

Implementation of Spiritual Mindfulness to Improve Respiratory Status and Reduce Anxiety in two Pneumonia Patients: A Case Study

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ABSTRACT

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Pneumonia is a lower respiratory tract infection that can cause shortness of breath and negatively affect patients' psychological conditions, particularly anxiety. Uncontrolled anxiety may worsen respiratory status and increase the risk of complications. Spiritual mindfulness therapy is an independent nursing intervention that may help reduce anxiety and improve psychological well-being. This study aimed to implement spiritual mindfulness therapy in two patients with pneumonia experiencing anxiety and evaluate changes in anxiety levels and respiratory status. A descriptive case study design involving the nursing process was applied. Two outpatients diagnosed with pneumonia who met the inclusion criteria and experienced moderate anxiety were selected using purposive sampling. Data were collected through interviews, observations, and physical examinations using an assessment form and the Standard Operating Procedure for spiritual mindfulness therapy. Data were analyzed descriptively and presented narratively. The findings indicated that both participants experienced concerns about their health conditions, fatigue, and shortness of breath. Both participants were diagnosed with anxiety, while one participant also showed ineffective health maintenance. Spiritual mindfulness therapy combined with anxiety reduction strategies was provided in three sessions. After the intervention, both participants showed reduced anxiety levels and improved respiratory status. Greater improvement was observed in the participant who practiced the therapy consistently during the study period. Spiritual mindfulness therapy has potential as a holistic, nonpharmacological nursing intervention to reduce anxiety and improve respiratory status in patients with pneumonia. These findings may support future research with larger samples to evaluate its effectiveness across different patient populations and clinical settings.

ABSTRAK

Pneumonia merupakan infeksi saluran pernapasan bawah yang dapat menyebabkan sesak napas dan berdampak pada kondisi psikologis pasien, terutama ansietas. Ansietas yang tidak teratasi dapat memperburuk status respirasi serta meningkatkan risiko komplikasi. Terapi spiritual mindfulness merupakan salah satu intervensi keperawatan mandiri yang berpotensi menurunkan ansietas sekaligus meningkatkan kesejahteraan psikologis pasien. Penelitian ini bertujuan menerapkan terapi spiritual mindfulness pada pasien pneumonia yang mengalami ansietas serta mengevaluasi perubahan tingkat kecemasan dan status respirasi setelah intervensi diberikan. Penelitian menggunakan metode deskriptif dengan pendekatan studi kasus yang melibatkan proses keperawatan. Teknik purposive sampling menghasilkan dua responden dewasa dengan diagnosis pneumonia rawat jalan dan tingkat ansietas sedang sesuai kriteria inklusi. Data dikumpulkan melalui wawancara, observasi, dan pemeriksaan fisik menggunakan format pengkajian asuhan keperawatan serta Standar Operasional Prosedur terapi spiritual mindfulness. Analisis data dilakukan secara deskriptif dan disajikan dalam bentuk naratif. Hasil menunjukkan bahwa

kedua responden mengalami kekhawatiran terhadap kondisi kesehatannya, mudah lelah, serta sesak napas saat beraktivitas. Kedua responden memiliki masalah keperawatan ansietas, sedangkan satu responden juga mengalami pemeliharaan kesehatan tidak efektif. Intervensi berupa terapi spiritual mindfulness yang dikombinasikan dengan reduksi ansietas diberikan dalam tiga sesi. Setelah intervensi, kedua responden menunjukkan penurunan tingkat ansietas disertai perbaikan status respirasi. Perubahan lebih optimal terjadi pada responden yang menjalankan terapi secara konsisten. Terapi spiritual mindfulness berpotensi menjadi intervensi keperawatan nonfarmakologis yang holistik untuk membantu menurunkan ansietas dan memperbaiki status respirasi pada pasien pneumonia. Temuan ini dapat menjadi dasar bagi penelitian selanjutnya dengan jumlah sampel lebih besar untuk mengevaluasi efektivitas terapi secara lebih komprehensif dan mendalam.



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A. INTRODUCTION

Pneumonia is an infectious disease caused by viruses, bacteria, mycoplasma, or fungi that affects the lower respiratory tract and leads to inflammation of the lung parenchyma (Pariama Chintia & Elmas, 2024). This condition frequently compromises respiratory function by increasing airway secretions, causing airway obstruction, and impairing gas exchange, which results in symptoms such as coughing and shortness of breath (Suartana, 2019). Shortness of breath is a primary clinical manifestation that reflects impaired respiratory status and reduced oxygenation. Without appropriate treatment, respiratory distress may progress to complications such as pleural effusion, respiratory failure, or death. Additionally, difficulty breathing often induces anxiety in patients, which can further deteriorate respiratory conditions by elevating heart rate and oxygen demand. Consequently, interventions that improve respiratory status while reducing anxiety are essential. Non-pharmacological therapies are considered advantageous due to their safety, ease of administration, and non-addictive nature (Puspitasari et al., 2023).

According to data from the World Health Organization (WHO), pneumonia remains a leading cause of morbidity and mortality worldwide, particularly in developing countries. In Indonesia, the number of pneumonia cases remains high, with 309,838 cases reported in 2020, 278,261 cases in 2021, and 310,871 cases in 2022 (Pratama & Saftarina, 2025). In East Nusa Tenggara, pneumonia cases continue to increase; Central Sumba Regency reported 115 cases according to Basic Health Research data, and 28 cases were recorded in 2025 at the Lendiwacu Community Health Center (Puskesmas) (Taopan et al., 2024). In addition to causing physical symptoms, pneumonia also has a psychological impact on patients, with anxiety being one of the most common responses due to dyspnea and fear of worsening disease. (Priyantini et al., 2024) reported that patients with moderate to severe levels of anxiety showed disturbances in respiratory status, including increased respiratory rate and unstable breathing patterns.

Pneumonia arises from an inflammatory process in the respiratory tract, leading to increased secretion production, airway obstruction, thickening of the alveolar-capillary membrane, impaired gas exchange, and reduced oxygen saturation (WHO, 2025). These physiological alterations frequently induce respiratory distress, which can heighten anxiety. Persistent anxiety further exacerbates respiratory distress by activating the sympathetic nervous system, resulting in increased respiratory rate, heart rate, and oxygen demand (Christopher M. Worsham et al., 2020). This dynamic establishes a reciprocal relationship in which respiratory distress and anxiety reinforce each other. (Ayatulloh et al., 2024) demonstrated that mindfulness spiritual therapy effectively reduced anxiety in pneumonia patients, while (Ayatulloh et al., 2025) reported improvements in respiratory rate and oxygen saturation following such interventions. These findings underscore the importance of addressing both psychological and physiological factors in pneumonia management. Multiple studies indicate that spiritual mindfulness interventions can reduce anxiety, stabilize breathing, and enhance oxygen saturation in pneumonia patients (Ayatulloh et al., 2025). The underlying mechanism involves pneumonia-induced inflammation of the lower respiratory tract, which increases mucus production, causes airway obstruction, and impairs gas exchange, leading to shortness of breath and decreased oxygen saturation. This physiological disturbance often provokes anxiety, as patients perceive breathing difficulties as a threat to survival. The resulting anxiety activates the sympathetic nervous system, further increasing respiratory rate, heart rate, and oxygen demand, thereby perpetuating a cycle of anxiety and dyspnea.

Spiritual mindfulness therapy interrupts this cycle through a structured process. Initially, patients are guided to focus on their breathing and bodily sensations, which helps diminish excessive concern about their illness. The therapy then promotes emotional acceptance and spiritual surrender, enabling patients to manage negative thoughts and reduce fear. As anxiety subsides, sympathetic nervous system activity decreases, resulting in slower, more regular breathing, a reduced heart rate, and lower oxygen consumption. Improved regulation of breathing subsequently enhances oxygen exchange and stabilizes oxygen saturation. This sequence demonstrates how spiritual mindfulness not only alleviates anxiety but also contributes to improved respiratory status in pneumonia patients. Spiritual mindfulness is selected as a non-pharmacological intervention due to its evidence-based approach, emphasizing breath awareness, emotional regulation, and acceptance of illness (Ayatulloh, 2024). Research conducted by (Pariama Chintia & Elmas, 2024) found that spiritual mindfulness reduced anxiety. Research by (Pariama Chintia & Elmas, 2024) demonstrated that spiritual mindfulness reduced anxiety levels in pneumonia patients, as evidenced by lower anxiety scores, and positively influenced respiratory rate and oxygen saturation. Through these mechanisms, spiritual mindfulness assists patients in managing shortness of breath, prevents the progression of hypoxemia, and supports respiratory stability during hospitalization. Accordingly, the present study aims to implement spiritual mindfulness therapy in pneumonia patients experiencing anxiety and to evaluate changes in their anxiety levels and respiratory status.

B. METHODS

This descriptive study uses a case study approach to describe nursing care for patients with pneumonia, employing spiritual mindfulness therapy to address patient anxiety and improve

respiratory status at the Lendiwacu Community Health Center (Puskesmas) in Central Sumba Regency in March 2026. The study respondents were two pneumonia patients with anxiety as the primary nursing problem, selected purposively based on the study objectives and inclusion and exclusion criteria. Inclusion criteria included adult patients with a medical diagnosis of pneumonia undergoing outpatient care and experiencing moderate anxiety levels. The two patients have different body posture conditions, where patient A is a man with a taller body posture than patient B, and in terms of his psychological condition, patient A appears to be more ready to receive intervention because he can carry out the intervention well.

The focus of this case study is the implementation of spiritual mindfulness to improve respiratory status and reduce anxiety in pneumonia patients with anxiety-related nursing problems, including nursing assessment, nursing diagnosis, nursing interventions, nursing implementation, and nursing evaluation. At the time of the assessment, both patients appeared worried and anxious regarding their illness, and checking their vital signs revealed that their breathing was disturbed. The use of two respondents is in line with (Nursalam, 2015) opinion, which states that case study research focuses on in-depth exploration of a limited number of cases to understand clinical phenomena comprehensively, not to generalize findings to a wider population. The focal variable in this case study is the application of mindfulness spiritual therapy as a nursing intervention. The observed outcome variables were anxiety level and respiratory status. Respiratory status was assessed through respiratory rate, depth and rhythm, oxygen saturation, use of accessory muscles, and breath sounds.

The research instrument used was a nursing assessment format to obtain patient data, including medical history, habitual activities, and functional patterns, as well as a physical examination. Data collection was conducted through interviews, observation, and documentation (WOD). The spiritual mindfulness therapy training sessions were conducted three times, each lasting 15–20 minutes. Therapy began with explaining the purpose of the therapy, followed by gradually teaching the patient the entire therapy. Each session, teaching and performing the therapy, took 15–20 minutes until the patient fully implemented it. This aimed to help the patient better manage their anxiety.

This case study has obtained permission from both the educational institution and the Community Health Center where the research was conducted, with letter number: DTTKPMPTSP.08/08/53.17/II/2026.

C. RESULT AND DISCUSSION

1. Result

This case study involved two respondents diagnosed with pneumonia. Patient A is a 75-year-old male with a bachelor's degree and is retired. Patient B is a 71-year-old female with a junior high school education and works as an entrepreneur. Both respondents are in the same age range, middle-aged elderly. Although of different genders, they also have different occupational and educational backgrounds. Patient A lives with his daughters, while Patient B lives with her son and daughter-in-law. Patient A earns a pension, while Patient B earns a living from sales.

a) Nursing Assessment

Patient A complained of anxiety about his condition, fatigue, and shortness of breath when walking long distances or talking excessively. When feeling anxious, the shortness of

breath worsened, and the patient coughed occasionally. He had been suffering from pneumonia for the past four years. Patient A's general condition was anxious and short of breath, with vital signs: BP 130/90 mmHg, pulse 99 beats/minute, SpO2 95%, and RR 30 breaths/minute. A respiratory system examination revealed additional wheezing sounds. Examination of the body systems, including the cardiovascular, nervous, urinary, digestive, musculoskeletal, endocrine, and reproductive systems, revealed no nursing problems or health problems.

Patient B, meanwhile, reported feeling helpless due to her illness. She quickly became short of breath when overexerted, and worrying about something worsened it. Her living environment was quite dirty, with a lot of plastic waste, puddles of water in front of her house, and moss on the damp walls. She reported rarely cleaning the house due to his busy schedule selling food. Her general condition was anxious and dizzy, and her vital signs were BP: 110/70 mmHg, pulse: 72 beats/minute, SpO2: 95%, and RR: 24 breaths/minute. The respiratory system examination revealed wheezing. Examination of the cardiovascular, nervous, urinary, digestive, musculoskeletal, endocrine, and reproductive systems revealed no nursing problems or health problems.

Based on the assessment results, the subjective data indicated that patient A felt worried about the condition he was experiencing. The patient said that when he felt anxious, his shortness of breath worsened. Supported by objective data, the patient appeared anxious and out of breath, with BP 130 mmHg and RR 30 breaths/minute. Based on these two data, the nursing problem experienced by patient A was anxiety (D.0080) related to the threat of death. Analysis of patient B's data, in subjective data, she said often felt helpless because of the condition of the illness she was experiencing. The patient also said that she rarely cleaned the house because she was busy selling. Objectively, the patient appeared anxious and dizzy, RR: 24x/minute. The patient's living environment was quite dirty, with a lot of plastic waste, a puddle of water in front of the patient's house, and moss on the damp walls. Based on the data analysis, patient B experienced nursing problems of anxiety (D.0080) related to the threat of death, and ineffective health care (D.0117) characterized by the inability to overcome problems.

b) Nursing Diagnosis

Nursing diagnoses were established based on data analysis collected during the assessment phase. Nursing diagnoses were based on the Indonesian Nursing Diagnosis Standards. Both patients shared the same primary nursing problem: Anxiety (D.0080) related to the threat of death, as evidenced by subjective data:

"I'm worried about my current condition, I feel anxious, especially when I feel short of breath" (Respondent A).

"I feel helpless with this disease, there's nothing I can do, I'm afraid my condition will worsen" (Respondent B).

Meanwhile, the objective data presented by both respondents were essentially the same: anxiety, an increased respiratory rate, and shortness of breath, but, Respondent B also presented with another nursing problem: Ineffective Health Maintenance (D.0117) related to the inability to address health issues, evidenced by the respondent's statement that she rarely cleaned her house due to her busy schedule selling food. The patient's living

environment appeared dirty, with plastic waste scattered around, standing water in front of the house, and moss on the damp walls.

c) Nursing Intervention

The primary nursing interventions for the anxiety nursing diagnosis (D.0080) were anxiety reduction and mindfulness spiritual therapy, conducted in three sessions, each lasting approximately 15–20 minutes. The intervention began with identifying the patient's anxiety level, monitoring for signs of anxiety, and assessing the patient's physical and psychological condition before, during, and after the intervention. Researchers created a comfortable, therapeutic atmosphere, and patients received education on the importance of mindfulness spiritual therapy in reducing and managing anxiety. The first session of the mindfulness spiritual training was used to teach patients how to perform the therapy. Researchers demonstrated the mindfulness spiritual training and asked respondents to repeat the exercise. Researchers paid attention to the respondents' comfort and respiratory status and encouraged them to focus on their current physical condition. The second session was conducted to assess respondents' independence in performing the mindfulness spiritual training. Researchers made several improvements by repeating the correct exercise procedure and assisting patients in the re-demonstration. The third session was conducted to evaluate the respondents' success in implementing the mindfulness spiritual training.

In the case of an ineffective health care diagnosis (D.0117), the intervention provided was health education on health care by modifying the environment, starting with identifying the patient's readiness and ability to receive information that influences healthy living behaviors. Researchers prepared appropriate materials and provided education using simple, easy-to-understand language, while also providing opportunities for patients to ask questions. The health education delivered focused on explaining disease risk factors, implementing clean and healthy living behaviors so that individuals could protect themselves from infectious and non-infectious diseases, and improving health based on awareness implemented through health improvement strategies to create a healthy environment (Romadonika et al., 2021). Through this intervention, it is hoped that health behaviors will improve, hygiene behaviors will improve, and healthy lifestyles can be maintained.

d) Nursing Implementation

Patient A underwent five sessions for a diagnosis of anxiety. During the session, researchers identified the patient's anxiety level and signs, monitored changes in the patient's physical and psychological condition, and monitored their breathing patterns and rhythm. They created a comfortable environment, assisted the patient to reduce anxiety, helped the patient recognize situations that trigger anxiety, explained the procedure and potential sensations, and taught mindfulness spiritual therapy according to standard operating procedures (SOP). The researcher taught patients to focus their attention on the present moment gradually and encouraged them to practice independently for approximately 15 minutes, three times a day. The third session showed a gradual improvement in the patient's anxiety and respiration levels. In the final session, researchers evaluated the patient's ability to perform mindfulness therapy independently and provided education on maintaining independent practice and focusing on the practice when anxiety suddenly arises.

Patient B underwent three sessions for both diagnoses: anxiety and ineffective health maintenance. For anxiety, researchers also identified the patient's anxiety level, signs of anxiety, and physical and psychological condition during the intervention, as well as monitoring their breathing patterns and rhythm. Researchers assist patients in reducing anxiety, understanding situations that trigger it, explaining the spiritual benefits of mindfulness, positioning patients comfortably, helping them perform mindfulness techniques according to SOP, and recommending independent mindfulness practice for approximately 15 minutes, three times a day. To diagnose ineffective health care, researchers assess patients' readiness and ability to receive information, identify factors that influence clean, healthy living behaviors, and provide health education on the importance of maintaining environmental cleanliness. Researchers explain risk factors affecting health, provide educational materials in easy-to-understand language, offer opportunities for patients to ask questions, and teach clean, healthy living behaviors and strategies for gradually improving them, tailored to the patient's condition and activities.

e) Nursing Evaluation

After administering the spiritual mindfulness intervention, patient A was able to overcome anxiety more quickly by showing changes or decreases in anxiety as well as improvements in breathing patterns and respiratory status, because the patient did the therapy three times a day when going to bed or after waking up and also routinely did the therapy every day, this can be seen in the objective data section of the second evaluation. The evaluation on patient A obtained results of five implementations until the anxiety problem suffered was resolved, and it appeared that the patient had fully understood the therapy taught. In contrast to patient B, until the third evaluation, patient B still needed assistance in carrying out the therapy and had not done so regularly, so the nursing problem was partially resolved in the third evaluation, because patient B was often not at home, even though the researcher had made an appointment beforehand. The intervention of providing health education to patient B showed changes in the patient's clean and healthy lifestyle behavior, namely, the patient began to clean the home environment, slowly adjusted to her busy schedule, and the patient also learned to wash her hands properly before and after eating, when using the toilet, or after doing activities. No adverse events or unintended effects were observed during the implementation of spiritual mindfulness therapy in either participant.

2. Discussion

Initial assessments in both patients revealed anxiety accompanied by shortness of breath, which intensified as anxiety increased. Patient A participated in three sessions of spiritual mindfulness therapy and demonstrated gradual improvement, including reduced anxiety, more stable breathing, and the ability to perform the therapy independently. In contrast, Patient B received three sessions of therapy combined with environmental hygiene education due to ineffective health maintenance. Although her progress was slower, primarily because of inconsistent attendance related to work demands, Patient B still exhibited improvements in emotional responses, respiratory control, and behaviors associated with maintaining environmental hygiene.

The findings of this case study indicate that spiritual mindfulness therapy in pneumonia patients has positive effects on both psychological and physiological conditions, particularly in reducing anxiety and improving respiratory status. The study aimed to analyze spiritual mindfulness therapy as a complementary nursing intervention to enhance breathing patterns, respiratory adaptation, and oxygenation status in pneumonia patients. Patients who consistently practiced spiritual mindfulness experienced a gradual reduction in anxiety levels, more controlled emotional responses, and improvements in respiratory parameters, including respiratory rate and oxygen saturation.

These findings are consistent with (Ayatulloh et al., 2024), who reported that anxiety is a prevalent psychological response in pneumonia patients and significantly affects respiratory stability. Similarly, (Priyantini et al., 2024) found that moderate to severe anxiety contributes to abnormal respiratory rates and poor respiratory adaptation. In the present case study, both patients initially exhibited anxiety, shortness of breath, irregular breathing patterns, and increased respiratory rates. Following the intervention, improvements in breathing patterns and emotional control were observed, particularly in Patient A, who participated in therapy more consistently.

Mindfulness spiritual therapy emphasizes full awareness of breathing, acceptance of the present moment, and spiritual surrender, which assists patients in managing their emotional responses to illness (Ayatulloh, 2024). This intervention encourages patients to remain present and reduce excessive concern regarding disease progression or mortality. As a result, the body's stress response is diminished, promoting physiological relaxation, stabilizing heart rate, and enhancing respiratory efficiency. These outcomes are consistent with research by (Pariama Chintia & Elmas, 2024), which demonstrated that mindfulness spiritual therapy significantly reduced anxiety scores and increased oxygen saturation in pneumonia patients. The observed improvement in respiratory status suggests that mindfulness spirituality can support respiratory function by alleviating psychological burden. When anxiety is managed, patients are able to breathe more effectively, maintain improved oxygenation, and reduce unnecessary energy expenditure resulting from panic or hyperventilation. This contributes to enhanced respiratory adaptation and may help prevent complications such as hypoxemia, respiratory muscle fatigue, and worsening dyspnea.

The differences in outcomes between Patient A and Patient B underscore the significance of adherence, educational background, and environmental factors. Patient A demonstrated more rapid improvement due to consistent self-practice, whereas Patient B experienced slower progress as a result of inconsistent therapy participation and additional environmental health challenges. These observations are consistent with (Darmawan, 2015) and (Hanifah et al., 2026), who emphasize that health knowledge, education, and behavior significantly influence patient adherence and health outcomes. In summary, this case study reinforces the evidence that spiritual mindfulness therapy can be integrated into nursing care as a holistic, evidence-based, non-pharmacological intervention for patients with pneumonia. By addressing both psychological and respiratory aspects, spiritual mindfulness therapy not only reduces anxiety but also contributes to improved respiratory status, stable vital signs, and enhanced patient adaptation during recovery. This condition can be influenced by the patient's medical

history or condition, as well as physiological, psychological, or environmental factors (Stikes UKPM, 2025). Therefore, respondent B also had another nursing problem, namely, ineffective health care.

The diagnosis of anxiety was made because the assessment results of both patients pointed to anxiety about their illness. This data also aligns with research conducted by (Ayatulloh et al., 2024), which found that anxiety is a psychological problem found in pneumonia patients. The diagnosis of ineffective health care was only made in Patient B because the assessment results indicated that the patient's health care was reflected in environmental conditions and risky lifestyle behaviors that increased pneumonia complications. This condition aligns with the (WHO, 2022) theory, which identifies environmental factors such as air pollution, dirty environments, and poor ventilation as risk factors for pneumonia.

Interventions were provided to both patients based on their nursing problems or diagnoses. Both patients received anxiety reduction interventions and the application of mindfulness spiritual therapy to reduce anxiety. However, Patient B received additional health education interventions due to experiencing ineffective health care problems, including health education related to various environmental issues and behaviors that increase the risk of disease complications. After the mindfulness spiritual intervention, Patient A's anxiety decreased more rapidly, and his breathing pattern improved because she consciously performed the therapy three times daily and understood the instructions. This result was evident in the objective data from the second evaluation.

Meanwhile, Patient B, up to the third evaluation, still needed assistance with mindfulness spiritual therapy and had not yet performed it independently, resulting in only partial resolution of her anxiety. Patient B was often absent from home despite prior appointments. Evaluation of the health education intervention for Patient B showed changes in the patient's hygiene and healthy living behaviors. The patient began gradually cleaning the home environment, adapting to the patient's busy schedule. The patient also learned to wash hands properly before and after eating, after using the toilet, and after any activity.

Based on the results of the case study above, differences in patient education levels influenced health behaviors. Patient A had a bachelor's degree, while Patient B had a junior high school education, although education level does not always influence health behaviors (Darmawan, 2015). However, health behaviors can be influenced by education and knowledge, as the more frequently a person is exposed to health information, the better their knowledge (Hanifah et al., 2026). Another factor influencing health behaviors is daily activities or busyness, which can leave little time to practice and maintain healthy behaviors (Helnemia, 2026).

Based on the results of the implementation of the spiritual mindfulness intervention, it was shown that when patients focused on full awareness of their breathing and controlled emotional responses in the face of illness, this helped optimize initially disturbed vital signs, which returned to normal limits. The provision of mindfulness spiritual therapy was chosen to help patients control their psychological condition regarding the perception of the disease they are suffering from, so that it can help patients to accept their current

condition and focus on current events, so that their perception of the disease can be a benchmark to help healing (Ayatulloh, 2024).

In conducting this case study, the researchers encountered several limitations in the use of language for communication. Using overly scientific language would be difficult for the patient to understand. Time is a critical factor in implementing the intervention, and time constraints can be a barrier to the case study's success. Furthermore, the patient's ability to understand the intervention or therapy independently is not yet fully understood.

D. CONCLUSION AND SUGGESTIONS

In the two pneumonia patients in this case report, the application of spiritual mindfulness therapy demonstrated potential for improving respiratory status and reducing anxiety. Findings indicated that respondents who more consistently implemented the intervention experienced faster improvements in breathing patterns, respiratory rate, and emotional responses to their illness. Spiritual mindfulness helped patients focus on the present moment, regulate their breathing, and foster greater emotional acceptance during the healing process. This case study also found that spiritual mindfulness may support the relationship between psychological adaptation and physiological recovery, particularly in reducing anxiety, which contributes to worsening respiratory distress. However, because this study involved only two respondents, these findings are limited to the context of this case and cannot be generalized to the broader population.

It is recommended that spiritual mindfulness be considered as a complementary nursing intervention for pneumonia patients experiencing anxiety-related issues, particularly in community health settings. Further research with a larger sample size and longer observation period is recommended to further explore its effectiveness in improving respiratory status and reducing anxiety.

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