



## Holistic Support Program for Inpatient Chronic Kidney Disease Patients at PKU Muhammadiyah Delanggu Hospital

Fera Siska<sup>1</sup>, Italia<sup>2</sup>, Ani Syafriati<sup>3</sup>

<sup>1,2</sup> STIKES Mitra Adiguna Palembang

<sup>3</sup> Universitas Muhammadiyah Surakarta

Correspondence: [feesiska@gmail.com](mailto:feesiska@gmail.com)

### Article Info

#### Article history:

Received Aug 9<sup>th</sup>, 2025

Revised Aug 27<sup>th</sup>, 2025

Accepted Sep 6<sup>th</sup>, 2025

#### Keyword:

Chronic Kidney Disease, holistic care, inpatient program, community service

### ABSTRACT

Chronic Kidney Disease (CKD) is a progressive condition that significantly affects patients' physical, psychological, and social well-being, particularly for those undergoing inpatient care. The prolonged hospitalization period often leads to decreased functional ability, emotional distress, and reduced quality of life. This community service program aimed to implement a Holistic Support Program for CKD inpatients at PKU Muhammadiyah Delanggu Hospital, focusing on physical, psychological, spiritual, and social aspects of care. The program involved 30 inpatient CKD patients, conducted through a series of activities including health education sessions on CKD management, relaxation techniques, spiritual counseling, and family involvement workshops. A participatory approach was applied to encourage patient engagement and ensure the continuity of care after discharge. Evaluation was carried out using pre- and post-intervention assessments, showing increased patient knowledge, reduced stress levels, and improved motivation to adhere to treatment regimens. Feedback from patients and families indicated high satisfaction with the comprehensive and personalized care approach. This initiative emphasizes the importance of integrating multidisciplinary and holistic strategies into CKD inpatient care to improve health outcomes and patient quality of life.



© 2025 The Authors. Published by CV. Morgensonne Media. This is an open access article under the CC BY license (<https://creativecommons.org/licenses/by/4.0/>)

## INTRODUCTION

Chronic Kidney Disease (CKD) is a progressive condition characterized by irreversible damage to kidney function, which ultimately impairs the body's ability to filter waste and maintain fluid, electrolyte, and metabolic balance (Merlino et al., 2025). Globally, CKD affects millions of people and is recognized as a major public health concern, with rising prevalence due to factors such as hypertension, diabetes mellitus, and unhealthy lifestyle habits (Porteny et al., 2025). In Indonesia, CKD remains one of the top causes of morbidity, with a significant proportion of patients requiring hospitalization during the advanced stages of the disease. Inpatients with CKD often experience not only physical limitations but also psychological stress, social isolation, and spiritual distress, all of which can significantly lower their quality of life (Laganovi et al., 2025).

The complexity of CKD management necessitates an approach that goes beyond conventional medical interventions (Shang et al., 2024). Holistic care, which addresses physical, emotional, social, and spiritual dimensions, has been shown to improve treatment adherence, reduce anxiety and depression, and enhance overall patient well-being (Heerspink et al., 2025). However, many healthcare facilities still focus primarily on the biomedical aspects of care, leaving non-physical needs under-addressed (Conley et al., 2025). This gap underscores the importance of integrating a comprehensive support program into routine inpatient care for CKD patients (Barbieri et al., 2024).

PKU Muhammadiyah Delanggu Hospital, as a healthcare provider committed to patient-centered services, recognizes the need for a more integrated and compassionate approach to CKD management. By incorporating health education, stress management techniques, spiritual guidance, and family involvement, the hospital aims to provide a well-rounded care model that empowers patients and their families. Such interventions are particularly relevant for inpatients, who are often in vulnerable states and require continuous support to maintain motivation and adherence to treatment.

Previous studies have demonstrated that holistic care interventions can lead to measurable improvements in patient outcomes, including better physical function, enhanced coping mechanisms, and stronger family support systems (Rika Iffriani & Syafriati, 2023). For example, research in the past decade has consistently highlighted the role of spiritual and psychosocial support in improving recovery rates and reducing hospital readmissions among CKD patients (Puspasari & Syafriati, 2023). These findings provide a strong evidence base for implementing holistic care models in inpatient settings.

The Holistic Support Program at PKU Muhammadiyah Delanggu Hospital was designed as a community service initiative to address these needs and bridge the existing care gap. This program not only targets the immediate health concerns of CKD inpatients but also aims to build a sustainable care framework that integrates into hospital policy and practice. Through collaborative involvement of healthcare professionals, patients, and families, the program seeks to promote a more humane, inclusive, and effective approach to CKD management.

## **METHODS**

This community service program was implemented using a participatory approach that actively involved patients, families, and healthcare providers. The activity was conducted in the inpatient wards of PKU Muhammadiyah Delanggu Hospital over a period of four weeks. A total of 30 inpatients diagnosed with Chronic Kidney Disease (CKD) were selected using purposive sampling based on specific criteria: aged 18 years or older, hospitalized for at least three days, and able to communicate verbally. The interventions provided consisted of four main components. First, health education sessions were delivered on CKD management, dietary regulation, medication adherence, and prevention of complications, using interactive presentations and printed educational materials. Second, relaxation techniques, including guided breathing exercises, light physical activity adapted to the patient's condition, and stress-reduction strategies, were introduced. Third, spiritual counseling was conducted in collaboration with hospital chaplains to provide emotional and spiritual support according to the patients' beliefs. Fourth, family involvement workshops were organized to train family members in caregiving skills, emotional support, and home care preparation after the patient's discharge. Pre- and post-intervention assessments were conducted using a short questionnaire to evaluate changes in knowledge, emotional well-being, and motivation, while descriptive data analysis in percentage form was used to measure improvement. In addition, structured interviews with patients and families were carried out to gather feedback and assess satisfaction with the program.

## **RESULTS AND DISCUSSION**

The Holistic Support Program for 30 inpatients diagnosed with Chronic Kidney Disease (CKD) at PKU Muhammadiyah Delanggu Hospital was conducted on 19 May 2025 and produced significant positive outcomes in various aspects, including knowledge, psychological well-being, spiritual resilience, and family engagement. Baseline data collected prior to the intervention indicated that only 14 out of 30 patients (46.7%) had an adequate understanding of CKD management, including dietary restrictions, medication adherence, and prevention of complications. After the health education sessions, this figure increased to 26 patients (86.7%), with notable improvements in identifying foods high in potassium and phosphorus, understanding the importance of fluid restriction, and recognizing the necessity of consistent medication schedules. These findings align with research by Kurita et al. (2020), which demonstrated that targeted patient education enhances self-care capacity and treatment adherence in CKD populations.

In terms of psychological well-being, the introduction of relaxation techniques—such as guided breathing exercises and light stretching adapted to patient conditions—resulted in measurable benefits. Post-intervention interviews revealed that 80% of patients reported reduced stress and anxiety, with several noting improved sleep quality and mood stability. This supports earlier findings by Rika Iffriani & Syafriati (2023), on the effectiveness of relaxation therapy in lowering anxiety scores among dialysis patients. Spiritual counseling, facilitated in collaboration with hospital chaplains, provided emotional comfort and strengthened patients' sense of acceptance regarding their illness. Muslim patients benefited from prayer and Qur'anic recitation, while Christian patients

engaged in scripture reading and pastoral prayer, consistent with Farial Nurhayati & Ritianingsih (2022), who emphasize that integrating spiritual care enhances coping and resilience.



Figure 1.

Family involvement workshops further empowered caregivers by providing skills in patient positioning, vital sign monitoring, emotional support, and dietary management. Confidence levels among caregivers increased from 53.3% before the intervention to 90% afterward. This finding supports the assertion of Simorangkir et al., (2021), that strong family engagement reduces hospital readmission rates and improves patient recovery outcomes. Overall satisfaction with the program was high, with 93% of participants rating it as “very helpful” or “extremely helpful.” Participants appreciated the holistic nature of the program, which addressed not only the physical dimension of CKD but also emotional, social, and spiritual needs, reinforcing the principle of patient-centered care.



Figure 2.

The success of the program, conducted on 19 May 2025, demonstrates that a multidisciplinary and holistic approach can yield measurable improvements in patient outcomes within a short timeframe. By combining education, relaxation therapy, spiritual counseling, and family training, the program effectively addressed the interconnected needs of CKD inpatients and aligned with the World Health Organization’s recommendations for integrated, people-centered health services, particularly for chronic illness management.



Figure 3.

The improvement in patient knowledge following the intervention demonstrates that structured health education, particularly when supported by visual aids and interactive methods, is

highly effective for CKD inpatients (Barbieri et al., 2024). This is important because limited health literacy has been identified as a major barrier to treatment adherence in chronic illness management (Ghimire et al., 2025). The psychological improvements observed highlight the value of incorporating non-pharmacological interventions, such as relaxation techniques, into hospital care routines (Chertow et al., 2024). Stress reduction not only improves mental health but can also positively impact physiological parameters, including blood pressure control, which is critical for CKD progression management (Jha & Guisen, 2023).



Figure 4.

The spiritual counseling component of the program addresses a dimension often overlooked in hospital-based care (Namira Anfi Normalitasari & Rosyid, 2024). Chronic illnesses like CKD frequently cause existential distress, and spiritual care can provide patients with a sense of meaning, acceptance, and resilience (Nurlaili et al., 2024). The findings of this program reinforce the argument that spiritual well-being should be considered a vital sign in holistic nursing practice (Bolignano et al., 2025).

Family engagement emerged as a critical factor in improving patient outcomes (Mazzaferro et al., 2025). When families are equipped with knowledge and skills, they are better prepared to provide effective home-based care, which in turn can prevent avoidable readmissions (Kollerits et al., 2025). This finding supports the Continuity of Care model, which emphasizes a smooth transition from hospital to home (Tarun et al., 2024).

The results from the program conducted on 19 May 2025 suggest that integrating physical, psychological, social, and spiritual components into inpatient care can create a more supportive healing environment. Such an approach not only benefits patients in the short term but also lays the groundwork for sustainable long-term self-management, making it a model worth replicating in similar healthcare settings.

## CONCLUSION

The Holistic Support Program implemented on 19 May 2025 for 30 inpatients with Chronic Kidney Disease (CKD) at PKU Muhammadiyah Delanggu Hospital proved to be effective in improving multiple aspects of patient care. The program significantly enhanced patients' knowledge regarding CKD management, strengthened psychological well-being through relaxation techniques, and increased spiritual resilience via faith-based counseling. Additionally, it empowered family members with the necessary skills and confidence to provide effective home-based care, leading to greater preparedness for post-hospitalization recovery.

Patient and family satisfaction was notably high, with the majority expressing appreciation for the comprehensive, patient-centered nature of the intervention. The integration of educational, psychological, spiritual, and social components created a supportive environment that addressed patients holistically, rather than focusing solely on medical treatment.

These findings underscore the importance of adopting a multidisciplinary and holistic approach in managing chronic illnesses such as CKD. The success of this program demonstrates its potential for replication in other healthcare facilities, thereby contributing to improved patient quality of life and fostering a stronger collaboration between patients, families, and healthcare providers.

Based on the positive outcomes of the Holistic Support Program conducted on May 19, 2025 at PKU Muhammadiyah Delanggu Hospital, several recommendations can be implemented to ensure the sustainability and expansion of this initiative. The holistic approach, which integrates health education, relaxation techniques, spiritual counseling, and family training, should be incorporated into

the hospital's standard inpatient care protocol for chronic kidney disease patients. This would allow patients to receive comprehensive support throughout their hospitalization without relying solely on special programs. Additionally, continuous follow-up after hospital discharge, either through direct home visits or remote monitoring (telehealth), is recommended to track patient progress, reinforce health education, and provide ongoing psychological and spiritual support.

Healthcare professionals, including nurses, doctors, and other supporting staff, should receive training in holistic care principles to ensure they address not only the physical aspects of patient care but also emotional, social, and spiritual needs. Family involvement should remain a core strategy in hospital policy, as evidence shows that active family participation improves recovery and reduces the likelihood of hospital readmission. Given the success of this program, its implementation could be replicated in other hospitals, particularly those with a high prevalence of CKD patients, to ensure wider access to holistic care. These steps are expected to improve the quality of inpatient care for chronic kidney disease patients while establishing a sustainable, patient- and family-centered care model.

## REFERENCES

- Barbieri, M., Chiodini, P., Di, P., Hafez, G., Liabeuf, S., Malyszko, J., Mani, L., Mattace-raso, F., Pepin, M., Perico, N., Simeoni, M., Zoccali, C., Tortorella, G., Capuano, A., Remuzzi, G., & Capasso, G. (2024). *Efficacy of erythropoietin as a neuroprotective agent in CKD-associated cognitive dysfunction: A literature systematic review*. 203(March). <https://doi.org/10.1016/j.phrs.2024.107146>
- Bolignano, D., Simeoni, M., Hafez, G., Pepin, M., Gallo, A., Altieri, M., & Liabeuf, S. (2025). Cognitive impairment in CKD patients : a guidance document by the CONNECT network CONNECT Action ( Cognitive Decline in Nephro-Neurology European Cooperative Target ) collaborators. *Clinical Kidney Journal*, 2025, Vol. 18, No. 2, Sfae294, 18(2), 1–16. <https://doi.org/10.1093/ckj/sfae294>
- Chertow, G. M., Correa-rotter, R., Eckardt, K., Kanda, E., Karasik, A., Li, G., Christiansen, F., Stafylas, P., Holt, S. G., Hagen, E. C., Garcia, J., Barone, S., Cabrera, C., & Nolan, S. (2024). Articles Projecting the clinical burden of chronic kidney disease at the patient level ( Inside CKD ): a microsimulation modelling study. *EClinicalMedicine*, 72, 102614. <https://doi.org/10.1016/j.eclinm.2024.102614>
- Conley, M. M., Mayr, H. L., Hepburn, K. S., Holland, J. J., Mudge, D. W., Tonges, T. J., Modderman, R. S., Gerzina, S. A., Johnson, D. W., Viecegli, A. K., & Maclaughlin, H. L. (2025). ( SLOW-CKD Randomized Feasibility Study ). *Kidney International Reports*. <https://doi.org/10.1016/j.ekir.2025.04.021>
- Farial Nurhayati, & Ritianingsih, N. (2022). FAKTOR-FAKTOR YANG MEMPENGARUHI STRESS DAN KECEMASAN PADA PASIEN PENYAKIT GINJAL KRONIK DENGAN. *JURNAL RISET KESEHATAN POLTEKKES DEPKES BANDUNG Vol 14 No 1, Mei 2022*, 14(1), 206–214.
- Ghimire, A., Wanner, C., & Tonelli, M. (2025). Closing CKD Treatment Gaps: Why Practice Guidelines and Better Drug Coverage Are Not Enough. *American Journal of Kidney Diseases*, 85(4), 406–408. <https://doi.org/10.1053/j.ajkd.2025.01.006>
- Heerspink, H. J. L., Agarwal, R., Bakris, G. L., Cherney, D. Z. I., Lam, C. S. P., Neuen, B. L., Sarafidis, P. A., Tuttle, K. R., Wanner, C., Brinker, M. D., Dizayee, S., & Kolkhof, P. (2025). Design and baseline characteristics of the Finerenone , in addition to standard of care , on the progression of kidney disease in patients with Non-Diabetic Chronic Kidney Disease ( FIND-CKD ) randomized trial. *Nephrol Dial Transplant*, 2025, 40, 308–319, June 2024, 308–319. <https://doi.org/10.1093/ndt/gfae132>
- Jha, V., & Guisen, S. M. G. A. (2023). Global Economic Burden Associated with Chronic Kidney Disease : A Pragmatic Review of Medical Costs for the Inside CKD Research Programme. *Advances in Therapy*, 40(10), 4405–4420. <https://doi.org/10.1007/s12325-023-02608-9>
- Kollerits, B., Kotsis, F., Schneider, M. P., Schultheiss, U. T., Weissensteiner, H., Forer, L., Meiselbach, H., Wanner, C., Eckardt, K., Dieplinger, H., & Sch, S. (2025). *Association of Serum Afamin Concentrations With Kidney Failure in Patients With CKD: Findings From the German CKD Cohort Study*. 85(April). <https://doi.org/10.1053/j.ajkd.2024.11.004>
- Laganovi, M., Nikolova, M., Petrov, P., Radi, J., & Miti, I. (2025). *Chronic Kidney Disease in Balkan Countries — A Call for Optimal Multidisciplinary Management*. 1–11.
- Mazzaferro, S., Tartaglione, L., Cohen-solal, M., Tran, M. H., Pasquali, M., Rotondi, S., & Torres, P. U. (2025).

- Pathophysiology and therapies of CKD-associated secondary hyperparathyroidism. *Clinical Kidney Journal*, 2025, Vol. 18, Suppl 1, I15–I26, 18, 15–26. <https://doi.org/10.1093/ckj/sfae423>
- Merlino, L., Rainone, F., Chinnadurai, R., Hernandez, G., Tollitt, J., Battini, G. G., Colombo, P. M., Trivelli, M., Stewart, S., Dunne, R. A., & Kalra, P. A. (2025). Health outcomes in chronic kidney disease patients with cognitive impairment or dementia : a global collaborative analysis. *Clinical Kidney Journal*, 18(1), 1–9. <https://doi.org/10.1093/ckj/sfae401>
- Namira Anfi Normalitasari, & Rosyid, F. N. (2024). THE RELATIONSHIP BETWEEN SELF-EFFICACY AND QUALITY OF LIFE IN HEMODIALYSIS PATIENTS. *Indonesian Journal of Global Health Research Volume 6 Number S6, December 2024 e-ISSN 2715-1972; p-ISSN 2714-9749* <Http://Jurnal.Globalhealthsciencegroup.Com/Index.Php/IJGHR>, 6(March), 247–254.
- Nurlaili, Z., Rosyid, F. N., & Puji Kristini. (2024). THE RELATIONSHIP BETWEEN PHYSICAL ACTIVITY AND QUALITY OF LIFE IN CHRONIC KIDNEY FAILURE PATIENTS UNDERGOING HEMODIALYSIS. *Indonesian Journal of Global Health Research Volume 6 Number S6, December 2024 e-ISSN 2715-1972; p-ISSN 2714-9749* <Http://Jurnal.Globalhealthsciencegroup.Com/Index.Php/IJGHR>, 6(December), 603–612.
- Porteny, T., Kenne, K., Lynch, M., Velasquez, A. M., Damron, K. C., Rosas, S., Allen, J., Weiner, D. E., Kalloo, S., Rizzolo, K., & Ladin, K. (2025). The Need for Culturally Tailored CKD Education in Older Latino Patients and Their Families. *AJKD*, 85(February), 253–261. <https://doi.org/10.1053/j.ajkd.2024.06.015>
- Puspasari, D., & Syafriati, A. (2023). PENGARUH PEMBERIAN EDUKASI BOOKLET “ MANAJEMEN KESEHATAN GAGAL GINJAL KRONIK ” PENDAHULUAN Gagal Ginjal Kronik ( GGK ) adalah penurunan faal ginjal yang menahun mengarah pada kerusakan jaringan ginjal yang tidak reversibel dan Indonesia menderita Batu Gin. *Babul Ilmi\_Jurnal Ilmiah Multi Science Kesehatan* <Https://Jurnal.Stikes-Aisyiyah-Palembang.Ac.Id/Index.Php/Kep/Article/View/126> Vol. 15, No. 1, Juni 2023, Hal. 165-175 e-ISSN, 15(1).
- Rika Iffriani, & Syafriati, A. (2023). PENGARUH MUROTAL SURAH AL-MULK TERHADAP KECEMASAN, TANDA- TANDA VITAL DAN INSOMNIA PADA PASIEN GAGAL GINJAL DIRUANG HEMODIALISA. *Jurnal Kesehatan Akper Kesdam II Sriwijaya Palembang, Volume 12 No. 1, Januari 2023*, 12(1).
- Shang, Y., Tian, Y., Lyu, K., Zhou, T., & Zhang, P. (2024). Electronic Health Record – Oriented Knowledge Graph System for Collaborative Clinical Decision Support Using Multicenter Fragmented Medical Data : Design and Application Study Corresponding Author : *J Med Internet Res* 2024 / Vol. 26 |, 26, 1–21. <https://doi.org/10.2196/54263>
- Simorangkir, R., Andayani, T. M., & Wiedyaningsih, C. (2021). Faktor-Faktor yang Berhubungan dengan Kualitas Hidup Pasien Penyakit Ginjal Kronis yang Menjalani Hemodialisis. *Jurnal Farmasi Dan Ilmu Kefarmasian Indonesia* Vol. 8 No. 1 April 2021, 8(1), 83–90.
- Tarun, T., Ghanta, S. N., Ong, V., Kore, R., Menon, L., Kovesdy, C., Mehta, J. L., & Jain, N. (2024). Updates on New Therapies for Patients with CKD. *Kidney International Reports*, 9(1), 16–28. <https://doi.org/10.1016/j.ekir.2023.10.006>