Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

Hypnodialysis and its Effect on Quality of Life in Patients with Chronic Kidney Disease: A Pre-Experimental Study

Maria Silvana Dhawo[1], Sally Pobas[2], Rika Putri Yustina[3] , Loisa Fernanda[4], Helda Iriani[5]
[1]Departement of Basic Nursing, Faculty of Nursing Sciences, IKes Suaka Insan, Banjarmasin City, Indonesia
[2]Department of Community Health Nursing, Faculty of Nursing Sciences, IKes Suaka Insan, Banjarmasin City, Indonesia
[3,4]Nursing Students, IKes Suaka Insan, Banjarmasin City, Indonesia
[5]Nurses, RSUD Ulin Banjarmasin, Indonesia

Article Info

Article history:

Received September 29, 2025
Accepted December 30, 2025

Keywords:

Chronic Kidney Disease
Dialysis
Hipnodialysis
Hypnotherapy
Quality of Life

ABSTRACT

Kualitas hidup pasien Chronic Kidney Disease (CKD) sering kali buruk akibat berbagai komplikasi gejala, menjadikannya area fokus penting. Hipnodialisis, kombinasi hipnoterapi dan dialisis telah terbukti mengurangi kecemasan dan meningkatkan kepatuhan pengobatan pada pasien CKD. Namun, penelitian mengenai pengaruh hipnodialisis terhadap kualitas hidup pasien CKD masih sangat terbatas terutama di Indonesia. Studi pra-eksperimental ini menggunakan desain one-group pretest-posttest. Sampel terdiri dari 30 responden yang dipilih berdasarkan kriteria inklusi. Kuesioner WHOQOL-BREF digunakan untuk mengukur Kualitas Hidup pasien sebelum dan sesudah intervensi hipnodialisis. Analisis data menggunakan Uji Peringkat Bertanda Wilcoxon (Wilcoxon Signed-Rank Test) karena skor selisih tidak terdistribusi normal. Intervensi menyebabkan pergeseran positif dengan p value 0,001 (<0,05) di semua domain kualitas hidup. Hipnodialisis menunjukkan hasil yang efektif sebagai terapi komplementer yang secara signifikan meningkatkan kualitas hidup pasien CKD dan direkomendasikan untuk perawatan paliatif.

The quality of life for Chronic Kidney Disease (CKD) patients is often poor due to various symptomatic complications, making it a critical area of focus. Hypnodialysis, a combination of hypnotherapy and dialysis has been shown to reduce anxiety and improve treatment adherence in CKD patients. However, research on the effects of hypnodialysis on the quality of life for CKD patients remains very limited, especially in Indonesia. This pre-experimental study used a one-group pretest-posttest design. The sample consisted of 30 respondents selected based on inclusion criteria. The WHOQOL-BREF questionnaire was used to measure patients' quality of life before and after the hypnodialysis intervention. Data analysis used the Wilcoxon Signed-Rank Test due to non-normal distribution of difference scores. The intervention resulted in a positive shift with a p-value of 0,001 (<0,05) across all domains of quality of life. Hypnodialysis shows promise as an effective complementary therapy for significantly improving the quality of life of CKD patients and is recommended for palliative care.

Corresponding Author:

Maria Silvana Dhawo
Faculty of Nursing Sciences, Ikes Suaka Insan
Gedung STIKES Suaka Insan, H. Zafri zam-zam, No. 08, Banjarmasin City, 70119, South Kalimantan, Indonesia
Email: silvanadhawo@gmail.com

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

Introduction

Chronic Kidney Disease (CKD) is one of the top non-communicable diseases in Indonesia, according to the 2023 Indonesian Health Survey (SKI) (Kemenkes: Badan Kebijakan Pembangunan Kesehatan, 2023). While CKD is typically associated with pre-elderly or elderly individuals, the reality in Indonesia is that patients are now predominantly aged 15-54. The majority of these patients, aged 25-34, undergo renal replacement therapy, with 31.4% receiving dialysis (Kemenkes: Badan Kebijakan Pembangunan Kesehatan, 2023). This trend shows that individuals in their productive years, who should be focused on work and contribution, are instead burdened with the constant effort of staying alive through dialysis, 2-3 times per week (Vaidya & Aeddula, 2025). In addition to dialysis, CKD patients face various other symptoms that arise from the kidneys' inability to filter blood effectively. These symptoms include shortness of breath, anorexia, weakness, insomnia, cramps, pain, limited mobility, pruritus, anxiety, and frustration (Bossola et al., 2017). These chronic complaints can severely impact their quality of life, leading patients to lose hope and abandon their treatment, which ultimately shortens their life expectancy (Bossola et al., 2019).

For the past two decades, poor quality of life has been a primary concern for CKD patients. A low quality of life can lead to hopelessness, causing individuals to lose the will to continue treatment for a better and longer life. Epidemiological data on hemodialysis shows that CKD has grown to become a public health concern due to its high rates of morbidity, mortality, and the increasing healthcare costs for a nation (Bello et al., 2022). Approximately 89% of patients with CKD undergo dialysis. The goal of this therapy is to prolong life and reduce signs and symptoms that can negatively impact a patient's quality of life. This situation needs to be addressed to reduce mortality, especially in the productive-age population. Therefore, special attention is needed, particularly from a palliative care nursing perspective, to provide interventions that can support an improved quality of life for these patients. These interventions are expected to help CKD patients manage their frequent symptoms, given that the disease is incurable.

Providing therapeutic and supportive care is essential to ensure that patients have a good life expectancy. One such supportive, complementary therapy that can be offered is hypnotherapy. Hypnotherapy, when combined with dialysis, is an intervention that has been proven to be effective, easy to apply, and cost-effective (Wati, Mardiyono, & Warijan, 2017). This combination is known as "Hypnodialysis". Hypnodialysis is economical because, after receiving guidance from a certified therapist, patients can perform it on their own. This practice encourages patient independence in managing their health and allows patients with chronic illness to feel empowered in addressing the issues that contribute to their poor quality of life. Previous studies on patients undergoing routine dialysis have shown that hypnotherapy can lower stress and anxiety levels, alleviate needle fear, prevent depression, and improve adherence to treatment, diet, and fluid intake (Elkins, 2022; Zahra et al., 2023). However, studies on the use of hypnodialysis are still limited in Indonesia. Based on the researchers' search, there is only one study on hypnodialysis that has been shown to reduce anxiety levels and improve fluid intake, diet, and treatment adherence. This study, however, did not include a measurement of the patients' quality of life. Furthermore, research on the quality of life of CKD patients is also scarce, likely due to the varied and complex complications and symptoms that patients face, which require further investigation. This current study provides a novel contribution, specifically by measuring the quality of life of CKD patients in Indonesia from a palliative nursing care perspective, for which data is currently unavailable. This research presents an innovation by developing a hypnosis script tailored to the specific causes and complaints of the respondents that lead to a reduced quality of life. The hypnotherapy techniques used include object imagery therapy, forgiveness therapy, and future pacing therapy. The hypnotherapy sessions will also be accompanied by relaxation audio that uses Solfeggio Frequencies (174 Hz, 285 Hz, 396 Hz, 417 Hz, 528 Hz, 639 Hz, 741 Hz, and 852 Hz) across the eight hypnodialysis sessions. The relaxation audio serves as an adjunct to the hypnotherapy process. The use of Solfeggio instruments is hypothesized to possess effective healing frequencies capable of promoting physical and emotional restoration, which are believed to be registered within human body cells. The variation in the frequencies administered may produce effects on the spiritual and energetic body, particularly in individuals who have experienced negative trauma throughout their lives (Rashidi, 2025). This relaxation audio is intended only as a complementary element for individuals who consent to the use of healing instruments during therapy, but it can be omitted for individuals who decline the use of such instruments.

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

Methods

The research design uses a pre-experimental, one group pretest-posttest design. The model for this research design is as follows: O1 X O2 (Narlan et al., 2023). O1 represents the pretest measurement (the quality of life of CKD patients) taken before the intervention. X represents the intervention (hypnodialysis). O2 represents the posttest measurement (the quality of life of CKD patients) taken after the intervention. This study conducted at Rumah Sakit Umum Daerah Ulin Banjarmasin and scheduled to take place from August to November 2025. The study's population includes all patients with CKD undergoing dialysis at Rumah Sakit Umum Daerah Ulin Banjarmasin. Ethical approval for this study was obtained from Rumah Sakit Umum Daerah Ulin Banjarmasin Ethics Committee, under the clearance number: 126/VII-Reg Riset/RSUDU/25.

The sample size for this pre-experimental study, which does not have a control group, is a minimum of 30 respondents. Samples were recruited using consecutive sampling. These participants were selected based on the following inclusion criteria: 1) No decrease in consciousness, 2) Within the productive age range (15-64 years old), 3) Diagnosed with Stage 5 CKD caused by one of the following factors: Hypertension, Diabetes Mellitus, Primary Glomerulonephritis, Congenital Abnormalities, Autoimmune Diseases, or Urinary Tract Obstruction, 4) Present with accompanying signs and symptoms, including: shortness of breath, urticaria, insomnia, fatigue, anxiety, anorexia, cramps, and pain. A total of 30 respondents were successfully recruited, all of whom met the inclusion criteria and were enrolled in sequential order during the research period.

The hypnodialysis process was conducted in eight sessions for each respondent. The first session began with an assessment to explore the patient's feelings following their CKD diagnosis. This session was also utilized by the researcher to assess the quality of life of the respondents. The assessment was conducted to identify specific areas suitable for hypnotherapy intervention, particularly concerning releasing negative emotions, forgiving the current situation, and strengthening existing positive feelings. The first session lasted, on average, 1 hour and 30 minutes, encompassing the assessment up to the hypnotherapy process. The hypnotherapy process commenced with a suggestibility level test to determine whether the respondent could easily enter a hypnotic state. The specific suggestibility tests utilized by the researcher to assess the respondents were the finger lock test and the eye catalepsy test. The purpose of this assessment was to identify the appropriate induction technique (the process of guiding the respondent into a hypnotic state) for each respondent. The average respondent demonstrated a suggestibility level that is generally considered easy to hypnotize, scoring 0-4 based on the Stanford Hypnotic Susceptibility Scales (SHSS)(Anggawijayanto & Hastjarjo, 2019). However, the researcher opted to employ the progressive relaxation induction method. This decision was made to prevent the respondents from being startled when entering the hypnotic condition, given their chronic illness status. Following the test the hypnotherapist guided the respondent into the hypnotic state. Once the respondent reach a hypnotic condition with a deep trance, the hypnotherapist began the therapy, tailored to the assessment findings. After the therapeutic process, which involved suggestion, the hypnotherapist guided the respondent back into a state of full awareness (Tukaev, 2020). Respondents generally reported feeling refreshed and calmness after the hypnotherapy process. Within one week, respondents underwent dialysis therapy twice (depending on the hospital's schedule) and hypnotherapy once, thus requiring eight weeks to complete the entire series of intervention processes. Sessions 2 through 8 typically lasted about 45 minutes to 1 hour, as the respondets had already completed the full assessment and the suggestibility level test. Therefore, sessions 2-8 focused directly on the hypnotherapy action. The hypnotherapy was administered by a hypnotherapist who was also the first researcher and who had passed the Indonesian Hypnotherapist Competency Test and was registered, legal, and recognized member of PRAHIPTI (The Association of Indonesia Hypnosis and Hypnotherapy Practitioners). After completing the entire series of interventions, the researcher reassessed the respondent's quality of life two weeks after the eight sessions.

The measurement tool for quality of life in this study is the World Health Organization Quality of Life-Bref (WHOQOL-BREF) questionnaire (Resminya & Misbach, 2019). The WHOQOL-BREF instrument comprises 26 questions categorized into four distinct domains: Domain 1 (physical health), Domain 2 (Psychological Health), Domain 3 (Social Relationships), and Domain 4 (Environment). Each question utilizes a 5-point likert scale with the following response options: 1 = Always, 2 = Very often, 3 = Moderately often, 4 = Seldom, 5 = Never. The raw score for each domain is calculated using the following component questions: Domain 1

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

(physical Health): (6 – Q3) + (6 – Q4) + Q10 + Q15 + Q16 + Q17 + Q18. Q 3 and Q 4 are reverse-scored. Domain 2 (Psychological Health): Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26). Q 26 is reverse-scored. Domain 3 (Social Relationships): Q20 + Q21 + Q22. Domain 4 (Environment): Q8 + Q9 + Q12 + Q23 + Q24 +Q25 (Hadning & Ainii, 2021).

Raw scores for each domain were constrained to specific ranges based on item composition: the Physical domain ranged from 7 to 35, the Psychological domain from 6 to 30, the Social domain from 3 to 15, and the Environment domain from 8 to 40. These raw values were subsequently transformed onto a standardized 0–100 scale by calculating the ratio of the obtained score to the maximum possible score for each respective domain. Following transformation, domain-specific quality of life was stratified into four distinct categories: 'Good' (81–100), 'Moderately Good' (61–80), 'Moderately Poor' (41–60), and 'Poor' (20–40). Furthermore, an overall quality of life index (possible range: 0–400) was derived by summing the transformed percentages of all four domains. This cumulative score was classified as follows: 'Good' (324–400), 'Moderately Good' (244–323), 'Moderately Poor' (164–243), and 'Poor' (80–163).

Data analysis used the Wilcoxon signed-Rank Test due to non-normal distribution of difference score. The pretest p-value was 0.032, and the posttest p-value was 0.088. The differences score p-value was 0.021. Since the difference score p-value (0.021) is less than 0.05, the difference data is not normally distributed.

Result

The characteristics of the respondents in the study on the effect of hypnodialysis on the quality of life of the CKD patients, are presented in the tables below. The demographic profile of the Participants in RSUD Ulin Banjarmasin (2025).

Table 1. Age and Gender Distribution of Study Participants (N=30).

Variable		Frequency (n)	Percentage (%)
Age (Years)	Late Adolescent (17-25)	2	6.67
	Early Adulthood (26-35)	4	13.33
	Late Adulthood (36-45)	10	33.33
	Early Elderly (46-55)	11	36.67
	Late Elderly (56-65)	3	10.00
Gender	Male	15	50
	Female	15	50

Thirty patients with CKD undergoing hypnodialysis participated in this study and the gender distribution was perfectly balanced, with 50% male and 50% female. The age of the respondent's majority was Early Elderly (36.67%). This indicates that the sample group primarily consisted of individuals within the productive-age range.

Table 2. Comparison of Pre-Intervention and Post Intervention of Hypnodialysis among CKD Patients on Physical Health Aspect (N=30)

Quality Of Life	Pre-Intervention		Post-Intervention		p-Value
	f	%	f	%	
Good	3	10.00	0	0	0.003
Moderately Good	15	50.00	23	76.67	
Moderately Poor	9	30.00	6	20.00	
Poor	3	10.00	1	3.33	

This domain showed the most pronounced positive shift. Before the intervention, 9 respondents (30.00%) were in the moderately poor quality of life category, and 3 respondents (10.00%) were in poor quality of life category. Post-intervention, the percentage of patients in Moderately good quality of life increased from 15 Respondents (50.00%) to 23 respondents (76.67%). Conversely, the frequency of patients in the moderately poor and poor categories decreased significantly. This improvement suggests that the hypnodialysis, which targeted symptoms like shortness of breath, fatigue, cramps, and pain, successfully helped patients manage the

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

severe physical burdens associated with CKD. The p-Value (<0.05) before and after the intervention indicates that hypnodialysis is effective in improving the quality of life in the physical health domain.

Table 3. Comparison of Pre-Intervention and Post Intervention of Hypnodialysis among CKD Patients on Psychological Aspect (N=30)

Quality Of Life	Pre-Intervention		Post-Intervention		p-Value
	f	%	f	%	
Good	5	16.67	6	20.00	0.002
Moderately Good	18	60.00	20	66.67	
Moderately Poor	7	23.33	4	13.33	
Poor	0	0	0	0	

This domain also showed improvement, with the majority of patients moving into or remaining in the moderately good quality of life category. The percentage of patients in moderately good increased from 18 respondents (60.00%) to 20 (66.67%) respondents, and good category increased from 5 respondents (16.67%) to 6 respondents (20,00%). The p-Value (<0.05) before and after the intervention indicates that hypnodialysis is effective in improving the quality of life in the psychological domain.

Table 4. Comparison of Pre-Intervention and Post Intervention of Hypnodialysis among CKD Patients on Social Relationship Aspect(N=30)

Quality Of Life	Pre-Intervention		Post-Intervention		p-Value
	f	%	f	%	
Good	1	3.33	0	0	0.004
Moderately Good	12	40.00	16	53.33	
Moderately Poor	12	40.00	11	36.67	
Poor	5	16.67	3	10.00	

The percentage of patients in the moderately good category increased from 12 respondents (40.00%) to 16 respondents (53.33%). This is an important outcome, as the chronic nature of dialysis (2-3 times per week) and its accompanying symptoms can severely limit patients' social participation and contribute to isolation and frustration. The improvement suggests that the enhanced psychological and physical well-being allowed patients to engage more effectively in social relationships. The p-Value (<0.05) before and after the intervention indicates that hypnodialysis is effective in improving the quality of life in the social domain.

Table 5. Comparison of Pre-Intervention and Post Intervention of Hypnodialysis among CKD Patients on Environment Aspect (N=30)

Quality Of Life	Pre-Intervention		Post-Intervention		p-Value
	f	%	f	%	
Good	2	6.67	3	10.00	0.001
Moderately Good	21	70.00	24	80.00	
Moderately Poor	7	23.33	3	10.00	
Poor	0	0	0	0	

This domain showed a minor positive shift, with moderately good quality of life increasing from 21 respondents (70.00%) to 24 respondents (80.00%) and good quality of life increasing from 2 respondents (6.67%) to 3 respondents (10.00%). The p-Value (<0.05) before and after the intervention indicates that hypnodialysis is effective in improving the quality of life in the environment aspect.

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

Table 6. Comparison of Pre-Intervention and Post Intervention of Hypnodialysis among CKD Patients on Overall Aspect (N=30)

Quality Of Life	Pre-Intervention		Post-Intervention		p-Value
	f	%	f	%	
Good	1	3.33	2	6.67	0.001
Moderately Good	19	63.33	21	70.00	
Moderately Poor	10	33.34	7	23.33	
Poor	0	0	0	0	

The hypothesis testing, utilizing the Wilcoxon Signed-Rank Test (as the difference data was non-normally distributed), Indicated a statistically significant difference in the overall quality of life before and after the hypnodialysis intervention (p = 0.001). This finding confirms that the novel hypnodialysis protocol is effective in improving the quality of life of CKD patients. Before the intervention, the majority of respondents exhibited moderately good (63.33%,) or moderately poor (33.34%,) in their overall quality of life. Following the hypnodialysis sessions, there was a shift towards quality of life categories: good quality of life increased to 70.00%, and good quality of life doubled from 3.33% to 6.67%. This positive shift in frequency distribution substantiates the statistical finding and suggests that hypnodialysis successfully enhanced the patients' perceived general well-being.

Discussion

This study demonstrates that hypnodialysis has a significant impact on improving the quality of life of patients with Chronic Kidney Disease (CKD) undergoing hemodialysis at Ulin General Hospital, Banjarmasin, in 2025. Before the intervention, most patients (63.33%) were in the moderately good category, while 33.34% were in the moderately poor category. After hypnodialysis, there was a positive change indicated by an increase in the proportion of patients in the moderately good category to 70%, while the good category doubled from 3.33% to 6.67%. These findings reinforce the hypothesis that hypnodialysis can comprehensively improve the quality of life of CKD patients across multiple dimensions. This study involved 30 clients with CKD undergoing dialysis therapy in the form of Hemodialysis (HD) and Peritoneal Dialysis (PD), with an equal distribution of male and female participants—15 individuals each, representing 50%. These results align with the study of Bello et al. (2022), which showed that gender distribution among hemodialysis patients tends to be globally balanced (Bello et al., 2022). The majority of respondents were in the early elderly age group (46–55 years) at 36.67%, followed by the late adult group (36–45 years) at 33.33%. This age distribution corresponds with CKD epidemiology, which shows an increased prevalence with advancing age, where productive-age and early-elderly groups face the highest risk of chronic kidney complications (Satyanarayana R. Vaidya; Narothama R. Aeddula., 2025). These findings also align with the report of Kemenkes RI (2023), which stated that CKD can affect both sexes equally. Moreover, this age range shows that CKD burdens individuals during their peak years of responsibility, where economic, social, and other factors may negatively affect quality of life (Bossola et al., 2017).

Based on the findings, the greatest improvement occurred in the physical health aspect. Nevertheless, the interpretation of this finding should be approached with caution, as the absence of a control group/variable in the study design implies that numerous confounding factors might have affected the observed quality of life result (Andrade, 2021). Before the intervention, only 50% of respondents were in the moderately good category; after hypnodialysis, this increased to 76.67%. Meanwhile, the moderately good category decreased from 30% to 20%, and the moderately poor category drastically dropped from 10% to 3.33%. This is particularly important since Bossola et al. (2019) emphasized that physical symptoms such as dyspnea, fatigue, cramps, and pain are the primary burdens affecting the quality of life of hemodialysis patients. The success of hypnodialysis in alleviating these symptoms can be explained through hypnosis mechanisms that alter pain perception and enhance the body’s relaxation response. According to Elkins (2022), clinical hypnosis has been proven effective in managing physical symptoms in chronic medical conditions. The significant decrease in the low-function category shows that hypnodialysis is beneficial not only for relatively healthier patients but also for those with

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

poor physical conditions. These findings are consistent with Wati et al. (2017), who showed that hypnodialysis reduces anxiety and improves adherence to diet, medication, and fluid control, ultimately enhancing physical conditions (Wati, Mardiyono, & Kep, 2017). A notable finding in this study is that three respondents, who exhibited a good quality of life level prior to the intervention, experienced a decline in their psychological quality of life to the moderately good after undergoing hypnodialysis. The potential factors influencing this outcome include methodological limitations, specifically the absence of a control group. This limitation makes it difficult for the researcher to ascertain whether the observed decline was directly attributable to hypnodialysis or was instead a natural regression and emotional fluctuation state inherent to the CKD patient population. Another potential influential factor is the progression of the underlying CKD, which may have occurred and potentially led to new complications within the period between pre and post intervention measurements (Bello et al., 2017).

In the psychological aspect, a consistent improvement was observed, with the moderately good category increasing from 60% to 66.67% and the good category rising from 16.67% to 20%. The decline in respondents in the moderately poor from 23.33% to 13.33% also indicates a significant improvement. These findings align with Zahra et al. (2023), who demonstrated through systematic review that psychotherapy, including hypnosis, effectively improves psychological well-being in CKD patients undergoing hemodialysis (Zahra et al., 2023a). The improvement may be attributed to hypnosis' ability to reduce anxiety and stress commonly experienced by hemodialysis patients. Similarly, Wark (2020) highlighted hypnosis benefits for end stage renal disease patients, particularly in reducing psychological distress (Wark, 2020). The improvements occur because hypnosis works through deep relaxation and positive suggestion, helping patients reframe perceptions of their chronic condition (Elkins, 2022). Interestingly, no respondents were in the low-function psychological category either before or after the intervention, suggesting that despite having chronic illness, CKD patients in this study possessed relatively good psychological resilience (Vionalita Program Studi Kesehatan Masyarakat et al., 2019).

For the social aspect, significant improvements were observed, with the moderately good category increasing from 40% to 53.33%. This is critical because dialysis, conducted two to three times a week, often limits patients' social participation. Bossola et al. (2017) stressed that the quality of life of chronic dialysis patients requires special attention to social aspects, as the condition often leads to isolation and frustration. Improved social functioning may result from enhanced physical and psychological well-being, where patients who feel better physically and mentally tend to be more capable and motivated to engage in social interaction, including support from fellow CKD patients undergoing dialysis. This creates a positive cycle where improved social function further supports physical and psychological well-being. These findings align with Hao et al. (2024), who emphasized that quality of life is a multidimensional concept where improvements in physical and psychological domains positively affect patients' social relationships (Hao et al., 2024). An interesting finding also observed in the social aspect of quality of life, mirroring the physical aspect findings, where some respondents experienced a decline in quality of life from the good category to the modetely good level. In addition to the methodological shortcomings, this situation may also be influenced by the respondents' social interactions that occurred during the eight-week intervention period. It is possible that the respondents encountered life stressors related to social problems or other crises, which could have negatively impacted their overall quality of life (Wahyuni et al., 2025).

The environment aspect also showed moderate but consistent improvement, with moderately good increasing from 70% to 80% and good quality of life from 6.67% to 10%. Although this increase is smaller compared to other aspects, it is still meaningful since environment and spirituality plays a crucial role in coping with chronic illness. Spirituality is an essential part of quality of life in Indonesia, particularly in a religious cultural context (Resmiya & Misbach, 2025). This improvement may be linked to hypnosis' ability to facilitate calm and reflective mental states, strengthening patients' spiritual connection. These findings are consistent with Zeng et al. (2018), who reported that non-pharmacological interventions, including complementary therapies such as hypnosis, can enhance spirituality and sense of meaning in chronic patients (Zeng et al., 2018).

Overall Quality of Life analysis showed statistically significant results with p=0.001, indicating an increase in the moderately good category from 63.33% to 70% and in the good category from 3.33% to 6.67%. The

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

observed findings tentatively suggest that hypnodialysis may be associated with comprehensive improvements in the quality of life among CKD patients. These results align with the study's core hypothesis, indicating that hypnodialysis contributes to a holistic enhancement of quality of life, consistent with the multidimensional quality of life framework (Wark, 2020). While the current study provides empirical evidence using standardized instruments and multi-aspects analysis, the interpretation of causality must remain circumspect due to methodological constraints, particularly the lack of a control group. The demonstration of consistent improvements across all quality of life dimensions is noteworthy, especially within the Indonesian context, where cultural and spiritual factors are influential (Wahyuni et al., 2025). This suggests the potential adaptability and cultural sensitivity of hypnodialysis as an intervention. Clinically, based on these preliminary findings, hypnodialysis warrants consideration as a potentially safe and effective complementary intervention to support the physical, psychological, social, and spiritual well-being of CKD patients. From a scientific perspective, this research adds to the growing body of the literature supporting the role of mind body interventions in nephrology and reinforces the evidence regarding the efficacy of hypnosis in managing chronic conditions. Future research incorporating robust controlled design is recommended to establish definitive casual links.

The instrument with Solfeggio frequencies was only selected by 10 respondents to accompany the hypnotherapy sessions, while the other 20 respondents chose not to use the instrument, citing environmental factors and a preference to focus solely on the therapist's voice. The use of audio instruments in hypnotherapy is supplementary and not a mandatory component of the therapy. Consequently, the benefit of effectiveness of the instrument cannot be definitively measured in this study. However, several references have indicated that Solfeggio frequencies possess calming energy, suggesting that the designated instrument, when used, may induce deeper relaxation and effective healing effects (Bieber, 2023; Meneses, 2025; Rashidi, 2025). This study contributes to the literature by utilizing a standardized quality of life instrument and conducting a multi-aspect analysis, providing comprehensive empirical data. The research's unique value lies in demonstrating the potential effectiveness of hypnodyalisis within the Indonesian population. The consistent trends of improvement observed across all quality of life dimensions suggest that the intervention is adaptable to the local cultural and spiritual context, offering indications of holistic benefits. However, as previously acknowledge the interpretation of definitive causal relationship between hypnodialysis and these improvements must be tempered by the study's methodological constraints. The findings hold several important implications. From a clinical perspective, hypnodialysis may be considered a safe and effective complementary approach to enhance the physical, psychological, social, and spiritual well-being of CKD patients. These results warrant the consideration of hypnodialysis as a complementary therapy in managing symptoms and improving quality of life among patients undergoing hemodialysis. The positive movement in quality of life, particularly in physical and psychological domains, hypothetically suggest that this intervention could contribute to reduced patient suffering and potentially bolster adherence and long term prognosis (Wati, Mardiyono, & Warijan, 2017). A holistic approach remains crucial in hemodialysis patient care, and the integration of hypnodialysis could potentially increase healthcare service efficiency by addressing patient complains comprehensively and sustainably.

From a scientific advancement perspective, this research tentatively establishes the role of psychological-complementary intervention (Elkins, 2022) in nephrology and reinforces the scientific evidence regarding the effectiveness of *mind-body* interventions in the treatment of chronic diseases. The success of hypnodialysis in this study aligns with research (Dhawo et al., 2023) demonstrating the effectiveness of the hypnosis-based approach such as hypnotek strategy in yielding measurable results on physiological health parameters like BMI reduction. Although the clinical contexts differ, both studies support the argument that the mechanism of deep relaxation and positive suggestion inherent in hypnosis possess broad applicability acress diverse chronic health conditions (Dhawo et al., 2022).

These findings open up avenues for future research focusing on the specific mechanisms of hypnodialysis, including its impact on physiological parameters. Subsequent research should prioritize comparing hypnodialysis againts other modified techniques, like hypnotek, using rigorous controlled designs to evaluate relative efficacy and identify optimal patient approaches. Furthermore, the practical implications necessitate the consideration of integrating complementary approaches such as hypnodialysis into standard CKD patient care

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

protocols, requiring adequate training for healthcare personel and the development of structured clinical guidelines. These results may serve as a preleminary basis for healthcare providers to develop integrated non-pharmacological therapy protocols, aligning with modern trends in complementary therapies (Elkins, 2022; Zahra et al., 2023b).

Study Limitations

While the results strongly suggest the potential effectiveness of hypnodialysis, several limitations inherent to the study design warrant caution in interpreting the findings. Primarily, the use of a pre-experimental, one-group pretest-posttest design precludes definitive causal inferences regarding the intervention's efficacy. The absence of a control group renders the results vulnerable to threats to internal validity; specifically, confounding variables such as disease progression, concurrent medication use, family support, and external stressors may have influenced the respondents' physical, psychological, social, and environmental outcomes independent of the therapy.

Furthermore, the generalizability of the findings is constrained by the relatively small sample size ($N=30$) and the recruitment of participants from a single hospital setting. Potential bias is also a concern, as the primary researcher served as the hypnotherapist, introducing the possibility of subjective bias in both the administration of the intervention and the interpretation of therapeutic effects. Additionally, the study design did not isolate the specific impact of the Solfeggio frequency instrument used during sessions, nor did it include longitudinal follow-up measurements to assess the long-term sustainability of the improvements in quality of life.

Conclusion

This study suggests that the hypnodialysis intervention is associated with a statistically significant improvement in the quality of life of patients with CKD undergoing dialysis. The findings tentatively support the notion that hypnodialysis holds promise as an effective complementary therapy for enhancing the quality of life of this patient population. Based on these preliminary results, hypnodialysis warrants consideration for integration as a complementary and supportive intervention within the standard care protocols for CKD patients undergoing hemodialysis, particularly within the scope of palliative nursing care. For future research, it is strongly recommended that studies utilize a robust randomized controlled trial design encompassing a dedicated control group. This methodological step is crucial to strengthen the causal evidence and eliminate potential confounding factors inherent to the current quasi-experimental design, thereby providing a more definitive measure of the intervention’s efficacy and isolating its unique effects. Furthermore, researchers should explore the long-term sustainability of the observed improvements in quality of life following the completion of the hypnodialysis sessions.

Acknowledgment

The researchers wish to extend their deepest gratitude to all the participants (CKD Patients) at RSUD Ulin Banjarmasin. Their willingness to contribute their time was essential for the successful completion of this study.

Conflict of Interest

The authors declare that they have no competing interests.

Credit Author Statement

Maria Silvana Dhawo: Conceptualization, methodology**,** Project administration, Data Collection, writing-original draft. **Sally Pobas:** Data Collection, Formal Analysis, Writing-Review. **Rika Putri Yustina:** Data Collection, Documentation. **Loisa Fernanda:** Data Collection, Documentation.

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

References

Andrade, C. (2021). The Limitations of Quasi-Experimental Studies, and Methods for Data Analysis When a Quasi-Experimental Research Design Is Unavoidable. *Indian Journal of Psychological Medicine*, *43*(5), 451–452. https://doi.org/10.1177/02537176211034707

Anggawijayanto, E., & Hastjarjo, T. D. (2019). Validation of the Standford Hypnotic Susceptibility Scale form C as a Hypnosis Module in Indonesia. *Proceedings of the 1st International Conference on Psychology*, 154–160. https://doi.org/10.5220/0009439201540160

Bello, A. K., Alrukhaimi, M., Ashuntantang, G. E., Basnet, S., Rotter, R. C., Douthat, W. G., Kazancioglu, R., Köttgen, A., Nangaku, M., Powe, N. R., White, S. L., Wheeler, D. C., & Moe, O. (2017). Complications of chronic kidney disease: current state, knowledge gaps, and strategy for action. *Kidney International Supplements*, *7*(2), 122–129. https://doi.org/10.1016/j.kisu.2017.07.007

Bello, A. K., Okpechi, I. G., Osman, M. A., Cho, Y., Htay, H., Jha, V., Wainstein, M., & Johnson, D. W. (2022a). Epidemiology of haemodialysis outcomes. *Nature Reviews Nephrology*, *18*(6), 378–395. https://doi.org/10.1038/s41581-022-00542-7

Bieber, J. P. (2023). The Effects of Musical Frequency and Interval on Meditation. In *Sofia University* (pp. 1–14). Sofia University.

Bossola, M., Pepe, G., & Marzetti, E. (2017). Health-related quality of life of patients on chronic dialysis: The need for a focused effort. *Seminars in Dialysis*, *30*(5), 413–416. https://doi.org/10.1111/sdi.12620

Bossola, M., Pepe, G., Picca, A., Calvani, R., & Marzetti, E. (2019). Treating symptoms to improve the quality of life in patients on chronic hemodialysis. *International Urology and Nephrology*, *51*(5), 885–887. https://doi.org/10.1007/s11255-019-02121-5

Dhawo, M. S., Trifianingsih, D., & Sitompul, D. R. (2022). Pengaruh Strategi Hipnotek (Hipnoterapi Buteyko) pada Wanita Dewasa Muda yang Mengalami Overweight dan Obesitas dalam Menurunkan IMT. *Dunia Keperawatan: Jurnal Keperawatan Dan Kesehatan*, *11*(1), 1–9. https://doi.org/10.20527/jdk.v10i3.181

Elkins, G. (2022). Clinical Hypnosis in Health Care and Treatment. *International Journal of Clinical and Experimental Hypnosis*, *70*(1), 1–3. https://doi.org/10.1080/00207144.2022.2011112

Hadning, I., & Ainii, N. Q. (2021). *An Analysis of Health Workers' Quality of Life in Indonesia During COVID-19 Pandemic*. https://doi.org/10.2991/ahsr.k.210115.085

Hao, J., Wang, Y., Wang, Y., Zhang, J., Gao, J., Kang, L., Wang, X., Yang, J., Zhang, L., & Liu, J. (2024). Analysis of influencing factors on quality of life in patients with chronic kidney disease undergoing maintenance haemodialysis. *Heliyon*, *10*(4). https://doi.org/10.1016/j.heliyon.2024.e25817

Kemenkes: Badan Kebijakan Pembangunan Kesehatan. (2023). *Survey Kesehatan Indonesia (SKI) Dalam Angka: Data Akurat Kebijakan Tepat*.

Meneses, E. (2025). Harmonic Healing: The Influence of Sound Therapy on Cultivating Forgiveness. In *Globe Institute* (pp. 1–12). Globe Institute.

Narlan, A., Prian, A., & Gumilar, R. (2023). Pengaruh Dryland and Swimming Workout Terhadap Peningkatan VO2MAX Dalam Olahraga Renang. *Jurnal of S.P.O.R.T*, *7*(1), 119–124.

Rashidi, S. (2025). *Music Therapy; Integration of Science and Art in Promoting Mental Health, Beyond a Complementary Approach*. https://doi.org/10.14293/PR2199.001833.v1

Resminya, L., & Misbach, I. H. (2019). Pengembangan Alat Ukur Kualitas Hidup Indonesia. *Jurnal Psikologi Insight*, *3*(1), 20–31.

Satyanarayana R. Vaidya1; Narothama R. Aeddula2. (2025). *Chronic Kidney Disease*. StatPearls Publishin.

Tukaev, R. (2020). The Integrative Theory of Hypnosis in the Light of Clinical Hypnotherapy. In *Hypnotherapy and Hypnosis*. IntechOpen. https://doi.org/10.5772/intechopen.92761

Vionalita Program Studi Kesehatan Masyarakat, G., Ilmu Kesehatan, F., Esa Unggul Jalan Arjuna Utara Nomor, U., & Tomang Kebon Jeruk, T. (2019). PENINGKATAN PENGETAHUAN HIDUP SEHAT UNTUK KUALITAS HIDUP PASIEN KRONIS. In *Peningkatan Pengetahuan Hidup Sehat untuk Kualitas Hidup Pasien Kronis Jurnal Abdimas* (Vol. 5).

Wahyuni, N. W. S., Kamaryati, N. P., Rismawan, M., & Suantika, P. I. R. (2025). The Determining Factors of Quality of Life in Chronic Kidney Disease Patients with Hemodialysisin Hospitals: A Literature Review. *Babali Nursing Research*, *6*(1), 212–225. https://doi.org/10.37363/bnr.2025.61454

Wark, D. M. (2020). Hypnosis and end-stage renal disease: Review and treatment. *American Journal of Clinical Hypnosis*, *63*(1), 36–48. https://doi.org/10.1080/00029157.2020.1748561

Jurnal Keperawatan Suaka Insan (JKSI)
Volume 10, No 2, Juli-Desember 2025
P-ISSN : 2527-5798, E-ISSN : 2580-7633

Wati, S. H., Mardiyono, M., & Warijan, W. (2017). HYPNODIALYSIS FOR ANXIETY RELIEF AND ADHERENCE TO MEDICATION, KIDNEY DIET AND FLUID INTAKE IN PATIENTS WITH CHRONIC KIDNEY DISEASE. *Belitung Nursing Journal*, *3*(6), 712–721. https://doi.org/10.33546/bnj.306

Zahra, Z., Effendy, E., Mawarpury, M., Marthoenis, & Jaya, I. (2023). Psychotherapies for chronic kidney disease patients with hemodialysis: A systematic review of randomized control trials and quasi-experiments. *Narra J*, *3*(3). https://doi.org/10.52225/narra.v3i3.215

Zeng, Y. S., Wang, C., Ward, K. E., & Hume, A. L. (2018). Complementary and Alternative Medicine in Hospice and Palliative Care: A Systematic Review. In *Journal of Pain and Symptom Management* (Vol. 56, Issue 5, pp. 781-794.e4). Elsevier Inc. https://doi.org/10.1016/j.jpainsymman.2018.07.016