

Application of Benson Relaxation Technique to Patients at Risk of Violent Behavior in the Work Area of UPTD Puskesmas Karangrejo in 2024

Dedy Purwanto¹, Feri Agustriyani¹

¹Universitas Aisyah Pringsewu, Lampung, Indonesia

Article Info

Keywords :

Risk of violent behavior, *Spiritual Emotional Freedom Technique (SEFT)*

Corresponding Author :

Dedy Purwanto

E-mail : Dedy1992bv@gmail.com

Phone Number : +62 877-7805-3063

ABSTRACT

Background & Objective: The purpose of this study was to apply the Benson Relaxation Technique to patients at risk of violent behavior in the Karangrejo Health Center UPTD Work Area in 2024. **Method:** The research method is a case study with a mental nursing approach by applying pre post test actions of benson relaxation therapy. The study used two mental patients with risk problems for violent behavior carried out in the work area of the UPTD Puskesmas Karangrejo in December 2024. **Result:** Assessment of the first patient is the name Mr. RS, male gender, 31 years old. The second patient Mr.A is 30 years old and male. Nursing diagnoses that arise risk of violent behavior. Planning used benson relaxation therapy on diagnoses of risk of violent behavior for 3 days of treatment. **Conclusion:** Nursing implementation carried out on clients is by applying the action of benson relaxation therapy, the resolved diagnosis is the risk of violent behavior.

DOI: <https://doi.org/10.56359/igj.v4i2.575>



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

Introduction

Violent behavior is a situation in which a person commits actions that can cause physical harm, both to themselves and others. (Ana et al, 2019). Violent behavior is one of the symptoms that often occurs in patients with mental disorders (Schizophrenia). Violent behavior is characterized by actions that can be physically harmful, such as injuring oneself, others, and the environment. In addition, psychologically, someone who experiences mental disorders with violent behavior can be known by high emotions, anger and irritability to others. Spiritually, he feels very powerful and has no morals (Keliat, 2022).

According to the World Health Organization (WHO) in 2023 there are about 450 million people in the world experiencing mental disorders. The prevalence of violent behavior clients worldwide is approximately 24 million people. More than 50% of

violent behavior clients do not get treatment. According to data from the Ministry of Health of the Republic of Indonesia in 2023, the number of patients with mental disorders in Indonesia reached 2.5 million consisting of patients with violent behavior. It is estimated that about 60% of patients with mental disorders suffer from violent behavior in Indonesia (Wirnata, 2023). According to Izzah (2022), the highest incidence of mental disorder patients in Lampung is restlessness. In the last 5 years there were 771 men and 348 women. From a preliminary survey conducted by Izzah (2020), in September 2020 in the Karangrejo Puskesmas Work area, the number of patients in the last three months was obtained, namely: July 2020 totaled 54 patients, August 2020 totaled 56 patients, September totaled 57 patients.

The risk of violent behavior can have a serious impact on both the individual experiencing it and those around them. The individual is at risk of physical injury, social isolation, stigma, and increased anxiety and depression, which can worsen their health condition. For families and the environment, this risk can lead to psychological trauma, strained relationships, and reduced quality of life due to fear and conflict. More broadly, health institutions and society may face additional burdens in terms of safety and cost of care. Appropriate treatment through psychological support and medical management is necessary to reduce these impacts and prevent the risk of violent behavior from escalating further (Hisham, 2022).

Addressing the risk of violent behavior involves complementary pharmacological and non-pharmacological approaches. Pharmacologically, medications are used to control psychotic symptoms underlying the risk of violence, such as hallucinations, delusions, or mood disorders. Antipsychotics such as risperidone, olanzapine, and haloperidol are often given to reduce the intensity of such symptoms, while benzodiazepines can be used as tranquilizers in acute situations. Mood stabilizers, such as lithium or valproic acid, are also beneficial for patients with bipolar disorder or schizophrenia with aggressive episodes. The use of these drugs must be closely monitored by medical personnel to ensure their effectiveness and avoid possible side effects (Meida, 2024).

The management of aggressive behavior in each phase is carried out differently, the use of relaxation techniques in patients with violent behavior, especially when in the triggering phase is something that is expected to prevent the crisis phase or loss of control for people with violent behavior. Relaxation is considered as an action that can overcome stress by regulating emotional pressure, relaxation exercises are effective for reducing tension and anxiety so that it can reduce emotional pressure (Stuart, 2013).

Relaxation consists of many types that can be applied in everyday life, but Benson relaxation is one type of relaxation that can be done to reduce types of anxiety and tension due to increased emotions. Benson concluded that there are four basic elements that contribute to the relaxation technique: a mental device (a simple word, phrase, or activity that directs focus), a passive attitude, a calm environment, and a comfortable position. This technique offers many advantages such as being easy to practice, causing no side effects, and can be used independently (Salehipour & Ghaljeh, 2021).

In a study conducted on patients with thalassemia major who had high anxiety and aggressive attitudes who were given an intervention in the form of benson relaxation, it was found that there was a decrease in the average score of anxiety and aggression in the intervention group. Based on the results of the literature study, it was found that benson relaxation is very influential in reducing anxiety levels in

individuals with various conditions. However, benson relaxation itself is rarely given to individuals with violent behavior, especially in the trigerring and escalation phases (Salehipour & Ghaljeh, 2021).

Based on the results of a pre-survey that the researchers conducted on September 14-15, 2024 in the working area of the Karangrejo Health Center, the results showed that there were 58 patients with mental disorders diagnosed with schizophrenia, patients came to the Karangrejo Health Center with almost the same complaints, namely anger with high emotional levels and difficult to control. Based on the findings that researchers found when providing nursing care to ODGJ patients with the problem of risk of violent behavior, the patient said that if anger began to appear it was difficult to control it, and felt like damaging and hurting others. Based on these results, the researcher is interested in applying Benson Relaxation Tear Therapy to patients with a risk of violent behavior in the Karangrejo puskesmas work area.

Objective

The purpose of this study was to apply the Benson Relaxation Technique to patients at risk of violent behavior in the Uptd Work Area of the Karangrejo Health Center in 2024.

Method

The research method is a case study with a mental nursing approach by applying pre post test actions of benson relaxation therapy. The study used two mental patients with risk problems for violent behavior carried out in the work area of the UPTD Puskesmas Karangrejo in December 2024.

Results

Analysis of Patient Characteristics

The results of the assessment that have been carried out obtained data on the first patient, namely the name Mr. RS, male gender, 31 years old, address Karangrejo Village, Metro City. Meanwhile, the second patient obtained data on Mr. A, 30 years old and male.

According to Reuve, Welton (2009) which states that adulthood is an age of high risk of mental disorders. Stuart (2013) which states that age is a socio-cultural aspect of mental disorders with the highest frequency risk at the age of 22-44 years. According to Jalil (2014), adulthood is a period of maturity from cognitive, emotional, and behavioral aspects. Failure to achieve maturity will make it difficult to meet the demands of our development, which can have an impact on mental disorders. According to Hastuti (2013), sociocultural factors were found to be economic problems from clients and families. Client characteristics that have the most influence on violent behavior include: gender and age history of violent behavior. Researchers assume that increasing age can affect a person's individual coping. Ineffective coping can cause a person to experience signs and symptoms of violent behavior.

According to research by Trivendi and Shina (2009) reported that men's stress levels are higher than women's, in adulthood there are many stressors that come from the environment-work, household, community-so that a person is easier to experience stress and is at risk of violent behavior. Where men have a very large role as the backbone of their family whose role is to earn a living is no longer productive, the result will be severe illness. According to Westly (2010), men are more easily angered

or offended which is often accompanied by chaos. In general, men tend to be more angry and aggressive than women. The nature of testosterone to the process of brain development of male babies since they are still in the womb.

Researchers assume that increasing age can affect a person's individual coping. Ineffective coping can cause a person to experience signs and symptoms of violent behavior. Researchers concluded that the male gender has a very high potential to experience signs and symptoms of violent behavior. Where visible signs and symptoms often appear in these patients.

Analysis of Major Nursing Problems

Nursing problems are clinical assessments of individuals, families or communities against actual or potential health problems or life processes as the basis for selecting nursing interventions to achieve desired results (Rohman and Walid, 2020).

The results of nursing care in the first patient obtained data on the main problems that arose, namely the risk of violent behavior, which was characterized by, the family said the patient was angry at home, the family said the patient tried to hurt the people around him, the family said the client shouted at home and tried to damage the goods, The client said he was angry because he remembered his ex-fiancée, the client appeared angry, the client's eyes were red, the client's hands seemed to always be clenched, the client appeared to be sweating profusely, the kufra scale was yes 16 no 9, the client looked glaring and BP = 140/89 mmHg while in the second patient the signs of symptoms that appeared were the family said the patient was angry at home, The family said the patient tried to hurt the people around him, the family said the patient was holding a knife at home and wanted to hurt other people, the patient said he was upset with his family, the client looked angry, the client's eyes were red, the client's hands always seemed to be flapping, the client seemed to sweat a lot rufa scale yes 14 and no 9.

According to Susilowati's research data (2023), it shows that someone who cannot vent their anger and signs and symptoms arise is angry, slamming things, talking loudly, unstable affect, sometimes inhokem, pacing, sad, suddenly happy. According to research (Syaifuddin, 2019) shows that the results of most of the reasons for admission of patients with mental disorders of violent behavior are 62%. The characteristics that patients often show are tantrums, harsh speech, injuring people, the environment and others.

According to Stuart (2009), violent behavior can be seen from the face tense, can not be silent, clenching or banging hands, jaw tightening, increased breathing, and sometimes suddenly like catatonic. Physiological response, all clients showed a tense face, 52 (88%). According to researcher data Yuniar (2017), concluded that the symptomatic signs of bulging eyes or sharp eyes before assertive training before training there were 7 patients who showed these signs and symptoms, while after doing the exercise the patients who showed signs of symptoms were only 2 people. According to the data of researcher Netrida (2015), concluded that the symptom of bulging eyes or sharp eyes that there were as many as 50 (80.7%) who showed a physiological response.

According to research (Syaifuddin, 2019) concluded that the signs and symptoms of clenching the hands were 40 (67.7%) respondents. Patients show a physiological response where there are clenched fists, bulging eyes / sharp eyes, red

face, sharp eyes, clenching the jaw strongly and others. According to (Ganong, 2019), the most common physiological responses are red face, sharp eyes, clenched fists. Clients at risk of violent behavior show signs of symptoms that are more prominent. Researchers can conclude that of the 16 respondents all have signs and symptoms of clenching their fists. Clenching the fist is an angry reaction from the physiological response shown by the patient whose direction is to show his emotions and show clearly to others that the patient is angry by clenching his fist.

Researchers assume that a sharp look is an expression of anger and surprise from someone who experiences bulging eyes, while a sharp look is something that indicates someone is thinking or imagining their feelings. signs of these symptoms in patients with violent behavior because patients are unable to control their emotions, and hold them or suppress them because they are unable to control their emotions. A tense face is someone who feels unhappy in his place of existence or his current condition that is being suppressed by the patient.

Nursing Action Analysis Based on Nursing Diagnosis

Nursing actions are all care actions that nurses perform on behalf of clients. These actions include interventions initiated by nurses, doctors or collaborative interventions. Nursing interventions that can be used based on theory, namely, nonpharmacological therapy by giving honey during wound care. (Sulamingsih, 2018) After determining nursing then the author compiles plans and actions according to theory.

Interventions that are carried out in both patients are in accordance with the diagnosis that is established. For the main nursing diagnosis, namely the risk of violent behavior, nursing care planning will be carried out on clients with these nursing problems based on the outcome criteria, namely after taking nursing care actions for 3x24 hours, it is hoped that self-control will increase with Outcome Criteria: verbalization of threats to others decreases, verbalization of swearing decreases, loud voices decrease, speaking glibly decreases. At the time of the nursing evaluation, the patient's level of self-control increased, the patient began to improve on day 3 where there were no signs of risk of violent behavior. The rufa score in the first patient before being given action was 16 and the second patient was 13.

In nursing interventions the author combines with the provision of benson relaxation therapy, but aggression does not always arise because of frustration. The author performs the same nursing actions to both clients, this is because the author wants to focus on how different the responses of the two clients to the same nursing actions. Nursing actions taken by the author on both clients are reviewing the patient's anger scale using the rufa scale, observing the presence of nonverbal clues about RPK, exploring the patient's knowledge and beliefs about RPK, exploring with the client factors that can reduce or aggravate anger, teaching non-pharmacological techniques.

The author feels that the above is sufficient to represent RPK nursing care for both clients because the author has implemented most of the nursing interventions compiled. The implementation that the author did to reduce the redness scale felt by both clients was with benson relaxation therapy. The non-pharmacological technique that the author does is to perform the benson relaxation technique, which is an external action that affects the internal response of individuals to levels of anxiety and anger. Relaxation techniques are an act of anger relief, regular relaxation techniques can be useful for reducing fatigue and muscle tension which can reduce the level of

anger of patients with RPK (Bulechek, 2016). Relaxation techniques are effective in patients who experience levels of anger in patients with RPK (Bulechek, 2016).

This is in line with the results of the practice of Mental Nursing Clinical Practice with the Application of Benson Relaxation Therapy to Reduce Angry Emotions conducted in one of the Upip Rooms of Atma Husada Mahakam Samarinda Hospital, benson relaxation therapy can be used to help clients with violent behavior in controlling, reducing, and reducing angry emotions (Herawati, 2019). A case study conducted by Rusli Arifin (2020) in the form of the Application of a Combination of Deep Breathing and Spiritual Techniques in Nursing Care for Mental Disorder Patients with a Risk of Violent Behavior showed similar results. The results of the case study showed a decrease in signs and symptoms of violent behavior from a score of 10 to a score of 6 with a numeric rating scale. The combination of deep breathing and spiritual techniques is believed to increase feelings of calm and comfort in patients (Arifin, 2020). The results of this study are also in line with the results of a literature review regarding benson relaxation therapy, which is believed to be used by humans to control or reduce physiological reactivity that can cause problems or harm to themselves and others (Maimunah, & Retnowato, 2011 in Syifa, Khairiyah, & Asyanti, 2019).

In biological theory, the effect of relaxation therapy on the body affects the nervous system which consists of the central nervous system and the autonomic nervous system. The central nervous system and autonomic nervous system are the same system but have different functions. The autonomic nervous system controls and controls unconscious movements such as movements or organ functions such as digestive function, respiratory function, heart function, and others (Purwanto, 2016).

The advantage of practicing relaxation techniques compared to other techniques is that relaxation techniques are easier to do even in any condition and do not have any side effects (Novitasari & Aryana, 2019). Some nursing interventions prepared by the author were not realized into nursing implementation, each of the interventions that were not implemented into implementation had different reasons, interventions and reasons, namely: providing information about RPK, this was not done by the author because the author considered the client already understood the outline of what was felt.

Due to the author's limited energy, the nursing implementation that the author does in a day is only carried out for 8 hours or 1x shift, so that nursing care for both clients continues to run 3 x 24 hours the author delegates tasks to the patient's family. Task delegation includes signs of RPK symptoms and educating and accompanying patients to continue doing benson relaxation therapy. Supporting factors that the author gets are that the client is very cooperative when nursing actions are taken and the family wants to work together. There are not many difficulties due to the cooperative attitude of the client and also the family so that nursing actions can be carried out properly.

Nursing Action Analysis According to Research Results

The results of nursing evaluation in both patients after nursing care using benson relaxation therapy on the third day of the patient The client said he felt calmer, the client said he was no longer upset, the client seemed able to do benson relaxation, the client seemed cooperative, the client was able to control anger by means of benson relaxation and BP: 130/90 mmHg, pulse 80x/min. In the first patient, the pre-test

kufra scale score was yes 16 and no 7 and in patient 2, the kufra score was found to be yes 13 no 8 after implementation for 3 days, the same rufa score was obtained showing yes 4 and no 20.

Patients in this nursing care with signs and symptoms of risk of violent behavior, the mechanism in the Benson Relaxation Technique is related to the relationship between the hypothalamic response and the response in sympathetic arousal. This technique has four components, namely a calm environment, a word that is spoken repeatedly and clearly in the heart, positive thinking, and a comfortable and relaxed position. The effect of Benson Relaxation is to make the body produce the hormone adrenaline which is a natural hormone produced by the body and has a function as a natural mood regulator. Adrenaline can be produced naturally when the body is in a relaxed state such as breathing exercises and meditation.

Benson Relaxation Training can restore the body to a calm and comfortable state. This relaxation has the effect of increasing alpha waves so that the state of mind becomes relaxed. When the alpha wave in the mind is calm and focused on an object, it can build a sense of security and comfort for the RPK anger that is felt to decrease (Warsono et al., 2019; D Yanti & Efi, 2018). The success of the Benson Relaxation Technique can benefit from the user's beliefs and experiences from the transcendence of RPK patients who experience a relaxed state, namely in the sympathetic nervous system, so that relaxation can emphasize feelings of anxiety, tension, sleep disturbances, and pain.

Discussion

Other studies show similar results, such as a case study with deep breath therapy accompanied by dhikr as a spiritual activity, the intervention was carried out for three days. The study showed similar results to the results of the research that had been conducted that there was a decrease in violent behavior in patients with violent behavior who had been given a deep breath therapy intervention with dhikr. This can be seen from the increase in RUFA scores from 11-20 with signs and symptoms in the form of a tense expression, the patient's emotions look unstable, intonation in speaking is moderate, sharp stares, a face that looks red, with bulging eyes. The score increased to RUFA III with emotions becoming more stable, intonation when speaking moderately, tense expressions decreased, gaze decreased to not sharp, without bulging eyes (Wahyudi & Rahma Fitriani, 2017).

This is also in accordance with research conducted by several researchers, including research conducted by (Kriscillia et al, 2020), the results showed that the average level of anger of respondents after giving benson relaxation in the intervention group obtained an average value of 3.40 with the RPK anger scale using the lowest rufa scale of 14 and the highest pain scale of 17 and a standard deviation value of 1.07. Then the difference between the pretest-posttest mean value in the intervention group was 3.20. Broadly speaking, there is a change in the level of anger in respondents after giving benson relaxation.

In line with research conducted by (Astutiningrum & Fitriyah, 2019), based on the analysis of nursing actions for the three patients with nursing diagnoses of risk of violent behavior, after the non-pharmacological therapy of benson relaxation, the three patients experienced a decrease in anxiety levels in the provision of therapy for 10-15 minutes with a frequency of 3x / day for 2 days every time anger came.

Other studies also show similar things, such as case studies with deep breath therapy accompanied by dhikr as a spiritual activity, the intervention was carried out for three days. The study showed similar results to the results of the research that had been conducted that there was a decrease in violent behavior in patients with violent behavior who had been given a deep breath therapy intervention with dhikr. This can be seen from the increase in RUFA scores from 11-20 with signs and symptoms in the form of a tense expression, the patient's emotions look unstable, intonation in speaking is moderate, sharp stares, a face that looks red, with bulging eyes. The score increased to RUFA III with emotions becoming more stable, intonation when speaking moderately, tense expression decreased, gaze decreased to not sharp, without bulging eyes (Wahyudi & Rahma Fitriani, 2017).

In the autonomic nervous system there are two nerves that work, namely sympathetic nerves and parasympathetic nerves. The two nerves work against each other, for example the sympathetic nerve functions to increase stimulation / trigger organ function, while the parasympathetic nerve works the opposite by reducing all functions stimulated and triggered by the sympathetic nerve. Both nerves, when working normally, will influence each other and function normally, so that the sympathetic nerves spur and parasympathetic nerves inhibit, and work oppositely (Purwanto, 2016). In individuals with increased tension or anxiety, the sympathetic nerves will work by increasing heart rate, increasing respiratory function, and others. Then, the parasympathetic nerves should work to counter these functions with relaxation, relaxation can also be assisted by deep breath relaxation or benson relaxation to suppress tension, and anxiety in a reciprocal way, so that counter conditioning and removal arise (Purwanto, 2016). So it can be concluded that a relaxed state due to benson relaxation therapy can reduce amygdala activity, by relaxing muscles, and helping train patients to activate the work of the parasympathetic nervous system as a counter to sympathetic nerves (Maimunah, & Retnowati, 2021).

According to the researcher's assumption, Benson relaxation therapy is a religious relaxation developed by Herbert Benson, this therapy is a combination of a relaxation model with the beliefs held. The combination of relaxation and beliefs is believed to accelerate the emergence of a state of relaxation. The relaxation response or therapy according to Herbert Benson is a natural built-in protection mechanism that allows us to reduce or eliminate the harmful effects of stress through changes that lower heart rate, lower metabolism, lower breathing rate, and in this way the body returns to a better balance.

Conclusion

1. Assessment

The assessment found by the first patient is the name Mr. RS, male gender, 31 years old, address Karangrejo Village, Metro City. While the second patient obtained data Mr.A, age 30 years and male

2. Nursing Diagnosis

As stated by several experts before the list of nursing diagnoses in chapter two found similarities with real cases obtained in both clients with schizophrenia. The similarity is the risk of violent behavior.

3. Nursing Interventions

Planning used in the case of the client is adjusted to the nursing problem that is established based on the criteria for major, minor signs and symptoms and the

client's current condition with the addition of benson relaxation therapy interventions on the diagnosis of risk of violent behavior for 3 days of care.

4. Nursing Implementation

Nursing implementation is adjusted to the action plan that the researcher has compiled. Nursing implementation carried out on clients in accordance with planned interventions based on existing theory and in accordance with the needs of clients experiencing the risk of violent behavior, namely by applying the action of benson relaxation therapy.

5. Nursing Evaluation

The end of the nursing process is an evaluation of the nursing care provided. In the evaluation that researchers conducted on clients based on the criteria that researchers compiled for nursing diagnoses, the resolved diagnosis was the risk of violent behavior with the score of the last day's pre tests kufra value in both patients, namely 1.

Acknowledgement

We would like to thank the Karangrejo Health Center of Metro City for allowing this research to be conducted. The lecturers and staff of Aisyah Pringsewu University Lampung who provided guidance on the preparation of plans to research reporting.

References

1. Ana Dkk. (2019). Terapi benson pada pasien cemas perawatan di rumah Pengabdian Masyarakat, 4 no 2, 137-140.
2. Batubara dkk. (2016). Pengaruh relaksasi benson terhadap tingkat marah pada pasien RPK di rsjd kota padangsidiempuan. Jurnal Ilmiah, 10, 301-3014.
3. Benson H & Proctor W. (2000). Keimanan yang Menyembuhkan Dasar-dasar Respon Relaksasi. Bdk-surabaya.kemenag.go.id. bdk-surabaya.kemenag.go.id
4. Berman, A., Snyder, S. J., & Frandsen, G. (2016). Kozier & Erb's Fundamentals of Nursing Concepts, Process, and Practice (Edition 10). Julie Levin Alexander.
5. Bulechek, GM, dkk. (2016). Nursing Intervention Classification (NIC), edisi 5. Jakarta : Elsevier
6. Diah & Fitriyah. (2019). Penerapan Teknik Relaksasi Benson untuk Menurunkan cemas pada Pasien Pre Sectio Caesarea. 934-938. <http://repository.urecol.org/index.php/proceeding/article/view/745>
7. Fauziah, S. (2017). Keperawatan Jiwa (Volume 2). PT. Aditya Andre Binaagung. https://www.google.co.id/books/edition/Keperawatan_Maternitas_Vol_2/jfKlDwAAQBAJ?hl=id&gbpv=1&dq=asuhan+keperawatan+ketuban+pecah+dini&printsec=frontcover
8. Gondo, H.K. (2019). Pendekatan nonfarmakologis untuk mengurangi kecemasan pada ODGJ. Jurnal CDK 185 38 (4)
9. Haryanti, R. P. (2021). Efektifitas Teknik Relaksasi Benson dengan Massage Effleurage. Penerbit NEM. https://www.google.co.id/books/edition/Monograf_Efektivitas_Teknik_Relaksasi_Be/ChldEAAAQBAJ?hl=id&gbpv=0
10. Judha, M., Sudarti, & Fauziah, A. (2012). Teori Pengukuran kemarahan pasien RPK. uha Medika. https://elibs.poltekkes-tjk.ac.id/index.php?p=show_detail&id=106804

11. Kemenkes RI. (2023). Angka kejadian gangguan jiwa. Kementrian Kesehatan Republik Indonesia.
12. Kepmenkes. (2020). Profil Kesehatan Indonesi. Kementrian Kesehatan Republik Indonesia.
<https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-Indonesia-Tahun-2020.pdf>
13. Kriscillia dkk. (2020). Pengaruh Teknik Relaksasi Benson Terhadap Penurunan kemarahan pasien RPK di RSUD Dr. Achmad Mochtar Bukittinggi. *Jurnal Riset Hesti Medan Akper Kesdam I/BB Medan*, Vol. 5, No, 106-115.
<https://ojs2.kesdammedan.ac.id/index.php/jurhesti/article/view/197>
14. Masturoh, I., & Anggita, N. (2018). Metodologi Penelitian Kesehatan. Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan.
15. Meti, E. (2021). Asuhan keperawatan pada pasien dengan risiko perilaku kekerasan NEM.
https://www.google.co.id/books/edition/Asuhan_keperawatan_ibu_hamil_dengan_ketu/bpa3eaaqbaj?hl=id&gbpv=1&dq=asuhan+keperawatan+operasi+se sar&pg=PA40&printsec=frontcover
16. Molly dkk. (2020). Pengaruh Teknik Relaksasi Benson Terhadap Penurunan Nyeri Pada Pasien Post operasi di RSUD Dr. Achmad Mochtar Bukittinggi. *Jurnal Riset Hesti Medan Akper Kesdam I/BB Medan*, 106-115.
17. NANDA. (2015). NANDA International Diagnosis Keperawatan : Definisi & klasifikasi 2015-2017, edisi 10. Jakarta : EGC
18. Nasrudin, J. (2019). metodologi penelitian pendidikan (M. Taufik (ed.)). pt. panca tera firma.
19. Novitasari, D., & Aryana, K.O. (2019). Pengaruh tehnik relaksasi benson terhadap penurunan tingkat stres lansia di unit rehabilitasi sosial wening wardoyo ungaran. *Jurnal keperawatan jiwa* 1(2)
20. Novita dkk. (2022). Keperawatan Jiwa (A. Munandar (ed.)). Media Sains Indonesia.
https://www.google.co.id/books/edition/Keperawatan_Perioperatif_dan_Medikal_Bed/QIShEAAAQBAJ?hl=id&gbpv=1&dq=keperawatan+perioperatif&printsec=frontcover
21. Rasubala, F. G., Kumaat, T. L. &, & Mulyadi. (2017). Pengaruh Teknik Relaksasi Benson Terhadap Skala cemas pasien bipolar di RSUP. Dr. R.D. Kandoudan RS TK.III R. W. Mongisidi Teling Manado. *Journal Keperawatan (Online)*, Volume 5 N. <https://ejournal.unsrat.ac.id/index.php/jkp/article/view/14886>
22. Solehati, T & Kosasih, C. E. (2015). Konsep & Aplikasi Relaksasi Dalam Keperawatan Jiwa (Anna (ed.)). PT. Refika Aditama.
23. Tamsuri. (2017). Konsep dan Penatalaksanaan Cemas. Jakarta : EGC
24. Tim Pokja SDKI DPP PPNI. (2017). Standar Diagnosis Keperawatan Indonesia (SDKI) (edisi 1). Persatuan Perawat Indonesia.
25. Tim Pokja SIKI DPP PPNI. (2018). Standar Intervensi Keperawatan Indonesia (SIKI) (Edisi 1). Persatuan Perawat Indonesia.
26. Veibymiaty dkk. (2014). Faktor-faktor yang berperan dalam meningkatnya angka kejadian gangguan jiwa di rumah akit umum daerah Liung Kendage Tahunan. *Ejournal Keperawatan (e-Kp)*, vol 2 no 1, 1-7.
27. Wayan dkk. (2022). Aplikasi Terapi Komplementer Bagi Tenaga Kesehatan (M. Martini (ed.)). media sains Indonesia.