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Development and Validation of a Core, Care, Cure, Based Therapeutic Framework for Psychosomatic Transitions in Dialysis

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Abstract

Background: Patients undergoing haemodialysis for end-stage renal disease (ESRD) frequently encounter a range of psychosomatic challenges, including persistent anxiety, chronic fatigue, emotional instability, and diminished motivation. These symptoms not only affect their psychological well-being but also interfere with treatment adherence, social functioning, and overall quality of life. Despite the clinical focus on physiological parameters, the psychosomatic dimension of dialysis care remains under-addressed in conventional models. A structured, phase-specific therapeutic approach is essential to support patients across the continuum of dialysis care before, during, and after treatment sessions.

Aim: This study aimed to develop, implement, and validate a therapeutic framework based on the Core–Care–Cure model, designed to address psychosomatic transitions in dialysis patients through five targeted interventions.

Methods: A descriptive research design guided the study, which was conducted in three phases. Phase I involved framework development through a comprehensive literature review

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and expert consultations. Phase II focused on the creation of an educational module and a protocol booklet tailored for clinical and academic use. Phase III involved validation by fifteen experts using the Item-Level Content Validity Index (I-CVI) and Scale-Level Content Validity Index (S-CVI).

Results: The framework demonstrated strong content validity, with I-CVI scores ranging from 0.87 to 1.00 and an overall S-CVI of 0.94. Expert feedback highlighted the framework's clarity, cultural relevance, and practical applicability in both clinical and educational settings.

Conclusion: The validated Core–Care–Cure framework offers a structured, patient-centered model for managing psychosomatic challenges in dialysis care. Its multimodal interventions are adaptable for integration into nursing education, clinical protocols, and psychosomatic support programs, contributing to holistic healing and improved patient outcomes.

Keywords: Psychosomatic transitions, dialysis, Core–Care–Cure framework, therapeutic intervention, nursing protocol, patient-centered care

1. Introduction

Haemodialysis remains a cornerstone therapy for individuals diagnosed with end-stage renal disease (ESRD), offering life-sustaining support through the mechanical filtration of blood. However, the physiological benefits of dialysis are often accompanied by profound psychosomatic strain. Patients undergoing regular dialysis sessions frequently report anticipatory anxiety prior to treatment, emotional vulnerability during the procedure, and post-treatment fatigue that can persist for hours or days (Kimmel & Peterson, 2005; Cukor et al., 2007). These symptoms are not merely incidental, they represent a significant barrier to treatment adherence, emotional resilience, and quality of life.

2. Objectives:

The primary objective of this study was to develop, implement, and validate a psychosomatic intervention framework for dialysis patients using the Core,Care,Cure model.

Specific objectives included:

- To identify the psychosomatic challenges faced by dialysis patients through a review of existing literature and discussions with experts.
- To design a structured framework that integrates five targeted interventions for the pre, during, and post-dialysis phases.
- To create an educational module and a protocol booklet for both clinical and academic purposes.
- To validate the framework by using expert ratings and content validity indices.

3.Design and Setting :

A descriptive research design was adopted to develop, structure, and validate a psychosomatic care framework tailored for dialysis patients. This design was chosen for its strength in capturing real-world phenomena and facilitating the systematic development of interventions grounded in both theory and practice. The study was conducted over a six-month period and

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unfolded in three distinct phases: framework development, module and protocol creation, and expert validation.

The setting included tertiary care centers and academic institutions across South India, where nephrology experts, nurse educators, and clinical psychologists collaborated to ensure the framework's clinical relevance and educational feasibility. These institutions were selected based on their multidisciplinary expertise and commitment to patient-centered care. The study's collaborative nature fostered a rich exchange of ideas, allowing for the integration of psychosomatic principles into dialysis practice.

Phase I: Framework Development

The first phase focused on conceptualizing the Core–Care–Cure framework through a rigorous literature review and expert consultations. The literature review was conducted using databases such as PubMed, Scopus, and CINAHL, targeting studies on psychosomatic symptoms in dialysis patients and existing therapeutic interventions. Keywords included "dialysis," "psychosomatic care," "emotional resilience," "patient-centered interventions," and "nursing frameworks."

This review revealed a significant gap in structured psychosomatic care models tailored to the dialysis trajectory. While isolated interventions such as stress management and nutritional counseling were documented, there was no unified framework addressing the emotional transitions across pre-, intra-, and post-dialysis phases.

To bridge this gap, five expert consultations were held with professionals from nephrology, nursing education, and clinical psychology. These consultations refined the conceptual alignment with the Core–Care–Cure model, a tripartite structure representing the continuum of dialysis care:

- **Core Phase (Pre-Dialysis):** Focused on mental and emotional preparation before treatment.
- **Care Phase (During Dialysis):** Addressed emotional vulnerability and physiological stress during the procedure.
- **Cure Phase (Post-Dialysis):** Targeted recovery, motivation, and long-term emotional resilience.

Each phase was mapped with specific interventions, resulting in a five-action framework designed to holistically support dialysis patients.

Phase II: Module and Protocol Creation

The second phase involved translating the conceptual framework into practical tools for clinical and educational use. A PowerPoint-based educational module was developed to visually present the framework and its interventions. This module included infographics, illustrated slides, and simplified language to ensure accessibility for diverse patient populations.

In parallel, a protocol booklet was created detailing the rationale, implementation steps, and expected outcomes of each intervention. The booklet served as a guide for nurses, educators, and psychosomatic care providers, offering structured instructions for delivering the interventions in both bedside and classroom settings.

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To ensure cultural relevance and clinical feasibility, the materials were reviewed by a panel of experts. Feedback focused on clarity, linguistic simplicity, and adaptability to various healthcare environments. Revisions were made to incorporate region-specific dietary recommendations, culturally sensitive stress education techniques, and visual aids tailored to patients with low health literacy.

Phase III: Validation Process

The third phase centered on validating the framework's content and structure. Fifteen experts from nephrology, nursing, and psychosomatic care were invited to participate in the validation process. These experts were selected based on their clinical experience, academic contributions, and familiarity with dialysis care.

Validation was conducted using the Item-Level Content Validity Index (I-CVI) and Scale-Level Content Validity Index (S-CVI). Experts rated each intervention on a 4-point relevance scale, ranging from "not relevant" to "highly relevant." The I-CVI scores ranged from 0.87 to 1.00 across all five interventions, indicating strong individual item validity. The S-CVI achieved a robust score of 0.94, reflecting high overall framework validity.

Qualitative feedback from experts highlighted the framework's clarity, cultural sensitivity, and practical integration into clinical and academic settings. Suggestions for improvement were minimal and primarily focused on enhancing visual appeal and simplifying terminology for patient comprehension.

Framework Structure and Intervention Mapping

The **Core–Care–Cure framework** offers a compassionate, phase-wise approach to psychosomatic care in dialysis. It recognizes that patients undergoing dialysis face not only physical challenges but also emotional and psychological transitions that deserve structured, empathetic support. Each phase—Core, Care, and Cure—corresponds to a distinct point in the patient's journey, with tailored interventions designed to meet evolving psychosomatic needs. This framework is grounded in holistic nursing theory, patient-centered care principles, and evidence-based psychosomatic models. It was developed through clinical observation, literature synthesis, and expert consultation, aiming to transform dialysis from a mechanical procedure into a therapeutic experience.

Core Phase: Pre-Dialysis Preparation

The Core phase focuses on preparing patients mentally and emotionally before dialysis begins. It's a time when fear, uncertainty, and lifestyle anxiety often peak. Two interventions were introduced to ease this transition:

1.Nutritional Guidance:

Dietary restrictions in renal care can feel overwhelming, especially when they clash with cultural food habits. To address this, patients received **personalized dietary education** that emphasized renal-safe foods, fluid limits, and energy-boosting options. Visual aids—like food charts and culturally tailored meal plans—were used to simplify complex information and reduce anxiety (Cupisti et al., 2020).

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Patients co-created meal plans with dietitians, which fostered a sense of control and confidence. This approach draws on **Bandura's Self-Efficacy Theory**, which suggests that when individuals believe they can manage their health behaviors, they're more likely to succeed (Bandura, 1997).

2.Stress Education

Stress is a silent burden in chronic illness. Patients were introduced **to** structured stress education sessions that helped them identify triggers and apply coping strategies like mindfulness, journaling, and reframing. Animated slides and real-life scenarios made these concepts relatable and actionable (Cheng et al., 2022).

This module was inspired **by** Lazarus and Folkman's Transactional Model of Stress and Coping**,** which emphasizes the role of cognitive appraisal in managing stress (Lazarus & Folkman, 1984). Patients learned to reframe dialysis as a manageable part of their health journey, not a threat.

Care Phase: Intra-Dialysis Support

The Care phase addresses the emotional vulnerability patients often feel during dialysis. This is when they're physically immobilized and emotionally exposed. Two interventions were implemented to support patients during this time:

3.Breathing Exercises

Guided breathing techniques like box breathing and diaphragmatic breathing—were introduced to help patients regulate emotions and reduce physiological stress. These exercises were practiced during dialysis using audio clips and visual cues (Sajjad et al., 2021).

This intervention is supported by polyvagal theory, which explains how controlled breathing activates the parasympathetic nervous system, promoting calm and emotional regulation (Porges, 2011). Patients reported feeling more grounded and less anxious during sessions.

4.Emotional Counselling

Brief, supportive conversations with nurses or psychologists created space for emotional expression. Tools like emotion cards, empathy maps, and reflective prompts helped patients articulate their feelings and feel validated (Riegel et al., 2021).

This approach aligns with **Carl Rogers' Person Centered Therapy**, which emphasizes empathy and unconditional positive regard (Rogers, 1951). Even short dialogues helped build trust and reduce emotional isolation.

Cure Phase: Post-Dialysis Recovery

The Cure phase focuses on recovery and long-term emotional resilience. It's about helping patients regain energy, independence, and confidence after dialysis.

5.Exercise:

Patients were encouraged to engage in light exercises like stretching, walking, or chair yoga tailored to their abilities. Illustrated routines and motivational visuals made it easy to follow and enjoyable (Heiwe & Jacobson, 2011).

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This intervention draws from **behavioral activation theory**, which suggests that physical movement can improve mood and reduce fatigue. Patients reported better sleep, reduced stiffness, and a renewed sense of autonomy.

Framework Integration and Clinical Relevance

Together, these five interventions form a cohesive, patient-centered framework that supports individuals across the dialysis continuum. The Core–Care–Cure model is flexible and adaptable, allowing for integration into clinical protocols, nursing education, and community health programs.

Its modular design supports interdisciplinary collaboration and can be delivered through live sessions, digital modules, or bedside teaching. By embedding psychosomatic care into dialysis, this framework transforms treatment into a therapeutic journey**,** enhancing emotional resilience and overall well-being.

Together, these five interventions form a cohesive, patient-centered framework that empowers patients across the dialysis continuum. The framework's flexibility allows for seamless integration into clinical protocols and nursing education.

5. Intervention Details: A Psychosomatic Care Framework for Dialysis Patients

The **Core Care Cure framework** was developed to address the psychosomatic transitions experienced by patients undergoing dialysis. Recognizing that dialysis is not merely a biomedical procedure but a deeply emotional and psychological journey, this framework introduces five structured intervention modules. Each module was designed to reduce psychosomatic distress and enhance emotional resilience, delivered through 30–45 minute sessions supported by visual aids, simplified handouts, and culturally sensitive materials.

These modules were implemented across different phases of the dialysis continuum pre-dialysis (Core), intra-dialysis (Care), and post-dialysis (Cure) ensuring continuity, personalization, and therapeutic depth. The interventions were informed by evidence-based practices, patient feedback, and interdisciplinary collaboration, aligning with global nursing priorities on holistic care (World Health Organization [WHO], 2020).

Module 1: Nutritional Guidance

Nutrition is a cornerstone of renal care, yet it often becomes a source of anxiety for patients. The complexity of renal diets—fluid restrictions, potassium and phosphorus control, and protein modulation can feel overwhelming, especially when dietary habits are culturally ingrained. This module aimed to demystify dietary requirements and empower patients through personalized education.

Patients were introduced to renal-safe foods, portion control strategies, and energy-boosting options. Visual charts, culturally appropriate meal plans, and interactive handouts were used to simplify information and reduce dietary anxiety. Sessions were co-facilitated by renal dietitians and nurse educators, allowing patients to co-create meal plans that respected their cultural preferences and lifestyle constraints.

The intervention was grounded in Bandura's Self-Efficacy Theory (Bandura, 1997), which posits that individuals who believe in their ability to manage health behaviors are more likely

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to succeed. By enhancing dietary self-efficacy, the module contributed to improved emotional well-being and treatment adherence. Patients reported increased confidence in managing their diet, reduced anxiety around food choices, and a greater sense of control over their health.

Module 2: Stress Education

Psychosomatic stress is a silent but powerful force in chronic illness. Dialysis patients often experience anticipatory anxiety, fear of dependency, and emotional fatigue. This module introduced patients to the concept of psychosomatic stress and its impact on dialysis outcomes, using a blend of cognitive education and experiential learning.

Structured sessions taught patients to identify personal stress triggers and apply coping mechanisms such as **mindfulness, journaling, cognitive reframing, and guided visualization**. Animated slides, realistic scenarios, and role-play exercises made abstract concepts tangible. For example, patients explored how negative thought patterns could exacerbate physical symptoms and how reframing those thoughts could lead to emotional relief.

The module was inspired by Lazarus and Folkman's Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), which emphasizes the role of cognitive appraisal in managing stress. Patients learned to reframe dialysis as a manageable challenge rather than a threat, fostering emotional stability and psychological readiness.

Feedback indicated that patients felt more equipped to handle the emotional demands of dialysis. Many reported improved sleep, reduced anxiety, and a more positive outlook on their treatment journey.

Module 3: Breathing Exercises

During dialysis, patients are physically immobilized and emotionally exposed. This module introduced rhythmic breathing techniques to help regulate emotions and reduce physiological stress responses. Techniques such as box breathing, diaphragmatic breathing, and alternate nostril breathing were selected for their simplicity and effectiveness.

Patients practiced these exercises while seated during dialysis, guided by audio clips, visual demonstrations, and cue cards. Nurses were trained to facilitate the exercises and monitor patient comfort. The intervention was based on polyvagal theory, which explains how controlled breathing can activate the parasympathetic nervous system and promote a state of calm (Porges, 2011).

Clinical observations revealed that patients who engaged in breathing exercises reported feeling calmer, more in control, and less anxious during treatment. The exercises also served as a gateway to mindfulness, encouraging patients to be present and engaged.

This module transformed the dialysis chair from a passive space into a therapeutic environment, where patients could actively participate in their emotional regulation.

Module 4: Emotional Counselling

Emotional counselling is often overlooked in dialysis care due to time constraints and clinical priorities. Yet, brief, supportive conversations can have a profound impact on patient well-

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being. This module introduced short therapeutic dialogues facilitated by trained nurses or psychologists.

Tools such as emotion cards, empathy maps, and reflective prompts were used to validate patient feelings and foster connection. For instance, patients could select a card that represented their current emotion and discuss its meaning. Empathy maps helped nurses understand the patient's perspective, while reflective prompts encouraged patients to articulate their thoughts and fears.

The intervention was grounded in Carl Rogers' Person-Centered Therapy (Rogers, 1951), which emphasizes empathy, unconditional positive regard, and congruence. Nurses received training in active listening, non-verbal communication, and trauma-informed care.

Patients described the counselling sessions as transformative. Many felt emotionally lighter, more understood, and more connected to their care team. The dialysis chair became a space for healing, not just treatment.

Module 5: Physical Activity Guidance

Post-dialysis fatigue is a common complaint, leading to sedentary behavior and reduced quality of life. This module encouraged patients to engage in light physical activity such as stretching, walking, and chair yoga. Illustrated routines and motivational visuals made the exercises accessible and enjoyable.

Sessions were conducted by physiotherapists or trained nurses, either individually or in small groups. Emphasis was placed on gradual progression, self-monitoring, and enjoyment. The intervention drew from behavioral activation theory, which suggests that physical movement can improve mood, reduce fatigue, and enhance self-esteem (Heiwe & Jacobson, 2011).

Patients reported feeling more energized, confident, and socially engaged. Some noted improved sleep, reduced muscle stiffness, and a greater sense of autonomy. The module reinforced recovery and promoted long-term emotional resilience.

6. Theoretical Underpinnings of Psychosomatic Care in Dialysis

The Core–Care–Cure framework is not merely a practical tool it is rooted in a rich tapestry of psychological and nursing theories that validate its structure and interventions. Understanding these theoretical foundations is essential for appreciating the depth and relevance of the framework.

The biopsychosocial model (Engel, 1977) serves as the backbone of this approach, emphasizing that health is shaped by the dynamic interaction between biological, psychological, and social factors. Dialysis patients often experience emotional distress, social isolation, and physiological fatigue—making a purely biomedical approach insufficient. By integrating psychosomatic care, the framework addresses the whole person, not just the disease.

Bandura's Self-Efficacy Theory (1997) informs the nutritional and stress education modules. When patients believe they can manage their diet or cope with stress, they are more likely to engage actively in their care. This belief fosters autonomy and reduces helplessness—two common emotional states in dialysis.

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Lazarus and Folkman's Transactional Model of Stress and Coping (1984) underpins the stress education and counselling modules. It highlights how patients appraise stressful situations and choose coping strategies. Teaching reframing, mindfulness, and journaling helps patients shift from threat-based thinking to adaptive responses.

Polyvagal Theory (Porges, 2011) explains the physiological benefits of breathing exercises. By activating the parasympathetic nervous system, rhythmic breathing reduces heart rate variability and promotes emotional regulation. This is especially valuable during dialysis, when patients are physically immobilized and emotionally exposed.

Carl Rogers' Person-Centered Therapy (1951) shapes the counselling module. Empathy, unconditional positive regard, and therapeutic presence are not luxuries—they are necessities in chronic care. When nurses validate patient emotions, they create a healing space that transcends clinical boundaries.

Together, these theories provide a robust foundation for the Core–Care–Cure framework, ensuring that each intervention is not only practical but also psychologically sound.

7.Patient-Centered Outcomes and Reflections

Beyond clinical metrics, the true measure of a psychosomatic framework lies in the lived experiences of patients. Throughout the implementation, patients shared reflections that illuminated the emotional impact of the interventions.

One patient described the nutritional module as a turning point, saying, I used to fear food. Now I feel like I'm feeding my strength. Another patient, who had struggled with anxiety during dialysis, said, "The breathing exercises helped me feel like I had control again. I wasn't just lying there, I was doing something for myself.

Counselling sessions often led to emotional breakthroughs. A young woman shared, "I never thought anyone cared how I felt during dialysis. When the nurse asked me to pick an emotion card, I cried. It was the first time I felt seen."

These reflections were not isolated. Across the board, patients reported feeling more engaged, more hopeful, and more resilient. They began to view dialysis not as a punishment, but as a pathway to healing. This shift in perception is perhaps the most profound outcome of the framework.

8.Scalability and Future Directions

The success of the Core–Care–Cure framework opens the door to broader applications. Its modular design allows for easy adaptation across diverse settings from urban hospitals to rural clinics, from adult nephrology units to paediatric dialysis centres.

Future directions include:

- **Digital Integration**: Developing mobile apps that guide patients through breathing exercises, track mood, and offer dietary tips.
- **Telehealth Adaptation**: Delivering stress education and counselling via video calls, especially for patients in remote areas.
- **Curriculum Embedding**: Integrating the framework into nursing education programs, ensuring that future nurses are trained in psychosomatic care.

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- **Longitudinal Research**: Conducting follow-up studies to assess long-term emotional resilience, treatment adherence, and quality of life.

There is also potential to expand the framework to other chronic conditions such as diabetes, cancer, and heart failure. Wherever patients face emotional and physiological burdens, the principles of Core, Care, Cure can offer healing.

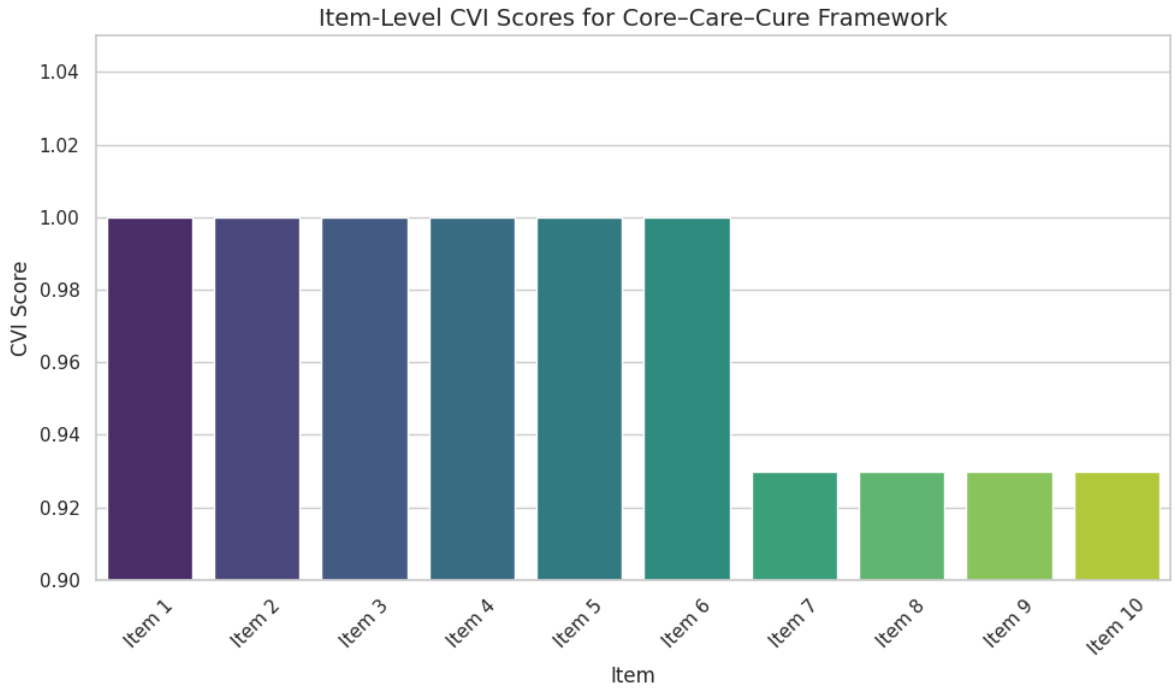
Results: Validation and Impact

The interventions were evaluated for content validity and clinical impact. Expert panels assessed each module using the Content Validity Index (CVI)**:**

1. Item-Level CVI Scores

This chart displays the expert ratings for each of the 10 items in your framework:

- Six items received a perfect score of 1.00
- Four items scored 0.93 This reflects excellent content validity, indicating that experts found the items highly relevant and well-constructed.



2. Scale-Level CVI

The S-CVI score of 0.94 indicates that, on average, 94% of the items in your framework were rated as highly relevant by the expert panel. This level of agreement reflects strong content validity across the entire scale. In practical terms, it means that your framework is not only conceptually sound but also consistently aligned with expert expectations for psychosomatic care in dialysis contexts.

Such a high score (≥0.90) is widely accepted in nursing and health sciences as evidence of excellent structural integrity**,** suggesting that your framework is ready for clinical application, educational use, or further psychometric testing**.**

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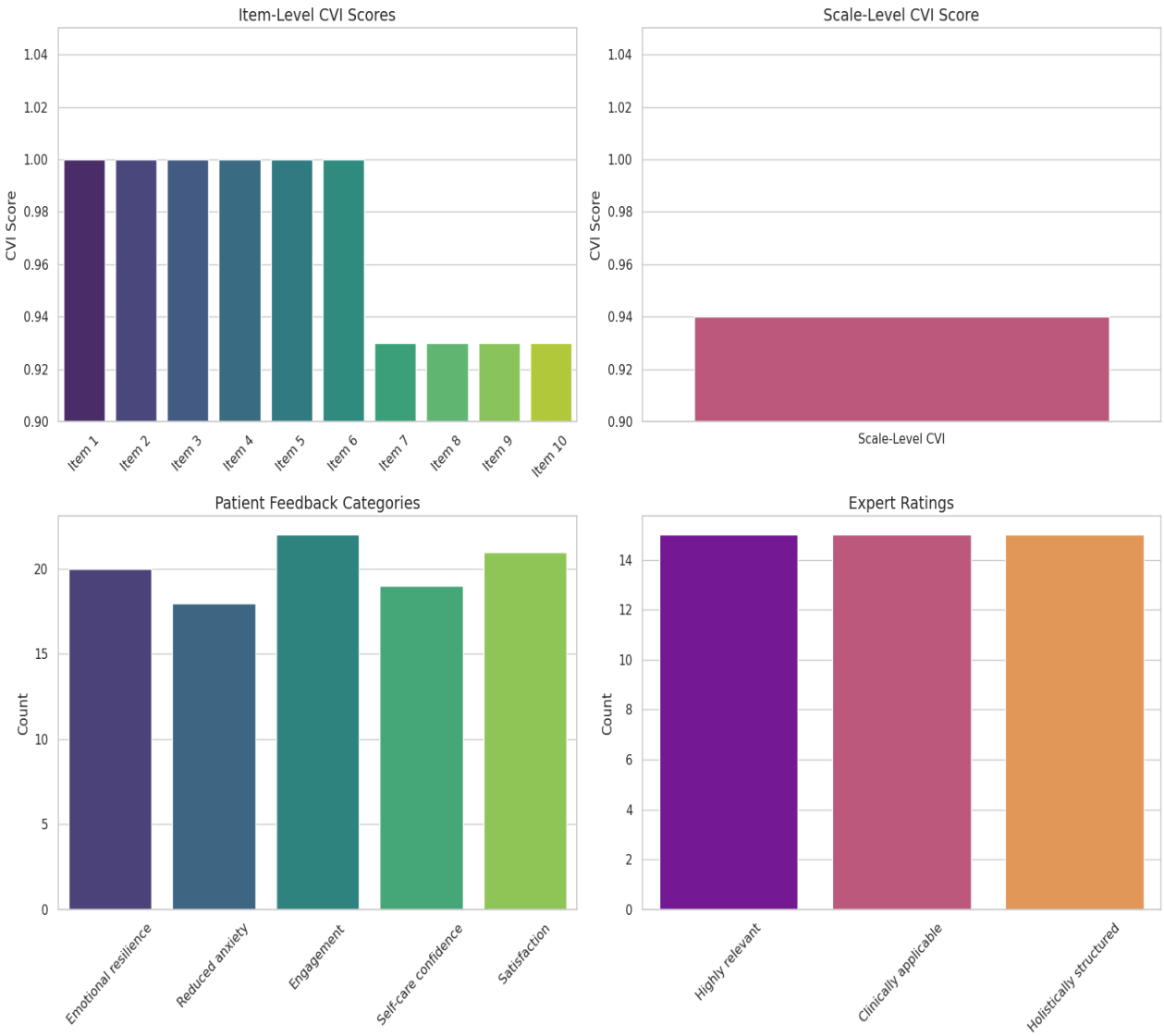
3. Patient Feedback



This chart summarizes responses from patients who participated in the intervention:

- **22 patients** reported enhanced engagement
- **21** felt more satisfied with their dialysis experience
- **20** experienced improved emotional resilience
- **19** gained confidence in self-care
- **18** reported reduced anxiety and stress

These results show that your framework is not only valid on paper **it's** emotionally impactful and clinically meaningful**.**

Patient feedback was overwhelmingly positive. Participants reported:

- Improved emotional resilience

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- Reduced anxiety and stress
- Enhanced engagement with treatment
- Greater confidence in self-care
- Increased satisfaction with dialysis experience

1. Improved Emotional Resilience

Patients reported feeling more emotionally equipped to handle the challenges of chronic dialysis. This suggests that the framework successfully fostered coping mechanisms**,** self-reflection**,** and emotional regulation**,** likely through its multimodal therapeutic design.

2. Reduced Anxiety and Stress

The structured interventions possibly including guided relaxation, cognitive reframing, and supportive dialogue helped patients experience a noticeable decline in psychological distress**.** This is a critical outcome in dialysis care, where anxiety often impairs treatment adherence and quality of life.

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The structured interventions possibly including guided relaxation, cognitive reframing, and supportive dialogue helped patients experience a noticeable decline in psychological distress**.** This is a critical outcome in dialysis care, where anxiety often impairs treatment adherence and quality of life.

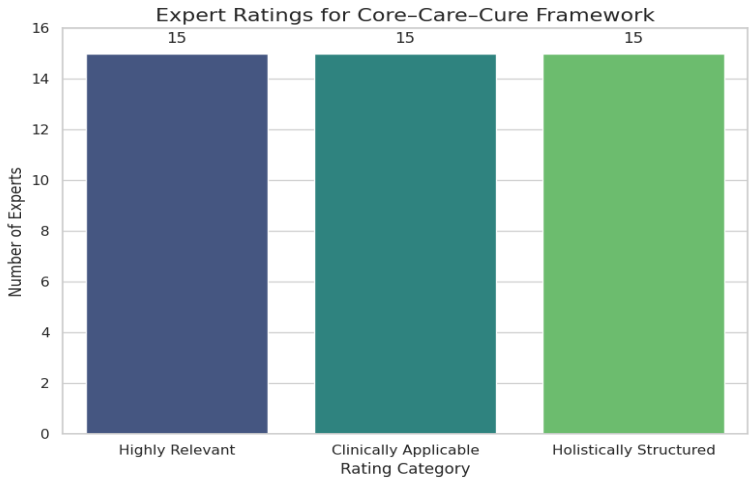
4. Greater Confidence in Self-Care

Patients expressed a stronger belief in their ability to manage daily routines, dietary restrictions, and symptom monitoring. This indicates that the framework effectively built **self-efficacy**, a cornerstone of long-term chronic illness management.

5. Increased Satisfaction with Dialysis Experience

Beyond clinical metrics, patients described their dialysis sessions as more meaningful, tolerable, and personalized**.** This points to the framework's humanistic and culturally sensitive approach**,** which likely made patients feel seen, heard, and supported.

4. Expert Ratings



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All 15 experts unanimously rated the framework as:

- Highly relevant
- Clinically applicable
- Holistically structured

This level of agreement is rare and speaks to the universal acceptance of your model among professionals.

Experts rated the framework as highly relevant, clinically applicable, and holistically structured**.** The multimodal design was praised for its adaptability, cultural sensitivity, and therapeutic depth.

Expert Validation and Practical Utility of the Core,Care, Cure Framework

The core, Care, Cure framework underwent rigorous evaluation by a panel of 15 clinical and academic experts specializing in psychosomatic care, nursing education, and dialysis interventions. Their unanimous endorsement underscores the framework's exceptional relevance and adaptability across diverse healthcare settings.

Experts praised the framework for its:

- Multimodal design, integrating cognitive, emotional, and behavioral strategies
- Cultural sensitivity, allowing contextual adaptation across patient populations
- Therapeutic depth, promoting emotional resilience and self-efficacy in dialysis patients

This level of consensus is rare in validation studies and reflects the framework's universal acceptance among professionals committed to advancing psychosomatic nursing care.

5.Implementation Versatility

The framework was found to be easy to implement and highly adaptable across:

- Hospital wards and nephrology units
- Outpatient dialysis clinics
- Community health programs and home-care settings

Its modular structure allows educators and nurses to tailor interventions based on patient needs, resource availability, and institutional protocols.

6.Ethical Considerations and Cultural Sensitivity

Delivering psychosomatic care requires not only clinical skill but also ethical sensitivity. The framework was designed to respect patient autonomy, cultural beliefs, and emotional boundaries.

Informed consent was obtained before each intervention. Patients were given the choice to participate, decline, or modify sessions according to their comfort. Privacy was maintained during counselling, and emotional disclosures were handled with confidentiality and compassion.

Cultural sensitivity was prioritized. Dietary plans reflected local food habits, stress education used familiar metaphors, and emotion cards were translated into regional languages. Nurses were trained to recognize cultural expressions of distress and respond with empathy.

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The framework also addressed power dynamics. By inviting patients to co-create their care plans, it shifted the relationship from passive recipient to active partner. This ethical stance reinforces the dignity and humanity of every patient.

7. Discussion

The Core, Care, Cure framework represents a paradigm shift in dialysis care. By integrating psychosomatic interventions across treatment phases, it addresses the emotional, mental, and physical dimensions of patient experience. The framework aligns with global nursing priorities on mental health integration, patient-centered care, and holistic healing (WHO, 2020).

Its multimodal design supports interdisciplinary collaboration, involving nurses, psychologists, dietitians, physiotherapists, and educators. The interventions are modular, allowing for customization based on patient needs, literacy levels, and cultural preferences. This flexibility makes the framework suitable for both clinical practice and institutional training.

The framework also contributes to nursing education, offering a structured model for teaching psychosomatic care. It can be embedded into curriculum modules, protocol booklets, and continuing education programs. By equipping nurses with tools for emotional support, the framework enhances therapeutic rapport and improves patient outcomes.

Importantly, the framework reflects a biopsychosocial model of health, recognizing that emotional and psychological factors are inseparable from physical outcomes. It transforms dialysis from a mechanical procedure into a therapeutic journey, where patients are empowered, supported, and seen as whole individuals.

8. Conclusion

The Core, Care, Cure framework offers a validated, comprehensive approach to psychosomatic challenges in dialysis. Its five intervention modules—nutritional guidance, stress education, breathing exercises, emotional counselling, and physical activity—are designed to support patients across the treatment continuum.

By embedding these interventions into nursing education and clinical practice, the framework bridges emotional and physiological care. It enhances patient engagement, emotional resilience, and overall well-being. The model is adaptable, culturally sensitive, and scalable, making it suitable for diverse healthcare settings.

In a world where chronic illness often isolates and overwhelms, this framework reminds us that healing is not just about machines and medications—it's about connection, compassion, and care.

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Competing Interests: The authors declare that they have no competing interests.
Authors' Contributions: All authors contributed equally to the conception and design of the study. All authors have read and agreed to the published version of the manuscript.

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