance is an individual and dynamic psychological process. This finding is consistent with the Kübler-Ross Theory, which conceptualizes denial, anger, bargaining, depression, and acceptance as a framework for understanding individuals' emotional responses when facing loss or chronic illness (Corr, 2024).

These stages do not necessarily occur linearly, and patients may experience more than one response or return to a particular response when confronted with new stressors. This was evident in Mrs. MK, who had cognitively accepted her HIV diagnosis and understood the importance of ARV therapy but continued to experience emotional responses of guilt, regret, and sadness that were consistent with the depression stage. This finding is consistent with Remien et al. (2023), who explained that patients' understanding of their illness does not necessarily result in emotional self-acceptance. Self-stigma and feelings of guilt may persist even when patients understand the importance of ARV therapy.

Characteristics of acceptance in Mrs. SH were reflected in her ability to accept her condition as a person living with HIV, maintain emotional stability, remain motivated to maintain her health, and have clear life goals. Her children were her primary source of motivation to remain healthy and continue living her life. She was also able to view her life experiences more positively and no longer considered her HIV diagnosis a barrier to fulfilling her roles within her family and social environment. This finding is consistent with Potter et al. (2023), who stated that self-acceptance is characterized by an individual's ability to perceive illness realistically, maintain motivation for life, and continue fulfilling social roles adaptively.

### Factors Influencing Self-Acceptance

The differences in the responses of the two patients indicate that self-acceptance in HIV/AIDS is not determined solely by the diagnosis or duration of treatment. Several factors appeared to play a role in both cases, including family support, social support, spirituality, life goals, life experiences, and coping mechanisms. The theoretical framework presented in Chapter II also explains that self-acceptance is a dynamic process influenced by individual characteristics, coping mechanisms, family support, knowledge, spirituality, life experiences, as well as stigma and discrimination (Mulyadi et al., 2024; Ryff, 2023). This finding is consistent with Remien et al. (2023), who reported that psychological adaptation among people living with HIV is influenced by various psychosocial factors, resulting in different self-acceptance processes across individuals.

In Mrs. MK, family support and spirituality were among the factors that helped her remain resilient. The patient stated that family support, regular adherence to ARV therapy, prayer, and faith in God were sources of strength. However, this support had not completely alleviated her feelings of guilt and regret regarding past experiences. These findings indicate that family support and spirituality may serve as protective factors but may not be sufficient to fully resolve the emotional conflicts experienced by the patient. Therefore, therapeutic communication remains necessary to help the patient interpret her life experiences in a more adaptive manner.

In Mrs. SH, supportive factors for self-acceptance appeared to be stronger through the presence of clear life goals, namely maintaining her health for the sake of her children, spiritual support, adherence to ARV therapy, and involvement in the Peer Support Group (PSG). The patient was able to transform past experiences that had previously been sources of sadness into motivation to help others. This demonstrates that meaning in life can serve as a strong internal source of motivation in the process of self-acceptance. This finding is supported by Martiningsih et al. (2024), who reported that individuals with clear life goals and strong social support tend to demonstrate more positive self-acceptance and better quality of life.

Furthermore, experiences of stigma do not necessarily result in the same response in every patient. Mrs. SH had experienced stigma from her social environment but was able to develop adaptive coping mechanisms through spiritual support and participation in the PSG. This condition indicates that stigma represents a psychosocial risk factor, but its impact may be mitigated when patients have adequate sources of support and effective coping strategies. This finding is consistent with the UNAIDS (2025) report, which states that social support, community empowerment, and stigma reduction play important roles in improving the psychological well-being of people living with HIV.

**Nursing Diagnoses**

The assessment findings indicated that the psychological responses of the two patients resulted in different nursing needs. Nursing diagnoses were established based on an analysis of subjective and objective data in accordance with the Indonesian Nursing Diagnosis Standards (Standar Diagnosis Keperawatan Indonesia/SDKI). In Mrs. MK, Hopelessness (D.0088) was identified as a nursing problem related to decreased physiological condition and passive behavior. The patient stated that there was no longer any point in seeking treatment and that her future had been ruined. These statements were accompanied by social withdrawal, frequent crying, minimal eye contact, decreased appetite, and a lack of enthusiasm.

In Mrs. SH, Readiness for Enhanced Community Coping (D.0091) was selected because the patient demonstrated the ability to plan ways of dealing with problems, resolve problems adaptively, and actively participate in a Peer Support Group (PSG). In contrast to Mrs. MK, who still required strengthening of coping mechanisms due to the predominance of depression-stage responses, Mrs. SH had been able to use her life experiences as a source of strength to help others. This condition demonstrates progression beyond merely accepting the illness toward the ability to use personal experiences and social resources adaptively.

Based on these two cases, the establishment of nursing diagnoses was strongly influenced by the findings of the patients' self-acceptance assessments. Identifying the stage of self-acceptance based on the Kübler-Ross Theory helped nurses understand the psychological responses that emerged, enabling the nursing diagnoses to be more appropriately aligned with each patient's needs. Therefore, comprehensive assessment is an important step in determining priorities and developing individualized nursing care.

**Nursing Interventions and Implementation**

Nursing interventions for both patients were tailored to their respective stages of self-acceptance and individual psychological needs. For Mrs. MK, the interventions focused on establishing a trusting therapeutic relationship, applying grounding techniques, exploring the Kübler-Ross stages, identifying supportive factors and self-stigma, validating emotions, reframing negative thoughts, exploring meaning in life, and strengthening spiritual aspects.

These approaches were implemented through therapeutic communication conducted gradually throughout the nursing care process. Emotional validation enabled the patient to feel accepted and not judged, allowing her to express her feelings of guilt and regret more openly. Subsequently,

cognitive reframing helped the patient recognize that past mistakes did not entirely determine her current self-worth. The patient gradually began to perceive adherence to ARV therapy as a form of responsibility toward her health and family.

Exploring meaning and purpose in life also contributed to positive changes. When the patient expressed her desire to remain healthy so that she could continue accompanying and caring for her children, her focus began to shift from past mistakes toward future life goals. This change indicated psychological development from a predominantly depressive response toward characteristics of the acceptance stage.

For Mrs. SH, the interventions were directed toward strengthening acceptance and promoting social empowerment. The nurse explored her self-acceptance journey, validated her emotions, identified meaning in life, provided positive reinforcement, facilitated her role in the Peer Support Group (PSG), encouraged therapeutic sharing of experiences, and reinforced adherence to ARV therapy. These approaches were implemented by providing the patient with opportunities to share her experiences, support other people living with HIV (PLHIV), and strengthen her role within the Peer Support Group (PSG).

Nursing interventions for patients who have reached the acceptance stage should not be limited to emotional support but can be further developed toward patient empowerment. In Mrs. SH's case, participation in the PSG enhanced her sense of meaning and purpose. The patient reported feeling happy and relieved when she saw other patients regain their motivation after listening to her experiences. This finding is supported by Davoudi et al. (2023), who reported that psychosocial interventions provided by nurses, including peer support, can effectively improve quality of life and treatment adherence among patients with HIV/AIDS.

**Nursing Evaluation**

The evaluation demonstrated positive developments in both patients, although the level of achievement differed. In Mrs. MK, the patient became calmer, demonstrated improved eye contact, expressed her feelings more openly, and maintained adherence to ARV therapy. However, feelings of guilt, regret, and sadness continued to emerge when she recalled past experiences; therefore, the nursing problem was considered partially resolved.

The evaluation indicated that the nursing interventions provided over a relatively short period had not completely alleviated the patient's emotional responses. Nevertheless, increased calmness, improved ability to express emotions, the emergence of life goals, and increased motivation to continue ARV therapy indicated positive psychological adaptation. This finding is consistent with Mulyadi et al. (2024), who stated that self-acceptance among patients with HIV/AIDS is a process that requires time and continuous support.

In Mrs. SH, the evaluation demonstrated a more stable condition. The patient appeared calm, displayed an appropriate affect, communicated effectively, remained adherent to ARV therapy, actively participated in the PSG, and was able to explain the coping strategies she used when experiencing psychological stress. The nursing problem was considered resolved, and the patient continued to demonstrate characteristics of the acceptance stage throughout the evaluation process.

The comparison of the two cases reinforces the understanding that the goal of nursing care is not to force patients to reach the acceptance stage immediately, but rather to help them cope adaptively with the psychological responses they are experiencing. In this context, the Kübler-Ross Theory serves as a framework for understanding patients' psychological conditions, enabling nurses to determine appropriate and individualized approaches. This perspective is consistent with Corr (2024), who explained that the Kübler-Ross stages provide a framework for understanding

individual responses to loss or chronic illness rather than representing stages that must be experienced or completed in a linear sequence.

## CONCLUSION

The application of nursing care based on the Kübler-Ross Theory demonstrated that self-acceptance among patients with HIV/AIDS is a dynamic and individualized process. Although the two patients had relatively similar HIV histories, they showed different psychological responses, with one predominantly experiencing depression while the other had reached acceptance. A comprehensive biopsychosocial and spiritual assessment helped identify patients' emotional responses, coping resources, and factors influencing adaptation. Tailored nursing interventions, including therapeutic communication, emotional validation, cognitive reframing, meaning-making, spiritual support, and peer support, contributed to positive psychological adaptation. Therefore, integrating the Kübler-Ross framework into nursing assessment can support individualized, patient-centered care that addresses not only physical needs but also the psychological, social, and spiritual dimensions of living with HIV/AIDS.

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