



NURSING CARE FOR A PATIENT WITH CHRONIC KIDNEY DISEASE DURING HEMODIALYSIS INITIATION

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ABSTRACT

Anxiety is common among patients with chronic kidney disease (CKD) undergoing hemodialysis, particularly during therapy initiation. It may affect hemodynamic stability and quality of life, requiring safe and effective nonpharmacological nursing interventions. Spiritual Guided Imagery and Music (SGIM) integrates guided imagery, relaxation music, and spiritual approaches to reduce anxiety. To analyze nursing care for a patient with CKD during hemodialysis initiation, focusing on SGIM to manage anxiety at Persahabatan Hospital, Jakarta. A descriptive single-patient case report using a comprehensive nursing care approach, including assessment, diagnosis, planning, implementation, and evaluation. The case involved a 54-year-old man with stage 5 CKD initiating hemodialysis. SGIM was administered in three 10–15-minute sessions during hemodialysis. Data were collected from medical and nursing records, HARS assessments, vital-sign observations, and patient subjective reports before and after each session. Data were analyzed descriptively by comparing pre- and post-intervention HARS scores and examining changes across sessions. HARS scores decreased across sessions from 28 to 21, 21 to 15, and 14 to 10. Overall, the baseline score decreased from 29 to 10, representing a 19-point reduction (65.5%). The patient reported feeling calmer, more relaxed, nearly falling asleep, more accepting of his condition, and more optimistic about treatment. Blood pressure, pulse rate, and respiratory rate also decreased. The patient subsequently used water-flow sounds as an independent coping strategy at home. The implementation of non-pharmacological nursing interventions, such as Spiritual Guided Imagery and Music (SGIM), is effective in reducing anxiety and supporting hemodynamic stability in patients with chronic kidney disease undergoing hemodialysis initiation.

Keywords: anxiety; chronic kidney disease; guided imagery; hemodialysis; music; nursing; spirituality

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INTRODUCTION

Chronic kidney disease (CKD) is a progressive condition characterized by a persistent decline in kidney function that may eventually progress to kidney failure requiring kidney replacement therapy. In stage 5 CKD, hemodialysis is one of the primary treatment modalities used to sustain vital functions and prolong patients' lives. The transition from the pre-dialysis state to dependence on hemodialysis represents a major life change, as it involves invasive procedures, repeated treatment schedules, fluid and dietary restrictions, changes in physical activity, and the need to adapt to altered social and family roles (KDIGO, 2024; Nagy et al., 2023).

Anxiety is one of the psychological problems frequently experienced by patients with CKD and those undergoing hemodialysis. It may be associated with uncertainty regarding disease prognosis, dependence on therapy, changes in physical functioning, sleep disturbances, and concerns about social and family life. Poorly managed anxiety may negatively affect quality of life, adaptation to illness, and patients' experiences during hemodialysis (Nagy et al., 2023; Barelo et al., 2023).

During the initial phase of hemodialysis, anxiety may become more pronounced because patients encounter an unfamiliar environment and procedures, including machine sounds, alarms, vascular access placement, and exposure to other patients' conditions during treatment. This was observed in

Mr. S, who experienced fear of death after witnessing another patient die during hemodialysis. He also expressed concerns about maintaining his employment and his children's future. These findings indicate that anxiety in patients undergoing hemodialysis is multidimensional and requires a nursing approach addressing physiological, psychological, social, and spiritual aspects (Nagy et al., 2023; Yuwono & Ellina, 2025).

One nonpharmacological intervention that may help manage anxiety is Spiritual Guided Imagery and Music (SGIM). This intervention integrates breathing relaxation, calming music or sounds, guided imagery, and spiritual reinforcement tailored to the patient's beliefs and experiences. Guided imagery directs patients' attention toward mental images that promote feelings of safety and comfort, while music or calming sounds may facilitate relaxation and reduce disturbing environmental stimuli. SGIM has demonstrated benefits in reducing anxiety among patients with chronic illnesses, including those with cancer, while spiritually based guided imagery has also been reported to benefit patients undergoing hemodialysis (Nuwa & Kiik, 2020; Simamora et al., 2024; Toding & Masfuri, 2021; Yuwono & Ellina, 2025).

In Mr. S's case, SGIM was personalized using the sound of flowing water, which the patient preferred, and guided imagery toward places with strong spiritual significance, namely Raudhah and Al-Masjid Al-Haram. The intervention was combined with diaphragmatic breathing and spiritual affirmations, enabling the patient to focus on calming stimuli and reduce attention to hemodialysis machine sounds. Following the intervention, the patient reported feeling calmer and more relaxed, nearly falling asleep, becoming more accepting of his condition, and feeling more optimistic about treatment. Selecting stimuli according to patient preferences is an important component of patient-centered care and may enhance comfort and engagement during the intervention (Nuwa & Kiik, 2020; Widiyono, 2021).

Nevertheless, evidence regarding spiritual interventions among patients undergoing hemodialysis remains inconsistent. Music-based interventions have demonstrated benefits for anxiety in this population, although the quality and heterogeneity of available evidence should be considered. Similarly, evidence regarding the specific effects of spiritual interventions on anxiety remains inconclusive, highlighting the need for further case reports and research to clarify the potential benefits of personalized spiritual approaches in specific clinical contexts (Burrai et al., 2020; Yangöz et al., 2022; Yangöz et al., 2025).

Accordingly, this case report aims to describe the application of personalized SGIM in a patient with stage 5 CKD undergoing hemodialysis initiation, including changes in anxiety levels, physiological responses, subjective experiences, and factors supporting or hindering its implementation.

METHOD

Design

This study used a descriptive single-patient case report design. The manuscript was prepared following the CARE (CAse REport) reporting framework, with emphasis on the patient context, intervention, clinical course, outcomes, ethical considerations, and limitations. This case report was not designed as a clinical trial and did not include a control group.

Data were obtained from nursing and medical records, clinical and laboratory examinations, Hamilton Anxiety Rating Scale (HARS) assessments, observations of vital signs before and after the intervention, and the patient's subjective reports throughout the care process. Source documentation contained inconsistencies in the recorded baseline HARS scores (29, 30, and 32 at different points). For longitudinal analysis, the explicitly documented pre-post scores across the

three sessions were used as the primary data, while a score of 29 was used as the narrative baseline reported in the case.

SGIM Intervention

SGIM was administered in three sessions, each lasting 10–15 minutes, after hemodynamic conditions had stabilized following approximately one hour of hemodialysis. The sessions were conducted on July 13, 16, and 20, 2026.

Table 1.
SGIM Intervention

Component	Implementation
Preparation	Ensuring a comfortable position and a relatively conducive environment.
Auditory stimulus	Flowing-water or nature sounds selected by the patient as a calming stimulus.
Relaxation	Diaphragmatic breathing and gradual regulation of breathing patterns.
Guided imagery	Verbal guidance to visualize a safe and spiritually meaningful place.
Spiritual component	Imagery of Raudhah/Al-Masjid Al-Haram, spiritual affirmations, and expressions of gratitude, including the phrase “Alhamdulillah.”
Termination	Gradual reorientation to the hemodialysis environment and the present condition.

During the initial implementation, the use of headphones in both ears reduced the patient’s ability to hear the nurse. Therefore, the auditory stimulus was modified to maintain communication and ensure safety throughout hemodialysis.

Concurrent Medical Management

The patient received necessary medical management, including urgent hemodialysis for hyperkalemia, fluid restriction of approximately 800 mL/day, amlodipine and candesartan, intravenous dextrose/insulin for potassium correction, and packed red blood cell transfusion for severe anemia. Because these treatments occurred concurrently with SGIM, changes in blood pressure, pulse rate, respiratory rate, electrolytes, and hemoglobin were not interpreted as specific effects of SGIM.

Outcome Assessment and Analysis

Anxiety was assessed using the Hamilton Anxiety Rating Scale (HARS) according to the case documentation. The categories used in the source were <14, no anxiety; 14–20, mild anxiety; 21–27, moderate anxiety; 28–41, severe anxiety; and 42–56, very severe anxiety. Analysis was descriptive, comparing pre- and post-intervention scores for each session and examining the overall pattern of change.

The percentage change from baseline to the final assessment was calculated using the formula: $(\text{baseline score} - \text{final score}) / \text{baseline score} \times 100\%$. With a baseline score of 29 and a final score of 10, the absolute reduction was 19 points, corresponding to a relative reduction of 65.5%.

RESULT

Case Presentation

Patient Condition and Clinical Context

The patient was a 54-year-old married man with two sons. He worked as a civil servant in a technical occupation. The patient was diagnosed with stage 5 chronic kidney disease (CKD) and initiated hemodialysis on July 9, 2026. The case was managed at Persahabatan Hospital, Jakarta, Indonesia.

The documented medical diagnoses included stage 5 CKD requiring hemodialysis, grade 1–2 right hydronephrosis, and hypertensive urgency. The initial clinical condition was also characterized by severe hyperkalemia, severe anemia, edema, and cardiopulmonary problems, including pulmonary edema/pneumonia and cardiomegaly.

The patient's main sources of anxiety were fear of death, concerns about being unable to continue working and provide for his family, sleep disturbances, palpitations, chest tightness, and discomfort and embarrassment related to the use of a double-lumen catheter in the right jugular vein. Anxiety was also triggered by witnessing another hemodialysis patient deteriorate and die. Consequently, the sounds of the hemodialysis machine and alarms were perceived as threatening stimuli.

Clinical Assessment

Table 2.
Clinical Assessment

Parameter	Initial Findings
eGFR	2 mL/min/1.73 m ²
Creatinine	22.4 mg/dL
Urea	218 mg/dL
Potassium	8.2 mEq/L
Hemoglobin	5.8 g/dL
Hematocrit	16.9%
Blood pressure	182/95 mmHg
Pulse rate	105 beats/min
Respiratory rate	22 breaths/min
SpO ₂	95% with O ₂ 3 L/min
Edema	+2 pitting edema of the hands and feet

The documented nursing diagnoses were electrolyte imbalance related to CKD (D.0037), anxiety related to situational crisis (D.0080), and activity intolerance related to imbalance between oxygen supply and demand (D.0056).

Baseline Anxiety and Clinical Condition

At baseline, the patient's anxiety was classified as severe based on the narrative HARS score of 29. Anxiety occurred in the context of severe medical illness and the sudden life changes associated with hemodialysis initiation. The patient expressed fear of death and concerns about maintaining employment and supporting his family.

Changes in Anxiety Across Three Sessions

Table 3.
Changes in Anxiety Across Three Sessions

Session	Date	HARS Before	HARS After	Change
1	July 13, 2026	28	21	-7
2	July 16, 2026	21	15	-6
3	July 20, 2026	14	10	-4

HARS scores decreased after each session. Longitudinally, the case documentation showed a decrease from the narrative baseline score of 29 to 10 at the final assessment. The patient moved from the severe anxiety category at baseline to moderate anxiety after the first session, mild anxiety after the second session, and below the anxiety threshold used in the source after the third session. This reduction should be interpreted as a change occurring in association with SGIM within the context of comprehensive care rather than evidence of a causal relationship. Changes in medical status, repeated hemodialysis, antihypertensive medication, electrolyte correction, blood transfusion, and nursing support may also have contributed to the reduction in anxiety.

Hemodynamic and Physical Changes

Table 4.
Hemodynamic and Physical Changes

Session	BP Before	HR Before	RR Before	BP After	HR After	RR After
1	159/92	105	20	148/90	92	18
2	149/90	95	20	148/86	89	18
3	150/90	90	20	139/86	85	18

Overall, the documented baseline values also showed changes in blood pressure from 182/95 mmHg to 139/86 mmHg, pulse rate from 105 to 85 beats/min, and respiratory rate from 22 to 18 breaths/min. These improvements were likely multifactorial. Potassium decreased from 8.2 to 5.3 mEq/L, while hemoglobin increased from 5.8 to 8.6 and subsequently 11.8 g/dL following medical management and blood transfusion. These laboratory changes were not considered outcomes attributable to SGIM.

Feasibility, Patient Response, and Implementation Context

The patient reported feeling safer, calmer, and more relaxed and nearly falling asleep after the sessions. Subsequently, he used flowing-water sounds at home as a relaxation strategy. His spouse also learned how to assist him with relaxation techniques. Implementation barriers included environmental noise, machine alarms, conversations, movement of healthcare staff and family members, limited privacy, fatigue, pruritus, and catheter discomfort. The use of bilateral headphones during the initial session also reduced the patient's ability to communicate with the nurse; therefore, the auditory stimulus was modified to maintain communication and safety during hemodialysis.

DISCUSSION

The patient in this case experienced severe anxiety during the initial phase of hemodialysis initiation, indicated by a HARS score of 29 and complaints of fear of death, concerns about his children and employment, sleep disturbances, palpitations, chest tightness, and restlessness. These findings suggest that hemodialysis initiation may be perceived as a situational crisis because patients must suddenly adapt to chronic illness, dependence on kidney replacement therapy, and changes in daily life. The case report also showed that the patient's anxiety intensified after witnessing another patient die during hemodialysis and hearing machine sounds that subsequently became associated with threats. This finding is consistent with previous research indicating that patients undergoing hemodialysis experience a substantial psychological burden and that anxiety may be associated with poorer quality of life (Nagy et al., 2023).

The patient's anxiety was not solely related to his physical condition but was also influenced by uncertainty about the future and changes in social roles. He was concerned about his ability to continue working, provide for his family, and undergo regular hemodialysis twice a week. During the third session, anxiety re-emerged when he considered the planned creation of a Cimino arteriovenous fistula and expressed fear of the surgical procedure. This finding suggests that anxiety may change as patients progress through different stages of adaptation to treatment. Therefore, nursing assessment should be performed repeatedly to identify emerging sources of anxiety, as patients' psychological needs during initial diagnosis may differ from those arising after adaptation to the routine of hemodialysis (Yuwono & Ellina, 2025).

SGIM was administered in three sessions lasting 10–15 minutes each after hemodialysis had stabilized. The intervention combined deep-breathing relaxation, nature sounds in the form of flowing water, guided imagery toward a place perceived by the patient as safe and peaceful, namely Raudhah or Al-Masjid Al-Haram, and spiritual affirmations tailored to his beliefs. This approach is consistent with the concept of SGIM as a nonpharmacological therapy integrating psychological, physiological, and spiritual components to promote relaxation. The case documentation also indicated that auditory stimuli helped reduce the dominance of hemodialysis machine sounds, while guided imagery redirected the patient's attention from threatening stimuli toward safer and more calming mental experiences (Nuwa & Kiik, 2020; Simamora et al., 2024).

The evaluation demonstrated a reduction in anxiety scores after each SGIM session. The HARS score decreased from 28 to 21 in the first session, from 21 to 15 in the second session, and from 14 to 10 in the third session. Overall, the case documentation recorded a decrease from 29 to 10,

representing a 19-point reduction (65.5%). This reduction was accompanied by subjective changes from fear, restlessness, and worry to feelings of calmness, relaxation, near-sleep, gratitude, and greater acceptance of his condition. These findings are consistent with Nuwa and Kiik (2020), who reported that SGIM significantly reduced anxiety among patients with cancer undergoing chemotherapy, and with Simamora et al. (2024), who also reported differences in anxiety levels before and after SGIM. Among patients undergoing hemodialysis, spiritually based guided imagery has likewise been reported to produce positive changes in anxiety (Yuwono & Ellina, 2025).

The patient's positive responses may be related to the ability of guided imagery to redirect attention from environmental stimuli perceived as threatening toward internal experiences that promote safety. During the first session, the patient reported that the sound of flowing water made him feel calmer, as though he were in a safe and peaceful place, and that his body became relaxed and he wanted to sleep. During the second session, he again reported feeling much calmer and nearly falling asleep. In the third session, he described feeling relaxed and grateful and expressed optimism about continuing treatment so that he could remain employed. Selecting stimuli preferred by the patient is important because personalization may enhance comfort, engagement, and acceptance of the intervention. This is consistent with the case-based intervention procedure, which emphasized selecting preferred music or sounds and establishing a comfortable environment before therapy (Widiyono, 2021; Nuwa & Kiik, 2020).

Physiological changes also occurred concurrently with the intervention. During the first session, blood pressure decreased from 159/92 to 148/90 mmHg and pulse rate from 105 to 92 beats/min, while during the third session, blood pressure decreased from 150/90 to 139/86 mmHg and pulse rate from 90 to 85 beats/min. Respiratory rate also decreased from 20 to 18 breaths/min. These changes were consistent with the patient's reported state of relaxation and may theoretically be associated with reduced stress-response activation. Previous studies of music and guided imagery interventions in patients undergoing hemodialysis have also reported improvements in anxiety and some physiological parameters (Toding & Masfuri, 2021; Zees & Lapradja, 2021). However, the hemodynamic changes in this case should be interpreted cautiously because the patient simultaneously received hemodialysis, antihypertensive therapy, electrolyte correction, blood transfusion, and other medical treatments.

The successful implementation of SGIM was also influenced by supporting and limiting factors. Spousal support, therapeutic communication, the patient's motivation to recover, and the compatibility of the intervention with his spiritual beliefs facilitated implementation. The patient and his wife subsequently began using flowing-water sounds at home when he experienced anxiety, and the patient independently practiced deep-breathing techniques. Conversely, machine noise, limited privacy, activities involving other patients and healthcare staff, fatigue, and discomfort during hemodialysis were implementation barriers. The case documentation also showed that using headphones over both ears reduced the patient's ability to hear communication from the nurse, requiring modification of the intervention. These findings emphasize that psychological interventions in hemodialysis settings should maintain patient safety, effective communication, and individualized care (Widiyono, 2021; Nuwa & Kiik, 2020).

Overall, this case suggests that SGIM has potential as a complementary nursing intervention for managing anxiety in patients newly initiating hemodialysis. The reduction in HARS from severe anxiety to a score of 10 was accompanied by decreased fear and restlessness and increased calmness, gratitude, optimism, and acceptance of the illness. These findings support previous reports regarding the potential benefits of guided imagery and SGIM for anxiety among patients undergoing hemodialysis and those with other chronic illnesses (Toding & Masfuri, 2021; Yuwono & Ellina, 2025; Nuwa & Kiik, 2020). Nevertheless, because this was a single-patient case report without a comparison group and other medical interventions were provided concurrently, the

reduction in anxiety cannot be attributed solely to SGIM. Therefore, SGIM may be best positioned as a complementary intervention tailored to patients' psychological and spiritual needs and integrated into holistic nursing care.

CONCLUSION

In a patient with stage 5 CKD newly initiating hemodialysis, personalized SGIM administered in three 10–15-minute sessions was associated with a progressive reduction in HARS anxiety scores from the severe range to a final score of 10. The patient also reported increased feelings of safety and relaxation and was able to adopt calming auditory stimuli as a self-management strategy at home. These findings support the feasibility of SGIM as a patient-centered complementary nursing intervention, particularly within evidence-based mental health nursing practice in hemodialysis units. However, these findings do not establish causal effectiveness. Prospective studies with comparison groups, larger sample sizes, standardized intervention doses, and long-term follow-up are needed to further evaluate the effectiveness of SGIM and its potential integration into routine mental health nursing care for patients undergoing hemodialysis.

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