

Benson Relaxation Intervention to Reduce Anxiety in Chronic Kidney Disease Patients at RSUD Kanjuruhan

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ABSTRACT

Background: Chronic kidney disease (CKD) is a significant global health issue affecting individuals across all age groups. A prevalent concern among CKD patients is anxiety, which can disrupt daily activities and overall quality of life.

Methods: This study employs a qualitative case study approach to explore the nursing care process for patients with CKD experiencing anxiety. The research involved purposeful sampling and was conducted through three structured client meetings.

Results: The findings demonstrate that the Benson relaxation technique significantly reduced anxiety levels in CKD patients. Observations indicated notable improvements in the client's emotional states from the beginning to the conclusion of the study.

Conclusion: This research underscores the importance of implementing non-pharmacological interventions, such as Benson relaxation, alongside traditional pharmacological treatments. It is recommended that this relaxation technique be incorporated into daily routines for patients when experiencing anxiety.

Keywords: anxiety, benson relaxation, chronic kidney disease

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BACKGROUND

Chronic kidney disease is one of the increasing health problems worldwide. According to data from the World Health Organization (WHO), the prevalence of chronic kidney disease continues to show a significant increase, with a wide impact on the quality of life of patients (Ulasi et al., 2022) (Kovesdy, 2022). This condition not only interferes with physical function but also affects the mental health of patients, causing prolonged anxiety (Guerra et al., 2021; Cardol et al., 2023).

The prevalence of CKD globally continues to increase along with risk factors such as diabetes mellitus, hypertension, and unhealthy lifestyles (Duan, J. Y. et al., 2020; Kuma & Kato, 2022). Data from the World Health Organization shows that more than 850 million people worldwide experience impaired kidney function (Eckardt et al., 2023), with the prevalence of CKD in the adult population estimated at 13.4% (Evans et al., 2022). This condition is a major concern considering the increasing number of patients requiring kidney replacement therapy such as dialysis or kidney transplantation (Stevens et al., 2024). In Indonesia, the prevalence of CKD also shows an alarming figure. Based on data from the 2022 Basic Health Research, the prevalence of CKD in Indonesia reached 0.2% of the total population, with a significant increase every year (Hustrini et al., 2022).

The anxiety experienced by CKD patients is increasingly complex considering the burden of long-term treatment, limited access to adequate health services, and lifestyle changes that patients must accept (Putri & Nugroho, 2023). Mental health problems related to chronic kidney disease, especially anxiety in patients undergoing hemodialysis, are of particular concern (Alshelleh et al., 2023). Patients often experience uncertainty regarding the prognosis of the disease, possible complications, and side effects of treatment.

Anxiety in patients with chronic kidney disease is often overlooked even though it has a major impact on their quality of life (Huang et al., 2021). Patients who experience anxiety tend to have low levels of compliance with treatment and are at risk of experiencing greater complications (Bandelow et al., 2017). Therefore, a psychological intervention approach that can reduce anxiety is very important to support the management of chronic kidney disease. Therefore, effective nursing interventions are needed to help overcome this problem (Darmawati et al., 2021; Taylor et al., 2016).

Based on initial observations at RSUD Kanjuruhan, many patients with chronic kidney disease showed high levels of anxiety. Lack of knowledge about the disease and support from the surrounding environment worsened this condition. This aroused attention to research appropriate interventions to overcome this anxiety, especially using the Benson relaxation technique. Benson's relaxation intervention focuses on breathing techniques and meditation to relieve stress and improve mental health.

The problem identified was the high level of anxiety experienced by CKD patients at the Regional General Hospital, which had an impact on their quality of life and the success of their treatment. Therefore, this study aims to evaluate of the Benson relaxation intervention in reducing anxiety in CKD patients.

This study is expected to contribute to the development of nursing science, especially in anxiety management in patients with chronic kidney disease. By expanding the understanding of Benson's relaxation intervention, it is expected to be a reference for further research and support existing nursing theories. Practically, the results of this study can be used as a guide for nurses in providing more effective nursing care to patients with chronic kidney disease. The application of Benson's relaxation technique is expected to reduce anxiety levels and improve the quality of life of patients. In addition, this study can also increase family and community awareness of the importance of emotional support for patients.

Previous studies have shown that CKD patients often experience increased anxiety due to the burden of their treatment regimen, which includes frequent hemodialysis sessions. A systematic review highlighted the effectiveness of the Benson relaxation technique in reducing anxiety and depression among hemodialysis patients, indicating its potential as a non-pharmacological intervention (Abu Maloh et al., 2021). Furthermore, studies have shown that the application of this technique can lead to significant reductions in anxiety levels, as evidenced by a case study in which anxiety scores decreased drastically after applying Benson relaxation therapy (Mahdavi et al., 2013). Furthermore, the physiological benefits of the Benson relaxation technique contribute to its effectiveness in managing anxiety. The relaxation response it elicits can help modulate the sympathetic nervous system, which is often overactive in anxious patients, thereby inducing a state of relaxation that counteracts anxiety symptoms (Kim & Newman, 2019). This is supported by findings showing that Benson relaxation not only reduces anxiety but also improves sleep quality and overall well-being in patients undergoing hemodialysis (Baleegh et al., 2019).

Benson relaxation technique has been shown to be safe and non-invasive, making it an attractive option for patients who may be hesitant to use pharmacological treatments due to potential side effects. A randomized controlled trial confirmed that the Benson relaxation technique effectively reduced anxiety and improved vital signs in patients undergoing various medical procedures, including hemodialysis (Sajadi et al., 2017). This strengthens the idea that Benson relaxation can serve as a complementary therapy, improving the overall treatment experience for CKD patients.

OBJECTIVE

This study aims to evaluate of Benson's relaxation technique in reducing anxiety in CKD patients at RSUD Kanjuruhan Kepanjen Malang.

METHODS

Research Design

This study uses qualitative research with a case study approach. This study explores the nursing care process in patients with chronic renal disease with anxiety nursing problems with Benson relaxation therapy interventions. The study will be conducted in the inpatient room of Kanjuruhan Kepanjen Hospital from October 15, 2024, to November 15, 2024.

Participants

In this study, the participants included patients with chronic kidney disease who were experiencing anxiety-related nursing issues. In these patients, the nursing care process was carried out by conducting an assessment, establishing a nursing diagnosis (SDKI), namely Anxiety related to the threat of death, and then designing the intervention to be used, namely Benson therapy (Yosep et al., 2023). After that, the implementation was carried out according to the intervention (SIKI) and the last stage was an evaluation using SOAP with the Anxiety Level Outcome Standard (SLKI)(Jeanifer et al., 2023).

In this study, in determining the research subjects, the researcher used inclusion and exclusion criteria. Where the description of the inclusion and exclusion criteria of the research subjects is as follows:

The inclusion criteria for the research sample are (Patino & Ferreira, 2018)

- a) In patients with a medical diagnosis of chronic kidney disease who are undergoing hemodialysis for the first time and without comorbidities
- b) Patients with mild to moderate anxiety nursing problems
- c) Patients who are treated in the inpatient room of Kanjuruhan Kepanjen Hospital.
- d) Patients are willing to be subjects by signing an informed consent first

The exclusion criteria that cannot be taken as samples are: patients with severe to very severe anxiety nursing problems and patients with hearing or vision disorders.

When the researcher has obtained respondents who meet the inclusion criteria, the researcher then introduces himself/herself well and politely to obtain the respondent's consent. After obtaining consent, the researcher begins to approach and provide an explanation to the respondent regarding the research to be conducted, the purpose of the research, the intervention procedures to be given to the patient, and its benefits. If the respondent is willing to participate in the research, the researcher will provide informed consent as official evidence that the patient is willing to become a respondent. Furthermore, the researcher makes a contract for the time and place of implementation that is mutually agreed upon.

During the assessment, if anxiety is found, a Benson relaxation intervention will be carried out, the Benson relaxation technique is carried out for 10 to 20 minutes after Benson relaxation therapy is carried out, the researcher says goodbye and makes a contract for a time to return with the respondent to carry out the same action the next day for 3 days (Ibrahim et al., 2019; Mohebbi et al., 2024). The techniques used in data collection in this study are: Interviews and documentation. Interviews are conducted on things that need to be known, both physical, mental, sociocultural, economic, habits, environmental aspects, and so on (Husband, 2020; Ramdan, 2019). Data collection was carried out by researcher using assessment sheets (standard manuscripts). What will be asked of respondents are the main complaints, and current, past, and family medical history. Data sources can be obtained from respondents themselves, families, or nurses. Documentation studies that have been conducted by the author are related to data collection on chronic kidney disease patients with anxiety nursing problems. The original documents can be in the form of tables checklists and documentaries (Chase et al., 2010; Association, 2010).

Data Validity Test

One alternative data validity test for qualitative research One alternative data validity test for qualitative case study research uses Data Triangulation, source triangulation, and time triangulation (Mekarisce, 2020).

Data Analysis

The data analysis process in qualitative research is carried out by organizing data, describing it in detail into units, carrying out a synthesis process, arranging it into patterns, and selecting and sorting which data is important to study and which is not so that a conclusion can be made and is worthy of being presented to others (Syapitri, 2021). There are 3 steps in the data analysis process, namely: Data Reduction, Data Presentation, and Conclusion. Data triangulation was conducted using source, time, and technique triangulation. Source triangulation compares data from patient interviews with data from patient status. Time triangulation conducts repeated interviews or observations over three days. Technique triangulation uses a combination of methods: interviews, observation, and documentation.

Research Ethics

The research ethics in this paper cover several important aspects. First, informed consent is taken by providing clear information to participants regarding their rights and responsibilities in the study, ensuring that participants understand the nature of the research and can make a free decision to participate. Second, the principle of anonymity is upheld, where the names of participants are kept confidential and data is protected to maintain privacy. Third, confidentiality is ensured by keeping all data collected private and protecting participant information from misuse. Thus, this study follows strict ethical guidelines to ensure the protection of participants' rights and well-being. Number ethical clearance is 072.1/EA.KEPK-064/35.07.302.101/2024 from RSUD Kapanjen.

RESULTS

Assessment of chronic kidney disease patients includes Client Identity, Disease History, Health Pattern, Physical Examination, Diagnostic Examination, and Therapy.

Table 1 Result

Identity Assessment	First asesment data	Evaluation data 1	Evaluation data 2	Evaluation data 3
Mrs B, 22 years, Islam, S1, Student, Javanese, MRS date: November 1, 2024, 08.00 pm.	November 1, 2024 DS: The patient said he was easily irritated, overly anxious, felt weak and helpless, confused and worried about having to undergo hemodialysis initiation, was afraid of dying and not being able to recover DO: appeared restless and tense, had difficulty sleeping, pale, diaphoresis. Hars Scale Score 21 (Moderate anxiety) Pulse: 112x/minute BP: 180/110mmHg Temperature: 36.7°C RR: 26x/minute Oxygen 3 lpm attached	Saturday, November 2, 2024 09.00 am Evaluation: DS: The client said that he was still worried about his current condition, his chest was pounding DO: Blood pressure 180/90mmhg Pulse 90x/minute Rr 20x/minute Temperature 360C Anxiety decreased Diaphoresis decreased Eye contact decreased Sometimes tremors Hars scale 21	Sunday, November 3, 2024 09.00 am Evaluation: DS: The client said that he was still worried about his current condition, but he could sleep. DO: Blood pressure 170/90mmhg Pulse 90x/minute Rr 20x/minute Temperature 360C Anxiety decreased Diaphoresis decreased Eye contact improved Tremor (-)	Monday, November 4, 2024 09.00 am Evaluation: DS: The client said that his anxiety and worry had decreased, he could sleep soundly and his chest was no longer pounding DO: Blood pressure 150/90mmhg Pulse 90x/minute Rr 20x/minute Temperature 360C Anxiety decreased Diaphoresis decreased Eye contact improved Tremor (-) Hars scale 15

Client 2 (Ms. Y)

Identity Assessment	First asesment data	Evaluation data 1	Evaluation data 2	Evaluation data 3
Mrs Y, 18 years,	November 2, 2024	Saturday, November 2, 2024	Sunday, November 3,	Monday, November 5,

Islam, Senior hight school, Student, Javanese, MRS date: November 2, 2024, 02.00 pm.	DS: The patient said he was overly anxious, had difficulty sleeping while in the hospital, felt weak and helpless, felt confused and worried about having to undergo hemodialysis initiation, was afraid that HD could not cure his illness, and asked how many times he had to be hemodialyzed. DO: seemed anxious and tense, pale, Hars Scale Score 22 (Moderate anxiety) BP: 190/110 mmHg Pulse: 116 x/min Temperature: 36,8°C RR: 24x/min Installed oxygen 3 lpm	10:00 AM Evaluation: DS: The client said that he was still worried about his current condition, his chest was pounding, he was still nauseous, and he had difficulty sleeping. DO: Blood pressure 180/90mmhg. Pulse 90x/minute. Rr 20x/minute. Temperature 36. Restlessness decreased. Diaphoresis decreased. Eye contact decreased. Tremors sometimes. Hars Scale Score 21.	2024 10:00 AM Evaluation : DS: The client said that he was still worried about his current condition, but he could sleep, was still nauseous, and his chest was pounding. DO: Blood pressure 150/90mmhg Pulse 90x/minute Rr 20x/minute Temperature 36 Anxiety decreased Diaphoresis decreased Eye contact improved Tremor (-)	2024 10. 00 AM Evaluation : DS: The client said that his anxiety and worry decreased, he could sleep soundly his chest was no longer pounding, and his nausea decreased. DO: Blood pressure 140/90mmhg Pulse 90x/minute Rr 20x/minute Temperature 36 Restlessness decreased Diaphoresis decreased Eye contact improved Tremor (-) Hars Scale Score 15
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Client 3 (Mrs. K)

Identity Assessment	First assessment data	Evaluation data 1	Evaluation data 2	Evaluation data 3
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Mrs K, 40 years, Islam, Elementary school, Housewife, Javanese, MRS date: November 2, 2024, 03.00 pm.	November 2, 2024, DS: The patient said he was overly anxious, had palpitations after being programmed for HD initiation, woke up frequently while in the hospital, felt weak and helpless, felt confused and worried about having to undergo hemodialysis initiation, and feared that HD could not cure his illness. DO: looked anxious and tense, pale. Hars Scale Score 26 (Moderate anxiety) BP: 160/100 mmHg Pulse: 110 x/min Temperature: 36,7°C RR: 26x/min Installed oxygen 3 lpm	Saturday, November 3, 2024 4:00 p.m. Evaluation: DS: The client said that he was still worried about his current condition, but the client had given up and hoped to get the best treatment, his chest was pounding, still nauseous, had difficulty sleeping DO: Blood pressure 180/90mmhg Pulse 90x/minute Rr 20x/minute Temperature 36 Restlessness decreased Diaphoresis decreased Eye contact decreased Tremor sometimes Hars scale score of 25	Sunday, November 3, 2024 4:00 p.m. Evaluation: DS: The client said that he was still worried about his current condition, but he could sleep, was still nauseous, and his chest was pounding. DO: Blood pressure 180/90mmhg Pulse 90x/minute Rr 20x/minute Temperature 36 Anxiety decreased Diaphoresis decreased Eye contact decreased Tremor sometimes	Monday, November 5, 2024 4:00 pm Evaluation: DS: The client said that his anxiety and worry decreased, he could sleep soundly his chest was no longer pounding, nausea decreased. DO: Blood pressure 140/90mmhg Pulse 90x/minute Rr 20x/minute Temperature 36 Restlessness decreased Diaphoresis decreased Eye contact improved Tremor (-) Hars scale score 16
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Table 2 Assessment of Medical History

Assessment	Client 1	Client 2	Client 3
Main Complaint	The client complains of shortness of breath, nausea and vomiting, the client often feels	The client complained of weakness, tightness, and nausea. The client feels anxious about his current	Clients complain of weakness and when sleeping experience shortness of breath and the whole body

	anxious and sad about condition and sometimes his current condition which will undergo hemodialysis, difficulty sleeping, and worried that he cannot recover.	seems to swell. Clients often feel anxious and sad about their current illness and will be planned for Hemodialysis, patients say maybe their illness cannot be cured.
Disease History Current	The patient said that his body felt weak 4 days ago, accompanied by nausea vomiting, and shortness of breath when used for activities, then the family was brought to the emergency room of Kanjuruhan Kepanjen Hospital.	The patient is a boarding school student, complaining of nausea, vomiting, shortness of breath, and weakness, and was brought to the emergency room of Kanjuruhan Hospital by her family.
Disease history Previous	The patient said he had never been treated with complaints like this and the patient said he had never undergone hemodialysis	The patient said that 1 month ago he was admitted with the same complaint. The patient said he had never undergone hemodialysis
Family History of Illness	The family does not suffer from infectious or chronic diseases	The client says no one in the family suffers from infectious diseases
Psychosocial History	The patient appeared to be in denial about the condition experienced	The client said his father used to have Diabetes Mellitus
Spiritual History	The client is obedient in Worship	The client looks sad and anxious about the condition of the pain experienced
		The client said he accepted his condition and hoped to get the best treatment
		The client is obedient in worship

Table 3 Health Pattern Assessment

Assessment	Health Pattern: Client 1	Health Pattern: Client 2	Health Pattern: Client 3
Health Management Patterns	Clients managing illness seek treatment from a doctor or health facility.	Clients managing illness seek treatment from a doctor or health stall facility.	Clients dealing with illness usually buy medicine at the

Home Nutrition Patterns	Eating three times a day with infrequent water consumption. The patient said that he often drinks instant tea during hot weather.	Eating 3x a day with water intake is rare because they don't really like water, clients often drink soft drinks and packaging.	Eating 3x a day with water intake is rare, when tired the patient often drinks energy drinks.
Hospital Nutrition Patterns	Consume only from the Hospital	Consume only from the Hospital	Consume only from the Hospital
Home Elimination Pattern	The patient said he urinated 2 to 3 times at home and defecated 1 time per day	The client said urinating rarely only 1-2 times per day Defecate 1x per day	The client said urinating rarely only 2-3 times per day Defecate 1x per day
Hospital Elimination Pattern	Inserted IV catheter, defecate 1x per day, urinate 2 to 3x per day		Inserted IV catheter, urinating 4-5 times a day per day Defecate 1x per day
Sleep Rest Pattern at Home	Sleep 7-8 Hours Per Day	Sleep 5-6 Hours Per Day	Sleep 7-8 Hours Per Day
Resting Patterns: Hospital Sleep	Sleep 5-7 Hours Per Day	Sleep 5-6 Hours Per Day	Sleep 7-8 Hours Per Day
Home Activity Pattern	Only light activities such as walking	Only learning activities at the boarding school	Only cooking and cleaning activities
Hospital Activity Pattern	Only bedrest in bed and occasionally go to the bathroom with the help of family.	Only bedrest in bed	Occasionally go to the bathroom with assisted by family
Sexual Reproduction Patterns	The patient says they have never had sexual intercourse	The patient says they have never had sexual intercourse	The patient said that they have not had sexual intercourse since this illness.
Stress Management Pattern	By telling your family and praying to God	pray to God	Sincerely accept the situation.

Table 4 Physical Examination

Assessment	Physical Examination 1	Physical Examination 2	Physical Examination 3
General Condition	Weak	Weak	Somewhat Weak
Consciousness	CM	CM	CM
Vital Signs	TD: 150/70 N: 100 S: 36.6 RR: 23 SPO2: 93%	TD: 130/80 N: 110 S: 36.5 RR: 24 SPO2%: 94%	TD: 140/80 N: 115 S: 36.2 RR: 23 SPO2%: 93%

Head Examination	Symmetrical, clean head, even hair distribution, black hair color	Symmetrical, clean head, even hair distribution, black hair color	Symmetrical, clean head, even hair distribution, black hair color
Thorax Examination	Palpation: Vocal premitus palpable in all lung fields Symmetrical lung expansion, equal development in the right and left lung. percussion normals: Sonorous, hepatic lung borders ICS 5 dextra. Auscultation: Vesicular breath sounds and no additional breath sounds.	Palpation: Vocal premitus palpable throughout the lung field symmetrical lung expansion, equal development in the right and left lungs. No percussion abnormalities: Sonorous, hepatic lung border ICS 5 dextra Auscultation: Vesicular breath sounds and no additional breath sounds.	Palpation: Vocal premitus palpable in all lung fields Parusimetric expansion, equal development in right and left lung. No percussion abnormalities: Sonorous, hepatic lung border ICS 5 dextra Auscultation: Vesicular breath sounds and no additional breath sounds
Heart Examination	Inspection revealed no cordial pulsation, No additional heart sounds -No abnormalities	Inspection revealed no cordial pulsation, No additional heart sounds -No abnormalities	Inspection revealed no cordial pulsation, No additional heart sounds -No abnormalities
Digestive system examination and nutritional status	Abdomen Inspection: enlarged shape, no lumps in the abdomen are not visible, there is no shadow of veins, no visible abdominal lumps, no surgical wounds on the abdomen, and no drain is attached Auscultation: Peristalsis 10x / minute Palpation There is no tenderness, palpable fluid accumulation/ascites, the liver and liver. Percussion - Shifting Dullness : (+)	Abdomen Inspection: enlarged shape, no lump in the abdomen is not visible, there is no vein shadow, no abdominal lump is visible, there is no surgical wound on the abdomen, and no drain is installed Auscultation: Peristalsis 12x/min Palpation No tenderness, palpable fluid accumulation/ascites, and no enlargement of the liver and liver. Percussion - Shifting Dullness: (+)	Abdomen Inspection: enlarged shape, no lumps in the abdomen, no vein shadows, no visible abdominal lumps, no surgical wounds on the abdomen, and no drain attached Auscultation: Peristalsis 16x/min Palpation No tenderness, palpable fluid accumulation/ascites, and no enlargement of the liver and liver Percussion - Shifting Dullness: (+)

Nervous System Examination	a. Memory: Long b. Attention: Can repeat c. Language : verbal communication using Indonesian d. Cognition and Orientation: can recognize people, places, and time	a. Memory: Long b. Attention: Can repeat c. Language : verbal communication using Indonesian d. Cognition and Orientation: can recognize people, places, and time	a. Memory: Long b. Attention: Can repeat c. Language : verbal communication using Indonesian d. Cognition and Orientation: can recognize people, places, and time
System Check Urinary	Cleanliness: Clean Ability to micturate: Independent No bladder distension No bladder tenderness	Cleanliness: Clean Ability to micturate: Independent Using auxiliary tools Types: Folley Chateter Color: Yellow Odor: Typical urine No bladder distension No tenderness of the bladder	Cleanliness: Clean Ability to micturate: Independent -Odor: Typical of urine No bladder distension No bladder tenderness
Musculoskeletal and Integument System Examination	a. Free joint movement b. Muscle strength: 5 c. No spinal abnormalities d. No fracture e. Good skin turgor f. No wounds g. There is grade +3 pitting edema (lower extremities RL +3 and LL +3)	a. Free joint movement b. Muscle strength: 5 c. No spinal abnormalities d. No fracture e. Good skin turgor f. No wounds g. There is grade +2 pitting edema (lower extremities RL +3 and LL +3)	a. Free joint movement b. Muscle strength: 5 c. No spinal abnormalities d. No fracture e. Good skin turgor f. No wounds g. There is grade +3 pitting edema (lower extremities RL +3 and LL +3)
Endocrine System Examination	No enlargement of the thyroid, lymph nodes	No enlargement of the thyroid, lymph nodes	No enlargement of the thyroid, lymph nodes
Psychosocial Assessment	The patient seemed anxious about their condition	The client looks depressed with the condition of the pain experienced	The client says he accepts her condition and hopes for the best treatment
Spiritual Assessment	The client is obedient in worship	The client is obedient in worship	The client is obedient in worship
Personal Hygiene Genogram	Personal Hygiene: just a handful	Personal Hygiene: just a handful	Personal Hygiene: just a handful

Table 5 Therapy and Laboratory Examination

Client 1	Client 2	Client 3
Injection Ranitidin 50 mg 2x1 Ondansentron 8mg 3x1 Furosemid 20 mg 1x1 Transfusi Albumin 25% Cefoperazone 1 gr 2x1 Infus NS 14 Tpm	Injection Ranitidin 50 mg 2x1 Ondansentron 8mg 3x1 Furosemid 20 mg 2x1 Cefoperazone 1 gr 2x1 Infus NS 10 Tpm	Injection Ranitidin 50 mg 2x1 Ondansentron 8mg 3x1 Furosemid 20 mg 2x1 Cefoperazone 1 gr 2x1 Infus NS 8 Tpm
Laboratory Day 1 Hemoglobin 8,2 g/dl Hematokrit 32,2% Albumin 2,3 g/dl Ureum 70,7 mg/dl Kreatinin 14,2 mg/dl	Laboratory : Day 1 Hemoglobin 10,2 g/dl Hematokrit 30,2% Albumin 3,3 g/dl Ureum 57,7 mg/dl Kreatinin 20,2 mg/dl	Laboratory Day 1 Hemoglobin 8,2 g/dl Hematokrit 32,2% Albumin 3.8 g/dl Ureum 66 mg/dl Kreatinin 30 mg/dl
Laboratory Day 2 Post HD Hemoglobin 8,2 g/dl Hematokrit 32,2% Albumin 3.0 g/dl Ureum 50,7 mg/dl Kreatinin 12,2 mg/dl	Laboratory Day 2 Post HD Hemoglobin 10,2 g/dl Hematokrit 30,2% Albumin 3,2 g/dl Ureum 45,7 mg/dl Kreatinin 15,2 mg/dl	Laboratory Day 2 Post HD Hemoglobin 8,2 g/dl Hematokrit 32,2% Albumin 3.7 g/dl Ureum 39 mg/dl Kreatinin 15 mg/dl

Table 6 Nursing Diagnoses

No	Client 1	Client 2	Client 3
1.	Anxiety b/d death threat (D.0080) evidenced by the client saying anxious because of his current illness, fear of death, and inability to recover..	Anxiety b/d death threat (D.0080) evidenced by the client's anxiety and sleeplessness, fear that HD treatment cannot cure his illness.	Anxiety b/d death threat (D.0080) was evidenced by the patient saying excessive anxiety, and chest palpitations when he learned about his illness and would be hemodialyzed.

Table 7 Interventions

No.	Nursing Problems	Objectives and Outcome Criteria	Planning
Client 1	Ansietas(SDKI D.0080) Definition: An individual's emotional condition and subjective experience towards an object that is unclear and specific due to	After nursing care is carried out, it is expected that anxiety will decrease with the following outcome criteria: 1. Verbalization of confusion decreases (5) 2. Verbalization of worry due to the conditions faced decreases (5) 3. Restless behavior	Anxiety Reduction (SIKI 1.09314) Definition: Minimizing an individual's condition and subjective experience of an unclear and specific object due to anticipation of danger that allows the individual to take action to deal with the threat. Actions:

	anticipation of danger which enables the individual to take action to face the threat.	decreases (5) 4. Tense behavior decreases (5) 5. Complaints of dizziness decrease (5) 6. Anorexia decreases (5) 7. Palpitations decrease (5) 8. Respiratory rate decreases (5) 9. Pulse rate decreases (5) 10. Blood pressure decreases (5) 11. Diaphoresis decreases (5) 12. Tremor decreases (5) 13. Pallor decreases (5) 14. Concentration improves (5) 15. Sleep patterns improve (5) 16. Feelings of empowerment improve (5) 17. Eye contact improves (5) 18. Urination patterns improve (5) 19. Orientation improves (5)	Observation 1. Identify when anxiety levels change (eg. Conditions, time, stressors) 2. Assess decision-making skills 3. Observe symptoms of anxiety Therapeutic 1. Establish a supportive environment to encourage trust. 2. Support the patient to alleviate anxiety 3. Recognize circumstances that trigger anxiety and pay close attention 4. Adopt a composed and comforting manner 5. Place personal items that provide comfort 6. Encourage recognizing situations that cause anxiety 7. Talk about practical plans for future events Education 1. Describe the process, including potential sensations. 2. Provide factual information about the prognosis, diagnosis, and treatment 3. Urge the family to remain with the client 4. Promote engaging in cooperative activities 5. Support openly sharing emotions and perspectives 6. Engage in distracting activities to alleviate tension 7. Develop the skill of utilizing suitable defense mechanisms 8. Practice the relaxation method with Benson's relaxation
Client 2	Anxiety (SDKI D.0080) Definition: individual's emotional condition	An and	After nursing care is carried out, it is expected that anxiety will decrease with the following outcome criteria: 1. Verbalization of
			Anxiety Reduction (SIKI 1.09314) Definition: Minimizing an individual's condition and subjective experience of an unclear and specific object due to

subjective experience of an object that is unclear and specific due to anticipation of danger that allows the individual to take action to deal with the threat.	confusion decreases (5) 2. Verbalization of worry due to the conditions faced decreases (5) 3. Restless behavior decreases (5) 4. Tense behavior decreases (5) 5. Complaints of dizziness decrease (5) 6. Anorexia decreases (5) 7. Palpitations decrease (5) 8. Respiratory rate decreases (5) 9. Pulse rate decreases (5) 10. Blood pressure decreases (5) 11. Diaphoresis decreases (5) 12. Tremor decreases (5) 13. Pallor decreases (5) 14. Concentration improves (5) 15. Sleep patterns improve (5) 16. Feelings of empowerment improve (5) 17. Eye contact improves (5) 18. Urination patterns improve (5) 19. Orientation improves (5)	anticipation of danger that allows the individual to take action to deal with the threat. Actions: Observation 1. Identify when anxiety levels change (eg. Conditions, time, stressors) 2. Assess decision-making skills 3. Observe symptoms of anxiety Therapeutic 1. Establish a supportive environment to encourage trust. 2. Support the patient to alleviate anxiety 3. Recognize circumstances that trigger anxiety and pay close attention 4. Adopt a composed and comforting manner 5. Place personal items that provide comfort 6. Encourage recognizing situations that cause anxiety 7. Talk about practical plans for future events Education 1. Describe the process, including potential sensations. 2. Provide factual information about the prognosis, diagnosis, and treatment 3. Urge the family to remain with the client 4. Promote engaging in cooperative activities 5. Support openly sharing emotions and perspectives 6. Engage in distracting activities to alleviate tension 7. Develop the skill of utilizing suitable defense mechanisms 8. Practice the relaxation method with Benson's relaxation
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Table 8 Client Implementation 1 (Ms. B)

Day/ Date Time	Day/ Date Time	Day/ Date Time
Saturday, November 2, 2024 08:00 AM	Saturday, November 2, 2024 08:00 AM	Saturday, November 2, 2024 08:00 AM
Implementation 1. Identify when anxiety levels change (e.g., conditions, time, stressors) 2. Assess decision-making skills 3. Observe symptoms of anxiety 4. Establish a healing environment to build trust 5. Remain with the patient to ease anxiety 6. Recognize circumstances that trigger anxiety and pay close attention 7. Adopt a composed and comforting manner 8. Place personal items that provide comfort 9. Encourage recognizing situations that cause anxiety 10. Talk about practical plans for future events 11. Describe the process, including potential sensations. 12. Encourage the family to stay with the client 13. Practice Benson relaxation techniques	Implementation 1. Identify when anxiety levels change (e.g., conditions, time, stressors) 2. Assess decision-making skills 3. Observe symptoms of anxiety 4. Establish a healing environment to build trust 5. Remain with the patient to ease anxiety 6. Recognize circumstances that trigger anxiety and pay close attention 7. Adopt a composed and comforting manner 8. Place personal items that provide comfort 9. Encourage recognizing situations that cause anxiety 10. Talk about practical plans for future events 11. Describe the process, including potential sensations. 12. Encourage the family to stay with the client 13. Practice Benson's relaxation techniques	Implementation 1. Identify when anxiety levels change (e.g., conditions, time of day, stressors) 2. Assess decision-making skills 3. Observe symptoms of anxiety 4. Establish a healing environment to build trust 5. Remain with the patient to ease anxiety 6. Recognize circumstances that trigger anxiety and pay close attention 7. Adopt a composed and comforting manner 8. Place personal items that provide comfort 9. Encourage recognizing situations that cause anxiety 10. Talk about practical plans for future events 11. Describe the process, including potential sensations. 12. Encourage the family to stay with the client 13. Practice Benson's relaxation techniques

Client 2 (Ms. Y)

Day/ Date Time	Day/ Date Time	Day/ Date Time
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Saturday, November 2, 2024 09.00 am Implementation 1. Identify when anxiety levels change (e.g., conditions, time of day, stressors) 2. Assess decision-making skills 3. Observe symptoms of anxiety 4. Establish a healing environment to build trust 5. Remain with the patient to ease anxiety 6. Recognize circumstances that trigger anxiety and pay close attention 7. Adopt a composed and comforting manner 8. Place personal items that provide comfort 9. Encourage recognizing situations that cause anxiety 10. Talk about practical plans for future events 11. Explain the procedure, including possible sensations 12. Encourage the family to stay with the client 13. Practice Benson relaxation techniques	Sunday, November 3, 2024 09.00 am Implementation 1. Identify when anxiety levels change (e.g., conditions, time of day, stressors) 2. Assess decision-making skills 3. Observe symptoms of anxiety 4. Establish a healing environment to build trust 5. Remain with the patient to ease anxiety 6. Recognize circumstances that trigger anxiety and pay close attention 7. Adopt a composed and comforting manner 8. Place personal items that provide comfort 9. Encourage recognizing situations that cause anxiety 10. Talk about practical plans for future events 11. Explain the procedure, including possible sensations 12. Encourage the family to stay with the client 13. Practice Benson relaxation techniques	Monday, November 4, 2024 09.00 am Implementation 1. Identify when anxiety levels change (e.g., conditions, time of day, stressors) 2. Assess decision-making skills 3. Observe symptoms of anxiety 4. Establish a healing environment to build trust 5. Remain with the patient to ease anxiety 6. Recognize circumstances that trigger anxiety and pay close attention 7. Adopt a composed and comforting manner 8. Place personal items that provide comfort 9. Encourage recognizing situations that cause anxiety 10. Talk about practical plans for future events 11. Explain the procedure, including possible sensations 12. Encourage the family to stay with the client 13. Practice Benson relaxation techniques
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Client 3 (Mrs. K)

Day/ Date Time	Day/ Date Time	Day/ Date Time
Saturday, November 2, 2024 3:00 p.m.	Sunday, November 3, 2024 3:00 p.m.	Monday, November 4, 2024 3:00 p.m.
Implementation 1. Identify when anxiety levels change (e.g.,	Implementation 1. Identify when anxiety levels change (e.g.,	Implementation 1. Identify when anxiety levels change (e.g.,

levels change (e.g., conditions, time of day, stressors)	conditions, time of day, stressors)	of day, stressors)
2. Assess decision-making skills	2. Assess decision-making skills	2. Assess decision-making skills
3. Observe symptoms of anxiety	3. Observe symptoms of anxiety	3. Observe symptoms of anxiety
4. Establish a healing environment to build trust	4. Establish a healing environment to build trust	4. Establish a healing environment to build trust
5. Remain with the patient to ease anxiety	5. Remain with the patient to ease anxiety	5. Remain with the patient to ease anxiety
6. Recognize circumstances that trigger anxiety and pay close attention	6. Recognize circumstances that trigger anxiety and pay close attention	6. Recognize circumstances that trigger anxiety and pay close attention
7. Adopt a composed and comforting manner	7. Adopt a composed and comforting manner	7. Adopt a composed and comforting manner
8. Place personal items that provide comfort	8. Place personal items that provide comfort	8. Place personal items that provide comfort
9. Encourage recognizing situations that cause anxiety	9. Encourage recognizing situations that cause anxiety	9. Encourage recognizing situations that cause anxiety
10. Talk about practical plans for future events	10. Talk about practical plans for future events	10. Talk about practical plans for future events
11. Explain the procedure, including possible sensations	11. Explain the procedure, including possible sensations	11. Explain the procedure, including possible sensations
12. Encourage the family to stay with the client	12. Encourage the family to stay with the client	12. Encourage the family to stay with the client
13. Practice Benson relaxation techniques	13. Practice Benson relaxation techniques	13. Practice Benson relaxation techniques

DISCUSSION

Assessment Analysis

Assessment based on subjective data between the 3 clients above has different complaints but the same anxiety complaints. Client 1 (Mr. B) aged 22 years with a bachelor's degree, the client often feels anxious and sad about his current condition which will undergo hemodialysis, has difficulty sleeping, worried that he will not recover. Client 2 (Mr. Y) aged 18 years with a high school education said that the client feels anxious about his current condition, and sometimes has difficulty sleeping. The patient is afraid of hemodialysis and asks how many times hemodialysis will be done. Client 3 (Mrs. K) aged 40 years with an elementary school education, the client often feels anxious and sad about her current illness and will be planned HD, the patient said that maybe her illness cannot be cured.

Based on the assessment of 3 clients, significant anxiety symptoms were found. The major symptoms experienced by the three clients included worry about their chronic kidney disease which they considered a threat to life, decreased concentration, and difficulty sleeping. In addition, objective data found an increase in blood pressure. In general, anxiety is a reaction to an unconscious threat. Based on eating and drinking habits at home (Mogg & Bradley, 2016),

data showed that client 1 (Mr. B) often drinks packaged teas during hot weather while rarely drinks water, while client 2 (Mr. Y) said he often drinks soda and packaged drinks, the patient said he doesn't like drinking water and no one reminds him because the patient is in a boarding house and far from his parents. Meanwhile, patient Mrs. K is a housewife who often buys energy drinks when she feels tired to get her body fit again, besides that the patient also rarely drinks water. From the results of the study of patient drinking habits, it can be concluded that there is a relationship between drinking habits of CKD. This is in line with the research conducted by (Redho et al., 2015), entitled the relationship between drinking water consumption and the incidence of chronic kidney failure in patients with hemodialysis. It was concluded that there is a relationship between the amount and habits of consuming energy and carbonated drinks and the incidence of CKD.

Nursing Diagnosis Analysis

Nursing diagnoses for clients 1, 2, and 3 were based on the results of the assessment, the results of the physical examination obtained showed the problems experienced by the three clients, namely anxiety related to the threat of death related to chronic kidney disease. According to the Ministry of Health, kidney disease sufferers have reached more than 700,000 people, while in 2023 it has reached 1.5 million. While East Java is 1.9% of the population in East Java. (Ministry of Health of the Republic of Indonesia, 2023). Specifically at the Kanjuruhan Regional Hospital, chronic kidney failure sufferers in 1 month are approximately 70 patients spread across several rooms.

According to (Munisi et al., 2022), chronic kidney disease is a disease that attacks gradually and causes various psychological illnesses, such as depression, anxiety, and self-isolation. As many as 63.9% of patients experience anxiety, 60.5% of patients experience depression, and 51.7% of patients experience stress (Guerra et al., 2021). In nursing diagnoses, anxiety caused by the threat of death is called. Anxiety is a subjective condition and experience of an individual towards an unclear and specific object due to anticipation of danger that allows the individual to take action to face the threat (Grupe & Nitschke, 2013; Mercês et al., 2021). Based on its level, anxiety is divided into 4, namely mild anxiety, moderate anxiety, severe anxiety, and panic. Mild anxiety causes a person to be alert and increases their field of perception, while moderate anxiety allows a person to focus on important things and ignore unimportant things, this will narrow the individual's field of perception (Agyapong et al., 2022). While severe anxiety greatly reduces the individual's field of perception, tends to focus on something detailed and specific, and cannot think about other things (Robinson et al., 2013; Karpinski et al., 2018). While the patient's panic is unable to do something even with direction, panic causes personality disorganization, with panic there is an increase in motor activity, decreased ability to relate to others, and loss of rational thinking. Excessive anxiety can have a detrimental impact on the mind and body and can even cause physical illnesses. Anxiety suffered by CKD patients is caused by several factors. Behavioral factors in the form of physical threats include physiological disorders that will occur or decreased ability to carry out daily life in patients with CKD. The threat of this anxiety stressor can endanger the identity, self-esteem, and social function connected to the individual (Xu et al., 2023). Excessive anxiety usually occurs in patients who will undergo hemodialysis for the first time, Therefore, nursing interventions to reduce or reduce anxiety are very necessary in CKD patients (Gerogianni et al., 2019; Yuwono et al., 2024), one of the interventions to reduce anxiety is Benson relaxation therapy.

Intervention Analysis

Analysis of nursing care in patients with chronic kidney disease accompanied by anxiety nursing problems with Benson relaxation technique intervention. In cases of chronic kidney disease with anxiety nursing problems, Benson's intervention can

be applied to reduce anxiety levels. The same intervention process was carried out on 3 patients who were respondents consisting of identifying anxiety levels, creating a therapeutic atmosphere to foster trust before Benson relaxation therapy was carried out, encouraging families to accompany patients, creating a calm environment, adjusting the patient's position as comfortably as possible, choosing calming words and inviting patients to pray, inviting patients to imagine a peaceful situation so that patients are comfortable and calm.

After Benson relaxation intervention was carried out on 3 patients for 3 consecutive days, the results showed that the patient's anxiety level decreased, from moderate anxiety to mild anxiety. The results of this study are also in line with previous research conducted by (Nuri Kurniasari et al., 2016), namely that after the application of Benson relaxation, the anxiety score decreased, namely from moderate to mild. In the treatment of chronic kidney disease patients who experience anxiety, it does not stop at hospital care but there must be continued care at home which requires the family to help implement the Benson relaxation program and consistent family support to continue the hemodialysis program.

Implementation Analysis

The implementation of nursing carried out on clients 1, 2, and 3 is by what is in the intervention. The implementation carried out by the client related to the application of Benson therapy includes: preparing the environment by preparing a calm environment, preparing the patient by positioning the patient comfortably, then carrying out Benson relaxation with the first stage being a trigger for a relaxation response by inviting the patient to choose short and calming words, closing their eyes, breathing slowly and calmly while relaxing the muscles starting from the calf muscles, thighs, waist, and stomach. Continued by relaxing the head, neck, and shoulder muscles by turning the head and moving the shoulders slowly, Maintaining an attitude of surrender, sincerity, and passivity towards things that disturb the mind, carried out for 12 minutes. Continued with the second stage of visualization, namely by imagining a peaceful situation that makes the patient calm and comfortable. Do this second stage for 8 minutes.

The results of Fian Oktaviana's research, 2020 entitled Application of Benson Relaxation Techniques to Reduce Anxiety in Chronic Kidney Disease Patients Undergoing Hemodialysis showed that after the application of Benson relaxation, the anxiety score decreased, namely from moderate to mild. Based on the results of the study, it can be concluded that there is an influence and benefit from the application of Benson relaxation at Wongsonegoro Hospital, Semarang. Based on these data and theories, the implementation of nursing care given to clients 1, 2, and 3 from the first day who were initially still anxious when given Benson relaxation therapy, anxiety decreased. Likewise on the second day. Then on the 3rd day, anxiety also decreased. The education given to this client was conveyed well and applied according to what the nurse had taught.

Evaluation Analysis

The results of nursing care carried out for 3 days obtained the evaluation results obtained on the first day Mr. B said he was still worried about his illness, his chest was pounding. On the second day, the client said he was still worried about his current condition, but he could sleep. On the third day, the client said his worry and anxiety had decreased, he could sleep soundly and his chest was no longer pounding. For objective data on the first day, blood pressure data was 180/90mmhg, pulse 90x/minute, rr 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis, less eye contact, and sometimes tremors. On the second day, objective data was obtained blood pressure 170/90mmhg, pulse 90x/minute, rr 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis, improved eye contact tremor (-). On the third day, objective data were obtained: blood pressure 1500/90mmhg, pulse 90x/minute, rr 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis,

improved eye contact, and tremor (-).

In the second client, Mr. Y, the evaluation results obtained on the first day were: The client said he was still worried about his current condition, his chest was pounding, he was still nauseous, and he had difficulty sleeping. On the second day, the client said: Client said he was still worried about his current condition, but he could sleep, he was still nauseous, and his chest was pounding. On the third day, the client said: Client said his anxiety and worry had decreased, he could sleep soundly and his chest was no longer pounding, his nausea had decreased. While objective data on the second client, Mr. Y, on the first day, blood pressure was 180/90mmhg, pulse 90x/minute, rr 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis, less eye contact, occasional tremor. On the second day, objective data were obtained: blood pressure 150/90mmhg, pulse 90x/minute, rr 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis, improved eye contact, and tremor (-). On the third day, objective data were obtained: blood pressure 140/90mmhg, pulse 90x/minute, rr 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis, improved eye contact, and tremor (-).

In the third client Mrs. K the evaluation results obtained on the first day the Client said she was still worried about her current condition, but the client had surrendered and hoped to get the best treatment, her chest was pounding, still nauseous, had difficulty sleeping, on the second day: The Client said she was still worried about her current condition, but could sleep, still nauseous, her chest was pounding. On the third day, the client said her anxiety and worry had decreased, she could sleep soundly and her chest was no longer pounding, her nausea had decreased. Objective data on the first day obtained blood pressure 180/90mmhg, pulse 90x/minute rr 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis, less eye contact, and occasional tremors. On the second day obtained objective data was blood pressure 180/90mmhg, pulse 90x/minute, rr 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis, less eye contact, and occasional tremors. On the third day, objective data were obtained as follows: blood pressure 140/90 mmHg, pulse 90x/minute, RR 20x/minute, temperature 36, decreased anxiety, decreased diaphoresis, improved eye contact.

The nursing evaluation contains stories about the success of the nursing process and actions. The success of the process can be seen by comparing the process with the guidelines/process plan. Meanwhile, the success of the action can be seen by comparing the level of client independence in daily life with the level of client progress related to the previously formulated goals (Parreira et al., 2021). Evaluation of the effectiveness of Benson relaxation has been widely proven by studies showing a decrease in anxiety, one of which is the study of Isnaini Nur Anisah, 2021 entitled Effectiveness of Benson relaxation on anxiety in patients undergoing hemodialysis. The results of the study showed that Benson relaxation carried out twice a day for 15-20 minutes was effective in overcoming anxiety problems in patients undergoing hemodialysis.

CONCLUSION

According to the outcomes of nursing interventions for clients with chronic kidney disease that have been implemented, it can be concluded that a comprehensive assessment process that includes client identity, medical history, health patterns, and physical and diagnostic examinations is very important in determining nursing diagnoses and appropriate action plans. The application of Benson's relaxation technique has been proven effective in reducing anxiety levels in patients. The use of a calm atmosphere, repetition of words or phrases, and a passive attitude during the implementation of relaxation increases the effectiveness of this intervention. Evaluation is important for each nursing action implemented, as well as documentation of the results, strengthening the care process and supporting the development of better nursing practices. The outcomes of this investigation are expected to be

used as a reference for nurses in daily clinical practice, as well as for the development of more effective nursing interventions for patients with chronic kidney disease in the future.

The proposed suggestions are: (1) For clients and families, with the guidance provided by nurses and researchers during the process of providing nursing care to clients, it is expected that clients and families will participate in the Benson relaxation therapy program to reduce anxiety levels in patients. (2) For nurses, it is expected to provide better services and collaboration between other medical teams more optimally, in order to improve nursing care in patients with chronic kidney disease. (3) For further researchers, it is expected that further researchers can increase the number of research samples to obtain varied research results. (4) For research areas, it is expected to be used as input and consideration for hospitals, especially the PKRS team to provide more counseling materials on chronic kidney disease, both in terms of treatment and prevention.

LIMITATION OF STUDY

- (1) Sample size such as 3 participant, so results cannot be generalized.
- (2) The absence of a control group, making it difficult to ensure the reduction in anxiety was purely due to the Benson intervention
- (3) A short observation period (3 days)

IMPLICATIONS

The suggestions provided are good. Strengthen the implications for future research, for instance, by recommending a Randomized Controlled Trial (RCT) with a larger sample and a longer follow-up period.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest in this study.

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